

THE PSYCHOSPIRITUAL IMPACT OF CHILDHOOD SEXUAL ABUSE (CSA)
ON WOMEN WHO EXPERIENCED CSA AS SOUL LOSS

by

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Abstract

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Within the existing trauma literature, childhood sexual abuse (CSA) has been shown to result in a range of pathological symptoms. While considerable research efforts have been directed toward understanding the biopsychosocial impact of CSA, less effort has been directed toward understanding its psychospiritual impact. I theorized that CSA represents a form of ritual defilement that is subjectively experienced as soul loss in a subset of CSA survivors. This is an exemplary, exploratory study of 12 women ($N = 12$) within that specific, delimited group. Soul loss is defined as the felt sense of psychological decompensation experienced at the deepest level of the survivor's identity. I explored this theory using intuitive inquiry in conjunction with narrative, imaginal, and somatic analysis. A key finding was that the soul loss construct is clinically relevant to a subpopulation of CSA survivors. Another was that soul loss is not a singular experience as originally theorized, but rather a spectrum of experiences involving a range of psychospiritual injuries including soul wounding, soul withering, soul shattering, soul flight, soul theft, and soul murder. Other findings included a new understanding of identity decompensation and increased awareness of the mitigating effects of personal resilience. One unexpected finding was that family abandonment/betrayal after CSA disclosure appeared to be equal to or more psychologically harmful than the sexual abuse itself. Delimitations of the study included the nature of the topic under investigation and the small sample size, while limitations included the unreliability of traumatic memory and the biased nature of self-report.

Acknowledgments

When I chose intuitive inquiry as the method for my dissertation, I remember thinking how much I wanted to *live* my dissertation instead of just write it. This dissertation process has been nothing short of transformative and no such metamorphosis can be accomplished in isolation.

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Most importantly, I would like to thank the incredibly brave women in this study for sharing with me their most painfully intimate emotional wounds. With the greatest admiration and care, I dedicate this work to survivors of CSA everywhere, whose courage in the heart of darkness is a legacy of hope for the world.

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Chapter 1: Cycle 1—The Little Match Girl

Rosemarie Anderson (2004) describes intuitive inquiry as an “an epistemology of the heart that joins intuition to intellectual precision in a hermeneutical process of interpretation” (p. 308). In Cycle 1 of intuitive inquiry, researchers begin to clarify their topic by working with a text or image that has captured their imagination. The following story of *The Little Match Girl* by Hans Christian Andersen (1845/2008) is the text that captivated me:

The night was bitterly cold as the little girl, Marguerite, stumbled along in bare feet having lost to the snow the overlarge slippers formerly worn by her mother. In her hands she carried a bundle of matches, not a single one of which had been sold that day. Over and over to no avail she tried to sell her matches to the busy, indifferent people hurrying by. Despairing, she crept along trembling with cold and hunger, the very picture of sorrow and misery. As Marguerite struggled on, she passed windows filled with sparkling candles and remembered with amazement that tonight was New Year's Eve. Unable to return home without money for fear of being beaten by her father, Marguerite cowered in a nook between two houses in order to avoid the merciless wind. Desperate for warmth, she first lit one of her precious matches and then another and another. As she gazed into the heart of the flames, Marguerite saw a series of visions, first of a roast goose waddling toward her, then of a Christmas tree whose lights turned into shooting stars and, finally, the face of her beloved grandmother smiling tenderly at her. Watching the stars shooting across the night sky Marguerite exclaimed, “Someone is just dead!” This is because her grandmother had once told her that whenever a star falls, a soul ascends to God. “Take me with you, grandmother” she begged, lighting her remaining matches with a single stroke. Marguerite’s grandmother drew the child into her arms and flew toward the heavens, where cold, hunger, and suffering would never trouble her granddaughter again. When Marguerite’s body was discovered the following day, passersby whispered in shock among themselves about the tragedy of one so young freezing to death in plain sight at the dawn of a brand new year. (p. 214)

Exploring Psychospiritual Loss

The birth of any child represents a narrative of hope as much for the parents who created the life as for the world that may one day reap its gifts. Our hopes for our children and for ourselves, quite naturally, assume a happy ending; yet too many lives include themes of betrayal, tragedy, and loss. The trauma literature at present is heavily focused on understanding and treating the biological, cognitive, emotional, and psychosocial aspects of exposure to traumatic

stress. However, little research has been done on the transpersonal dimension of survivors' experiences. Exposure to extreme or chronic psychological trauma often gives rise to psychospiritual questions that need to be answered in some meaningful way. The fact that all major religions confront the problem of suffering may explain why so many survivors seek solace in spiritual practice. Certainly, anecdotal evidence suggests that at least some survivors experience CSA as a shattering psychospiritual wound.

Significance of the Study

Using intuitive inquiry, this study explored the psychospiritual impact of childhood sexual abuse (CSA) on 12 adult, female survivors. As a trauma therapist for the past 12 years, I have repeatedly observed CSA survivors grappling with psychospiritual injuries that were so profound I came to think of them as soul loss. When the shame, rage, and terror of their abuse crystalized into self-loathing, the spark of light at the core of these individuals literally seemed to go out. This study is believed to be the first of its kind to explore the phenomenon of soul loss in relation to female survivors of CSA. For the purpose of this study, soul loss was conceptualized as the wounding or corruption of survivors' psychospiritual cores, which left them feeling empty, worthless, invisible, and disconnected from themselves and others.

Ongoing sexual abuse is associated with a range of personality and other mental-health disorders (Moran et al., 2011). In addition to posttraumatic stress disorder, survivors often experience problems with (a) affect regulation, (b) attention and consciousness, (c) self-perception, (d) perception of the perpetrator, (e) relationships with others, (f) somatic states, and (g) systems of meaning (Courtois, 2008). Ongoing CSA is also known to cause severe fragmentation of the survivor's identity along with an inability to trust, an altered sense of autonomy (Williams, 2006), major depression, suicidal ideation (Cankaya, Talbot, Ward, &

Duberstein, 2012), and self-injury (Maniglio, 2011). While the biopsychosocial interventions of clinical psychology can and do ameliorate much of the damage caused by CSA, they do not typically address the transpersonal impact of the survivor's experience. As an extreme example, one of my CSA clients passionately believed that God was a homicidal maniac fixated on destroying him. He arrived at this conclusion after 60 years of trauma exposure, which included being molested, physically abused, horrifically injured in an industrial accident, having one of his children killed, living with chronic pain, becoming an alcoholic and, finally, ending up in prison.

This study aimed to (a) clearly operationalize the psychospiritual concept of soul loss using feedback from trauma survivors, (b) describe experiences of soul loss as reported by survivors of CSA, and (c) introduce the concept of soul loss to the mainstream trauma field. S. K. Johnson (2002) notes that Western cultures have a parallel for the concept of soul loss in that depressed and bereaved people report feeling lost and empty, as if a piece of themselves has died. My hope is that awareness of the soul loss construct in Western clinical settings will help to illuminate survivors' phenomenological experiences of CSA.

Research Questions

1. How is the concept of soul loss understood and articulated by survivors of childhood sexual abuse?
2. How do survivors of sexual abuse describe their recovery from the experience of soul loss?

These research questions were explored through 90-minute semistructured interviews with 12 participants using the hermeneutic process of intuitive inquiry. R. Anderson (2011) notes that within the five cycles of intuitive inquiry, "active imagination, creative expression, and a

variety of intuitive styles are encouraged” (p. 18). As such, this study made no attempt to hold the researcher separate from the work as is typical in classical approaches to scientific inquiry. Rather, it positioned the researcher as a participant-witness, simultaneously acting and being acted upon throughout the research process. Objective insight was achieved by analyzing minute changes in the researcher’s pre and post data collection lenses during Cycle 4 of the intuitive inquiry procedure.

The Person of the Researcher

The Oxford dictionary (“Reflexive,” n.d.) defines *reflexivity* as the effect of the personality or presence of the researcher on the subject being investigated. My approach to the topic of soul loss was strongly influenced by early experiences in my culture of origin, my own trauma history, my personal healing journey, as well as my current professional role as a licensed trauma psychologist in Canada.

Early influences. I am the biracial child of a White Canadian mother and a Black Jamaican father. I grew up in Montego Bay, Jamaica, in a middle-class family surrounded by wealthy friends. I have long believed Jamaica’s colonial history and experience with slavery resulted in a collective, internalized racism that allowed skin shade to be translated into social currency. As a mixed-race child with golden coloring that was culturally referred to as high brown, I possessed tremendous skin privilege, which was bolstered by my mother’s blonde hair and green eyes. Her status as a White woman bought our family access to wealthy social circles that were, economically speaking, far outside our league. My father’s blackness, on the other hand, ensured that I would never be perceived as a foreigner, but viewed instead as the privileged scion of the best of both worlds. This was, in actual fact, a fallacy as most of my early life was spent feeling like a beggar at a feast of kings. Over and over I found myself feeling *less than*

when surrounded by the mansions, maids, cars, pools, and expensive toys of my wealthy peers. Even as a child I knew how it felt to have my nose pressed against the proverbial glass of someone else's life, just like the Little Match Girl who gazed upon visions of roast goose as she politely froze to death. Add to this my parents' turbulent marriage and divorce, the loss of my beloved father, as well as my physical and sexual abuse, and my annihilation was complete. Shame, doubt, and self-loathing took the place of the joy child I believe I was born to be, and the daily struggle to maintain a façade of wellness soon consumed my life.

The wounded researcher. In her groundbreaking book, *Trauma and Recovery*, Judith Herman (1992) writes that “the ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word *unspeakable*” (Herman, 1992, p. 1). What I know about soul loss I know as a survivor of early childhood trauma, including mental, emotional, physical, and sexual abuse. Like the many survivors I have treated in my clinical practice, my experience resulted in fear, confusion, shame, disconnection, and—at a deep level of my psyche—the relentless knowledge of my utter worthlessness as a human being.

The unspeakable nature of what I experienced left me as frozen and helpless as the Little Match Girl. In Cycle 1 of my intuitive inquiry, I was captivated by Marguerite and her story because it was an elegant and fitting metaphor of my own lived experience. R. Anderson (2004) writes that “an individual's intuitive style tends to settle along the fault lines or wounds in the personality in a manner akin to the concept of the wounded healer” (pp. 312-313). From this perspective, the personal wounds of a human life fundamentally influence the way that person sees the world. Certainly, there can be no doubt that my history of trauma and soul loss was the *raison d'être* for my later work as a trauma psychologist and human rights activist.

I began my healing journey at the age of 14 when my school guidance counsellor connected me with a support group for teen girls struggling with depression and other issues. The experience of being allowed to articulate my brokenness and be witnessed with compassion was a revelation to me. This process initiated a 20-year healing journey that culminated in a visionary experience in the Amazon jungle, where I participated in sacred *ayahuasca* ceremonies led by Peruvian shamans. Along the way I explored traditional clinical interventions such as cognitive-behavioral therapy (CBT) as well as non-traditional modalities such as holotropic breathwork, expressive art, and shamanic healing.

In my mid-20s, I had a session with a South American shaman who had come to do some healing work in Toronto. The diagnostic phase of her treatment involved doing a scan of my energy field to see what was disrupted and in need of attention. When she completed her reading, she paused and said to me through the translator, “In the place where your soul should be I can find only emptiness.” I was shocked into stillness. This was the first time in my life that I had received external validation of my inner experience languishing in a psychospiritual wasteland. Later, when I studied anthropology in my first degree, I discovered that soul loss is synonymous with mental illness in many indigenous cultures (Eliade, 1964). At the time, however, my instant thought in response to the shaman’s statement was, “Yes . . . yes, of course!” It made perfect sense. In the face of a relentlessly hostile world, the joy child representing my authentic self had simply fled. My belief that I was born a joy child comes from comparing photographs of myself at different developmental stages and noticing how, with each passing year, the beaming smile and shining eyes I started out with grew dimmer and dimmer until my light finally sputtered out. By the age of nine, the eyes staring back from my early photos were dull, flat, and bereft of hope.

Although I underwent many years of cognitive therapy that were essential to my recovery, two critical components of my healing process were holotropic breathwork and shamanic ritual. Holotropic breathwork is a transpersonal healing technique developed by Stanislav and Christina Grof (Grof, 2000), based on Stan Grof's early research into the therapeutic potential of non-ordinary states. The technique was informed by the Indian pranayama practice of Kapalabhati, which was introduced to the Grofs by Swami Muktananda (K. Singh, personal communication, November 21, 2012). Through specific breathing techniques, evocative music, and bodywork, participants enter an altered state that facilitates psychospiritual healing including increased self-esteem, reduced death anxiety (Holmes, Morris, Clance, & Putney, 1996), and the extinction of avoidance behaviors (Rhinewine & Williams, 2007).

Over a period of several years, I participated in approximately 38 breathworks, where I discovered a propensity for visionary experiences that resulted in rich intuitive insights. My experience of the acquisition of knowledge is that it is a transformational process in which the acts of knowing and being known redefine both self and other. I believe the same holds true for the research process itself, which can function as a vehicle of transformation by deepening the researcher's experience of self, others, and the world (R. Anderson, 2011). For me, knowledge is co-created through an ongoing dialog between self and others. While I was studying crosscultural healing modalities at university, then, my understanding of self, soul, and soul loss ultimately came from both intrapsychic and extrapsychic exploration.

Within the context of my research, the concept of self is similar to Winnicott's notion of the true self, defined as a whole person who is creative, complete, self-expressed, and self-realized in relation to others (Guntrip, 1971). In other words, self is a "superordinate structural

entity” (Schore, 1994, p. 491), which encompasses the biological, psychoemotional, and behavioral domains of the individual:

The emergent capacity of objective self-awareness implies the operation of a bipartite system that is capable of more than one state of consciousness . . . the core of the self lies in patterns of affect regulation that integrate a sense of self across state transitions, thereby allowing for a continuity of inner experience. (Schore, 1994, p. 498)

The self contains the most complete, authentic, and private aspects of a person’s psyche. Self also includes personal and transpersonal domains epitomizing the subjective sense of *I am ness*; the private, felt experience of self in the world. In my case, while inner knowledge of self, soul, and soul loss were gained through visionary experiences in breathworks and shamanic ceremonies, outer knowledge was gained through study, academic discourse, witnessing, and relationship.

In *The Wounded Researcher*, Romanyshyn (2007) writes that “alchemical hermeneutics is a method or way of transforming a wound into a work without reducing the work to the wound of the researcher” (p. 234). Intuitive inquiry employs a similar approach through its treatment of the researcher’s unconscious and imaginal landscapes as central to the emergence of new knowledge and insight. My wound, now deeply and richly healed, has nevertheless defined my work as a scholar. Much of what I want to know about the human condition is informed by the nature of my wound. All of what ignites my passion for social justice is informed by that wound.

Ultimately, this private wound made its way into the public domain in the form of activism on behalf of those I view as the *disappeared* within my society. With my intimate understanding of the Little Match Girl’s plight, I find myself constitutionally incapable of colluding with the passersby who seem willfully blind to particularly distasteful forms of human suffering such as sexual abuse, human trafficking, and domestic violence. This wound, this bias, this soul fire, drives both my clinical work and my research. Where the pain and suffering are,

that is where I will be. Where the loss and heartbreak are, that is where I will be. Where the soul-crushing despair is, that is where I will be, holding the road against the darkness and waiting for dawn.

Life as a healer. For the past 12 years, I have worked both professionally and paraprofessionally as a trauma therapist. At the beginning of my career, I counselled at a rape crisis center in Toronto that provided services to adult women who had experienced both CSA and adult rape. I remember the anxiety I experienced during my first shift on the rape crisis line, so terrified was I that I might say or do the wrong thing. I counselled there for over two years before eventually going on to start a small private practice.

When I left Toronto and moved to Northern Canada, I found myself working in a men's prison with several clients who were perpetrators of both physical and sexual violence. Two years later, I moved to Alberta where I worked as a trauma counsellor for three years at the Sexual Assault Center of Edmonton (SACE). Eventually, I returned to private practice and opened a trauma institute that treats military personnel, first responders, and survivors of interpersonal violence.

For over a decade I have counselled hundreds of survivors of psychological trauma including combat trauma, war rape, emotional neglect, childhood sexual abuse/incest, and domestic violence. I cannot think of a single case where the index trauma was intense, chronic, and involved betrayal and/or violation, in which the deepest level of the survivor's self was not seriously harmed.

Many of the clients I have worked with were horrendously abused and more than one has spontaneously disclosed that they felt their soul was empty, damaged, or missing. This shattering of the nucleus of our identity, containing all we privately know ourselves to be, is how I

understand soul loss within the context of my research. For the purpose of this inquiry, soul is conceptualized as the indivisible core or nucleus within the structural architecture (Putnam, 1997) of self and identity. Throughout this study, the term *architecture of the self* is understood to mean the psychological infrastructure underpinning the global personality.

Ethics and the Sacred Witness

Before intuitive researchers even begin collaborating with participants in the exploration of an issue, they must first articulate the approach that will be adopted in relation to participants' stories. Reflecting on the manner in which I hoped to engage the trauma narratives of my participants, I found myself captivated by the concept of the Sacred Witness. In her poem *A Paraphrase of Oenone to Paris*, Aphra Behn (1991) writes, "Heavens, how you swore! by ev'ry pow'r divine you wou'd be ever true! be ever mine: Each God, a sacred witness you invoke, and wish'd their curse when e're these vows you broke" (pp. 261-262). What I find most striking about this excerpt from Behn's poem is the sense of covenant that is invoked as the speaker expresses her absolute conviction that oaths have been sworn, vows made, and retribution assured for any act of betrayal. For me, Behn's words articulate a relational contract of consummate integrity.

My work as a trauma psychologist has allowed me the privilege of bearing witness to some of the most intimate and painful memories of my clients' lives. The stories are profound as clients, often for the first time, risk revealing their secret shame from a place of utter vulnerability. I am always deeply moved by their gift of trust and regard all such disclosures as sacred. Fishbane (2008) notes that sacred attunement is not just a patient attentiveness to what another person has shared; rather, it involves an "active subjugation of oneself to the interpersonal relationship that may unfold, verbally or silently" (pp. 72-73) between the speaker

and the listener. True attunement to another person's story involves a deep connectedness between storyteller and witness as well as a tremendous responsibility by the witness to hold such disclosures in safety. Josselson (2007) argues that what is essential in ethical research is not specific codes of conduct but rather a sense of responsibility to human relationship in general. From the perspective of the sacred witness, the dignity, confidentiality, and safety of a study's participants are the living heart of the researcher-participant relationship. I believe my personal experience of trauma along with my training as a trauma specialist allowed me to serve as an impeccable witness to my participants' sacred narratives.

Defining Soul Loss

Over many years of treating survivors of CSA, I have come to view sexual abuse as a ritualistic act, which defiles the self, that is the target of such abuse. By ritual abuse I do not mean the CSA associated with cult-like activities as reported by some survivors (Coleman, 1994; Cozolino, 1989). Rather, I mean ritualistic in the sense of the consistent behavioral scripts apparent in the preparation and performance of the abuse itself. In many cases, molestation scripts are so consistent that the abuser develops behavioral cues, which survivors use to assess the imminence and severity of the next assault.

In the absence of any mechanism to expiate the pollution, I submit that this sense of defilement is absorbed into the nucleus or indivisible core of the self that I call soul. When this occurs, the self is far more than just simply defiled. The self is catastrophically altered as survivors come to believe that they *are* profane, their presence an insult to the world around them, their very existence an offence against God and nature. The only possible response to so shameful a state is a distancing from the profaned object that is the self. As the self is sundered from itself, the nucleus or soul of the person may be shattered or destroyed.

Shengold (2000) argues in favor of the term “soul murder” (p. 2) to describe situations of chronic, willful abuse or neglect that are of sufficient magnitude to disrupt a child’s psychoemotional development. Rustomjee (2009) connects the concept of soul murder with shame and the crumpling or fragmenting of the self after it has been dishonored. Although the term soul murder resonates with me on a visceral level, I think it is important to remember that the soul of a sexually abused child is not always destroyed. For this reason, I prefer to use the term soul loss to describe the psychospiritual impact of CSA.

While there are many definitions of soul loss to be found in the theological, anthropological, and mythological literature, for the purpose of my research, I define soul loss as *the felt sense (Gendlin, 1978) of psychological decompensation (disintegration) that occurs at the deepest level of a trauma survivor’s identity*. Identity is defined here as the consistent, distinguishing characteristics of an individual across cognitive, spiritual, emotional, and somatic domains. Cross culturally, soul loss suggests some sort of fragmentation within the self that translates into a loss of essence (Desjarlais, 1992).

In the anthropological literature, symptoms of soul loss include reduced vitality, a lack of interest in life, listlessness, sleeplessness, tiredness, weakness, loss of appetite, low energy, weight loss, and somatization (Capps, 2011; Desjarlais, 1992; Gillin, 1951; Glazer, Baer, Weller, Garcia de Alba, & Liebowitz, 2004; Hinton, Hinton, Loeum, Pich, & Pollack, 2008; Scotton, Chinen, & Battista, 1996); these are all symptoms associated with depression and dissociation in the Western clinical context (American Psychiatric Association [APA], 2013). Cambodian, Inuit, and Ojibway cultures, among others, all regard soul loss as the etiology of many psychological and physical disorders (Baer, Singer, & Susser, 2003; Hinton, Pich, Chhean, & Pollack, 2005; Scotton et al., 1996).

Chapter 2: Literature Review

The Nature of Trauma

Psychological trauma involves the shattering of fundamental assumptions about self and the world (Janoff-Bulman, 2004) based on a confrontation with or witnessing of death, injury, or threat to physical integrity, causing “intense fear, helplessness, or horror” (APA, 2000, p. 467). Psychological trauma can also derive from exposure to cumulative, negative stressors such as job loss, divorce, and illness, which deplete inner resources and overwhelm our ability to cope (Briere & Scott, 2006). The pre trauma world is based on an assumption of safety, which is compromised or destroyed by exposure to traumatic stress (Bergner, 2009).

Our assumptive world encompasses everything we think we know about life (Parkes, 1975; Janoff-Bulman, 1989) and recovery requires the creation of new assumptions that fully integrate the traumatic event (Janoff-Bulman, 2004). The collapse of their assumptive worlds is experienced by many survivors as a spiritual crisis. Derived from the Latin root *spiritus*, spirituality can be defined as the breath or essence of life (Fukuyama & Sevig, 1999).

As a trauma specialist, I have counselled hundreds of survivors and personally witnessed the harm done to the very core of their being. My own belief is that damage of such magnitude is most meaningfully described as soul loss. In clinical terms, trauma exposure can lead to posttraumatic stress disorder (PTSD) involving intrusion, avoidance, hyperarousal, and cognitive alternations (APA, 2013). The trauma response may also involve defensive symptoms such as denial, repression, and dissociation, which are believed to protect the mind from the horrors it has experienced (Hashemi et al., 2008).

Simple Trauma

Conceptual foundations. Psychological trauma involves exposure to extreme stressors that can be organized into four basic categories. Simple trauma is defined as a single dose exposure to a traumatic stressor such as an assault or motor vehicle accident (Terr, 1991).

Complex trauma has a more complicated etiology involving chronic exposure to stressors like intimate partner violence or sexual abuse (Courtois, 2008). Attachment trauma occurs in the context of the care-giving relationship, when the people responsible for the child's well-being are themselves the source of threat (Cook, Blaustein, Spinazzola, & van der Kolk, 2003).

Finally, vicarious trauma occurs when professional helpers empathetically engage in their clients' suffering and experience cognitive, emotional, and physiological changes (Pearlman & Mac Ian, 1995). Of the four categories of traumatic stress simple, or Type I, trauma is most closely associated with the classic symptoms of intrusion, avoidance, and hyperarousal. The other trauma types involve the three classic symptom clusters as well as affect dysregulation, cognitive distortion, dissociation, interpersonal problems, and alterations in systems of meaning (Courtois, 2008).

Motor vehicle accidents. Motor vehicle accidents (MVA) are, without question, the most common form of simple trauma. They are also known to be the leading cause of PTSD in the general population (Kupchik et al., 2007). Statistics Canada notes that 14, 082 Canadians died in MVAs between 2000 and 2004 (Ramage-Morin, 2008). In most cases, the acute trauma reactions associated with MVAs simply resolve themselves over time. However, Kupchik et al. (2007) found that 15% of the MVA survivors they studied developed full-blown PTSD, while an additional 26% had PTSD in partial remission. Chronic overactivation of survivors' sympathetic nervous systems is known to be at the core of the disorder (Orr, Metzger, Lasko, Macklin, &

Peri, 2000). For example, Kuhn, Blanchard, Fuse, Hickling, and Broderick (2006) found that MVA survivors had elevated resting heart rates in the emergency department, which partially predicted PTSD at six-month follow up. Survivors who reported extreme fright at the prospect of their impending death were also 17 times more likely to develop PTSD than those who did not (Vaiva et al., 2003). Those with a prior history of trauma were also more likely to develop PTSD than those who had none (Irish et al., 2008).

PTSD is associated with marked deficits in cognitive functioning, particularly in the domain of problem solving (M. Thompson, 2003). Interestingly enough, people who develop amnesia after MVAs have lower PTSD levels than non-amnesiac individuals, suggesting that amnesia may serve a protective function (Flesher, Delahanty, Raimonde, & Spoonster, 2001). Self-blame is also frequently observed in MVA survivors. Hickling, Blanchard, Buckley, and Taylor (1999) found that survivors who took responsibility for the accident were less symptomatic and recovered more quickly than those who believed someone else was at fault. The authors concluded that feelings of victimization, protracted legal issues, and a greater sense of vulnerability in the blaming group might have interfered with the recovery process.

As is the case with all empirical studies, the conclusions outlined above should be interpreted with caution. For example, while Kuhn et al. (2006) used structured clinical interviews in a longitudinal design that increased the reliability of their findings, their sample size was small ($N = 50$) with only 37 participants completing the six-month follow up. Irish et al.'s (2008) study, on the other hand, involved 188 participants. However, it is important to note that participants were drawn from a limited geographic and, therefore, a presumably limited socioeconomic range, and that 92% of the participants were Caucasian. This means that Irish et al.'s findings cannot be generalized to minority communities in a broad range of socioeconomic

levels (e.g., Latinos in the inner city or wealthy Asians in the suburbs). Hickling et al. (1999) interviewed 158 participants in their study, employing a range of standardized assessments including the Clinician Administered PTSD Scale, which is known to have robust psychometric properties. However, while the sample size and use of structured questionnaires increased the validity and reliability of their findings, the retrospective self-report design may have resulted in over or underreporting.

Adult sexual assault. Sexual assault is considered to be the most intrusive form of interpersonal violence in our society. Single incident adult sexual assault (ASA) is a form of Type I trauma that causes severe impairment including nightmares, insomnia, poor sleep quality, and daytime fatigue (Krakow et al., 2001). Survivors who suffer with anger, depression, and PTSD also report increased health problems related to PTSD symptom severity (Zoellner, Goodwin, & Foa, 2000).

Those with comorbid substance abuse tend to come from a lower socioeconomic status (SES) with complex trauma histories, more mental illness, and greater sexual revictimization (Ullman, Townsend, Starzynski, & Long, 2006). Previous trauma, perceived life threat, self-blame, avoidance coping, and lack of social support are all well known mediators of PTSD symptom severity within this population (Ullman, Filipas, Townsend, & Starzynski, 2007).

Survivors with less education have a higher lifetime risk of PTSD, while those with greater education are more likely to seek treatment (Ullman & Brecklin, 2002). Both minority and severely victimized survivors report higher levels of negative reactions from others including victim blaming, egocentric responses, and controlling behaviors that exacerbate survivors' symptoms (Ullman & Filipas, 2001).

ASA survivors often blame themselves for the assault (Najdowski & Ullman, 2009) and this, combined with feelings of being dirty (Olatunji, Elwood, Williams, & Lohr, 2008), can severely disrupt the recovery process. The feelings of impurity associated with ASA may be exacerbated in survivors from cultural backgrounds where monogamy and sexual fidelity are highly prized (e.g., rural India; K. Singh, personal communication, November 22, 2012). Those who dissociated during or immediately after the assault also exhibit excessive fight-flight reactions long after the trauma has passed (Hetzel-Riggin, 2010).

Methodological limitations should be considered when interpreting the ASA literature. For example, the complex sleep problems observed in Krakow et al.'s (2001) study may be over represented, as it is possible participants with greater sleep problems were particularly drawn to participate in a study of this nature. In the study by Ullman, Townsend, Starzynski, and Long (2006), missing data, a cross-sectional design, and the use of a non-representative sample means causal inferences cannot not be drawn, nor can the findings be generalized.

Olatunji, Elwood, Williams, and Lohr's (2008) study, of mental pollution and PTSD, introduced an exciting new line of inquiry to the trauma field. However, the study's sample size was small ($N = 48$) and interpretation was clouded by the mixing of threshold and sub-threshold PTSD clients within the same study group. Finally, Hetzel-Riggin's (2010) study of 86 women who experienced attempted or completed sexual assault relied heavily on retrospective self-reports, which are highly vulnerable to memory errors and bias.

Complex Trauma

Conceptual foundations. Complex, or Type II, trauma involves exposure to a range of chronic stressors including domestic violence, child abuse, refugee or prisoner of war scenarios, human trafficking, intrusive medical intervention, and major disasters (Courtois, 2008). In

addition to the classic PTSD symptoms, complex trauma involves extensive alterations in (a) affect regulation, (b) attention and consciousness, (c) self-perception, (d) perception of the perpetrator, (e) relationships with others, (f) somatic states, and (g) systems of meaning (Courtois, 2008).

Complex trauma is particularly egregious in childhood as it fundamentally compromises the child's capacity to self-regulate and to develop healthy relationships (Cook et al., 2005). Sexual abuse, maltreatment, traumatic loss, and family violence are the primary domains of complex trauma in children (Spinazzola, Ford, Zucker, & van der Kolk, 2005). At its heart, complex trauma is a problem of both exposure and adaptation (Cook et al., 2003). In children, recovery is determined by whether the family is responsible for the victimization, how parents respond to the child's disclosure, as well as the parents' own histories of trauma and psychopathology (Cook et al., 2003).

Research shows that the three most crucial responses related to a child's recovery are (a) believing and validating the child, (b) tolerating the child's affect, and (c) managing parents' emotional reactions to the child's distress (Cook et al., 2003). These findings were outlined in a white paper from the National Child Traumatic Stress Network's Complex Trauma Taskforce consisting of leading researchers across the United States (Cook et al., 2003).

Intimate partner violence. Intimate Partner Violence (IPV) is a public health epidemic experienced by 15% to 71% of women around the world (World Health Organization [WHO], 2011, para. 2). While there is debate in the literature about the underlying causes of IPV, there is no question that this type of trauma leads to grave mental-health problems. IPV's high levels of physical and psychological abuse (Coker, Weston, Creson, Justice, & Blakeney, 2005), sexual

coercion or violence (Norwood & Murphy, 2011), and insecure attachment (Scott & Babcock, 2010) are all risk factors for a number of psychological disorders.

IPV is especially egregious because it violates the compact of safety and trust between two people who were deeply in love. When we are physically harmed by a once-beloved partner, it is as if all manner of horrors suddenly become possible. This is true whether the perpetrator is male or female. Indeed, while the majority of IPV perpetrators are men, women can and do physically abuse their partners (Simmons, Lehmann, & Craun, 2008).

A cross-sectional analysis of data from the National Violence Against Women Survey in the United States found that 24% of female and 20% of male survivors of IPV met criteria for PTSD (Coker et al., 2005). Another study of East Indian women with histories of IPV found that 34% met full or sub-threshold criteria for PTSD and almost 100% met criteria for major depression (Chandra, Satyanarayana, & Carey, 2009).

Survivors' use of positive reappraisal and denial rather than help-seeking behavior increases their mental-health risk (Lilly & Graham-Bermann, 2010), which in turn impairs cognitive functioning (Twamley et al., 2009). Higher socioeconomic status, education, marriage, and termination of violence all appear to protect against IPV-related PTSD (Coker et al., 2005). It is important to note that the deleterious impact of IPV is not just limited to the survivors themselves. School aged children who witness IPV at home experience significant cognitive deficits as a result, particularly in the domain of verbal ability (Graham-Bermann, Howell, Miller, Kwek, & Lilly, 2010).

As with other studies, the IPV literature faces challenges in terms of validity and reliability. For example, Lilly and Graham-Bermann's (2010) study focused on 97 participants from predominantly African and European American backgrounds. However, the study was

hampered by its dependence on a convenience sample of women living in domestic violence shelters. While the use of convenience sampling is not uncommon in trauma research, it does limit the generalizability of results.

Twamley et al.'s (2009) study also has limited generalizability because of its small sample size. Graham-Bermann, Howell, Miller, Kwek, and Lilly's (2010) cognitive impairment study had a better sample size of 87 children; however, that is still not large enough for us to generalize the study's findings with complete confidence. Another problem with this study was that participants were drawn primarily from low income families, which may have introduced confounds based on poverty related psychosocial pressures. Finally, the cross-sectional design of Coker, Weston, Creson, Justice, and Blakeney's (2005) study precludes any causal inferences about the relationship between IPV and PTSD.

Refugees. War, poverty, famine, and political upheaval have long forced people around the world to flee the countries of their birth. Life as a refugee is filled with multiple losses, stressors, and perils that can ultimately result in severe mental-health problems. Children are particularly vulnerable to the effects of trauma and those living in war zones present with high levels of PTSD and depression (Thabet, Abed, & Vostanis, 2004). Their psychological distress is further exacerbated when they are forced to leave home, friends, language, and culture behind. While a single traumatic stressor is enough to harm a child, cumulative pre and post migration stressors exponentially increase his or her mental-health risk (Heptinstall, Sethna, & Taylor, 2004).

Adults with multiple war traumas, resettlement issues, and financial stressors also present with serious psychological problems (Blair, 2000). For example, Bosnian refugees have exhibited both PTSD and adult separation anxiety disorder in the aftermath of traumatic loss

(Silove, Momartin, Marnane, Steel, & Manicavasagar, 2010), while PTSD and depression have been reported in African war refugees (A. Rasmussen, Smith, & Keller, 2007). Vietnamese refugees have also been found to exhibit somatised PTSD symptoms up to 10 years after their resettlement (Silove, Steel, Bauman, Chey, & McFarlane, 2007). Alexithymia, or the inability to express feelings related to the trauma, is another commonly observed phenomenon in refugee populations (Söndergaard & Theorell, 2004).

In terms of limitations to consider, Thabet, Abed, and Vostanis' (2004) study involved a robust sample of 403 children. However, lack of standardized instruments, the use of self-reports, and the possible presence of culture related confounds mean their findings should be interpreted with caution. While Heptinstall, Sethna, and Taylor (2004) did use standardized assessments and a heterogeneous sample, only 40 children were included, which reduced the study's power. In the study by Silove, Momartin, Marnane, Steel, and Manicavasagar (2010), the link found between traumatic loss and adult separation anxiety disorder was not specific or statistically robust. Finally, Söndergaard and Theorell's (2004) finding of alexithymia in refugee populations raises questions about whether levels of emotional numbness can be accurately assessed via self-report, and whether culture specific emotional self-regulation strategies may have acted as a confound in the study.

Captivity and torture. Prisoner of war (POW) status and captivity are traumatic stressors faced by soldiers and civilians in war torn regions. War captivity is an extreme form of psychological trauma involving physical and psychological torture, degradation, humiliation, isolation, and loss of personal control over one's body and environment (Neria, Solomon, & Dekel, 2000). Veterans taken captive during deployment are known to exhibit greater levels of PTSD and attachment problems than those who were not captured by the enemy (Solomon,

Dekel, & Mikulincer, 2008). Torture survivors, in particular, exhibit fundamental alterations to their autonomic nervous systems (Adenauer, Catani, Keil, Aichinger, & Neuner, 2010) along with PTSD, generalized anxiety, and major depression (Van Ommeren et al., 2002).

Psychological torture in the form of degrading treatment, humiliation, and threats is associated with increased somatization in the form of weight loss, hypertension, and generalized physical pain (Punamäki, Qouta, & Sarraj, 2010). In fact, the number of non-specific somatic complaints reported by torture survivors has been directly correlated with PTSD symptom severity (Van Ommeren et al., 2002).

Appeasement, which involves pacification, conciliation, and submission is a defense strategy used in social species when fight or flight are no longer options (Cantor & Price, 2007). Appeasement displays are strongly associated with shame in the survivor (Keltner, Young, & Buswell, 1997) and while it may be a life saving strategy during captivity, it can also compromise ongoing recovery. Long-term psychological adjustment in this population is largely predicted by survivors' initial emotional response to captivity, the severity of their captivity, as well as their level of education (Neria et al., 2000).

Survivors of captivity and torture have been known to present with PTSD and other mental-health issues up to three decades after their release (Solomon et al., 2008). However, despite the egregious nature of their trauma, many also report experiences of posttraumatic growth (PTG) in terms of greater personal strength, appreciation for life, belief in new possibilities, connection to others, and spiritual enrichment (Solomon & Dekel, 2007).

There are a number of limitations to consider in the literature on captivity and torture. For example, Solomon, Dekel, and Mikulincer (2008) studied 103 POWs from the 1973 Yom Kippur war at 18-year and 30-year time intervals. While there was strong evidence for greater PTSD

symptoms in the POW group, it is important to note that this long-term, prospective study experienced a 30% attrition rate. As such, it is possible that at least some of the non-completers might have denied persistent PTSD symptoms, thereby reducing the statistical significance of the findings.

The study by Adenauer, Catani, Keil, Aichinger, and Neuner (2010) was confounded in the sense that comorbidity with other psychological disorders is the rule rather than the exception in PTSD. This means participants and controls could not be properly matched in the study due to variations in comorbid disorders and medication usage across the two groups. Punamäki, Qouta, and Sarraj's (2010) use of a homogenous sample of 275 Palestinian men presented a different kind of problem in that cultural differences preclude the generalizability of these results to a North American population. Ongoing threats related to political instability in the region may also have acted as a confound in the study. Finally, the retrospective design used by Neria, Solomon, and Dekel (2000) means participants' reports were subject to memory errors and, therefore, possible overreporting in terms of captivity severity.

Attachment Trauma

Conceptual foundations. The founder of attachment theory, John Bowlby (1988), described attachment behavior as any behavior that “results in a person attaining or maintaining proximity to some other dearly identified individual who is conceived as better able to cope with the world” (p. 27). This means the attachment system is most activated when a person feels physically or emotionally vulnerable. Children can be either securely or insecurely attached, depending on the quality of the caregiving bond, and these patterns of attachment persist throughout the lifespan (Bowlby, 1988).

Insecure attachment styles have been linked to high levels of PTSD (Elwood & Williams, 2007) with trauma survivors reporting less maternal, paternal, and/or peer support as children (Lauterbach, Koch, & Porter, 2007). Indeed, some theorists have conceptualized PTSD as a disorder of disrupted attachment systems whose effects are transmitted to future generations (de Zulueta, 2007). This may be because the poor emotional regulation associated with insecure attachment makes it harder for trauma survivors to fully integrate their experience (Benoit, Bouthillier, Moss, Rousseau, & Brunet, 2010).

The attachment system lies at the heart of all human relationships and when it is disrupted anxiety, depression, and PTSD can result (Elwood & Williams, 2007). PTSD may, in turn, reduce survivors' ability to parent effectively and form secure attachment bonds with their own children (Cohen, Zerach, & Solomon, 2011). Attachment trauma shatters survivors' basic sense of trust, leaving them feeling fundamentally unsafe in relation to self and the world. Believing the world is dangerous or that the trauma was their fault predisposes them to a number of mental-health challenges (Elwood & Williams, 2007). Attachment trauma may also affect survivors' social and spiritual lives as they project their innate mistrust onto friends, family, and God (Gingrich, 2009).

Child maltreatment. Child maltreatment is a serious public health problem with extensive negative developmental effects. Children chronically exposed to abuse, neglect, and family violence are at extreme risk for mental illness in both childhood and adulthood (Faust & Katchen, 2004; Terr, 1991). This can lead to substantial medical costs throughout the lifespan that compromise survivors' financial well-being (D. Brown, Fang, & Florence, 2011). The supplement of the 1990 Ontario Health Survey reports that one in three males and one in five

females in Canada are physically abused by their caregivers in childhood (Schwartz-Kenney, McCauley, & Epstein, 2001).

Child abuse is particularly prevalent in Aboriginal communities (Schwartz-Kenney et al., 2001) where transgenerational trauma from residential schools and foster homes impairs the caregiver's ability to parent effectively. The earlier the abuse occurs, the more harmful its effects. For example, infants abused by their parents demonstrate early deficits in social behavior, exhibiting less independent play, and more imitative behavior than controls (Valentino, Cicchetti, Toth, & Rogosch, 2011).

Maltreatment in later developmental stages is associated with PTSD, depression, poor self-esteem, cognitive distortion, and negative rumination (Leeson & Nixon, 2011). If the maltreatment is severe enough, it can also disrupt healthy personality development causing the child to exhibit negative externalizing behaviors including substance abuse (Oshri, Rogosch, Burnette, & Cicchetti, 2011). Indeed, complex PTSD is prevalent in adult survivors with substance disorders, affecting one in three individuals (Ford & Smith, 2008). There is a growing body of research suggesting that drug and alcohol abuse may be attempts by survivors to self-medicate and alleviate their emotional distress (Ford & Smith, 2008). Fortunately, while the adverse outcomes for many children continue throughout the lifespan, positive personality traits and stable outside relationships have been found to increase levels of resilience in some (Afifi & MacMillan, 2011).

There are a number of limitations in the child maltreatment literature that should be considered. For example, while Valentino, Cicchetti, Toth, and Rogosch's (2011) study extended the literature on the developmental impact of trauma, the high rate of attrition between Time 1 and Time 2 participant interviews hampered their ability to detect significant between group

differences. On the other hand, Leeson and Nixon's (2011) cross-sectional design prevented them from drawing causal conclusions about the relationship between child abuse and cognitive/emotional maladjustment. Rogosch, Burnette, and Cicchetti's (2011) study suffered from problems related to external validity. Because their sample consisted solely of economically disadvantaged youth, their findings cannot be generalized to youth in higher SES groups. Similarly, Ford and Smith's (2008) use of a convenience sample rather than a randomly selected representative sample reduced the generalizability of their results.

Incest. The anthropologist Claude Levi-Strauss argued that sexual contact between non-spousal family members has been considered taboo in human culture since the dawn of recorded history (Atwood, 2007). This view is supported by some evolutionary psychologists who believe that an innate kin detection mechanism based on co-residence duration and maternal perinatal association is the main driver behind instinctual incest aversion (Lieberman, Tooby, & Cosmides, 2007). Leiber (2006) rejects this claim, however, noting that inbreeding among large primates remains common today and may, in fact, shed light on the reproductive practices of early humans.

Certainly, despite the existence of a seemingly universal incest taboo, incest is known to occur across class, ethnic, religious, and racial lines (Atwood, 2007). In a 2011 meta-analysis involving almost 10 million participants ($N = 9,911,748$) from around the world, CSA prevalence, including incest, was identified as 127/1000 in self-report studies and 4/1000 in informant studies (Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011).

A 1985 study of 248 African American and White American women found that 62% had experienced at least one incident of sexual abuse including incest prior to age 18 (Wyatt, 1985). Finkelhor and Browne (1985) hypothesized that the incest experience involves four specific

zones of violation including betrayal, powerlessness, traumatic sexualization, and stigmatization, all of which leave survivors feeling silenced and isolated (K. Anderson, 2006). Although my clinical experience partially supports their model, I would add physical harm to the list, given that many survivors are brutally injured, and sometimes even tortured, during the course of their sexual abuse. Herman (1981) notes that

Sexual abuse represents a symptom of family dysfunction. The dynamics of the incestuous family represent a pathological exaggeration of the societal norms of male dominance. Incestuous fathers are not a readily identifiable deviant population; they are often good providers and well respected in their communities. Within their families, however, they are tyrants who seek to impose their will on all family members and to isolate the family from society. Their wives are described as unusually compliant and submissive. Economically and emotionally dependent on their husbands, they may tolerate extremes of abuse to preserve the marital relationship. Their daughters learn from observation that it is a woman's lot to submit and that, if necessary, their mothers will sacrifice them to their fathers. (p. 77)

Chronic sexual abuse can result in severe personality and mood disorders (Moran et al., 2011) along with deficits in the areas of intimacy and trust (Williams, 2006). Moran et al.'s (2011) conclusions were based on a robust, nationally representative sample of 1,520 young adults. However, because the study's design was a retrospective self-report, the risk of over or underreporting is present. The study also did not control for severity of abuse and subsequent psychopathology so the relationship between exposure dose and symptom severity remains unclear.

Father-daughter incest is believed to be the most common form of incest, followed by stepfather-stepdaughter and then brother-sister incest (Atwood, 2007). Incest generally begins at a young age with 81% of cases taking place before puberty and 42% before age seven (Atwood, 2007). Incest experiences typically continue for several years and do not end until survivors achieve a level of cognitive development that enables them to say no to their perpetrators (Atwood, 2007). Lorentzen, Nilsen, and Traeen (2008) found that the termination of incest was

directly linked to a key perceptual shift within the survivor, whereby she or he ceased to regard the abuse as normal due to increased maturity, greater peer contact, and/or a reduced sense of isolation and powerlessness.

Vicarious Trauma

Conceptual foundations. Vicarious trauma (VT) is the transformation that occurs within professional helpers as a result of empathetic engagement with clients' traumatic experiences and their aftermath (Pearlman & Mac Ian, 1995). Some studies show that these professionals develop PTSD and experience cognitive changes as a direct result of VT (S. A. Adams & Riggs, 2008). Other studies have found that exposure to clients' traumatic material does not necessarily result in VT (Devilly, Wright, & Varker, 2009). This mixed picture is typical of the trauma literature in general, which shows that only a minority of people exposed to traumatic stress will suffer long-term effects.

In the literature, VT is often conflated with compassion fatigue (CF) and burnout. However, while the concepts do overlap, the hallmark of VT is cognitive distortions around safety, trust, esteem, intimacy, and control, while CF involves emotional disengagement and altered relationships, and burnout involves emotional exhaustion and a reduced sense of professional accomplishment (Jenkins & Baird, 2002). Immaturity and inexperience in the helping professional has been shown to moderately increase the risk of VT (K. B. Adams, Matto, & Harrington, 2001). A self-sacrificing defense style that causes professionals to ignore their own needs also increases the risk of VT (S. A. Adams & Riggs, 2008). On the biological level, mirror neurons, believed to be the neural substrate of observational learning in human and non-human primates (Rizzolatti & Craighero, 2004) may also be the neurological foundation of VT.

Professional helpers. The witness to violence is always affected and caseworkers, first responders, medical personnel, and mental-health clinicians have long been professional witnesses to the trauma of others. As they support survivors through the recovery process, they indirectly share in the pain and horror of the experience. Both the helping professional and the client bring to that moment a subjective self that is fundamentally altered by their interaction with one another's pain (B. Rasmussen, 2005).

A growing body of literature now shows that a wide range of trauma professionals are at risk for VT in their work. For example, one study found that child welfare staff had developed a range of VT symptoms because of their exposure to traumatized children (Jankoski, 2010). Mental-health professionals supporting the victims of hurricane Katrina in New Orleans also developed significant symptoms of VT (Culver, McKinney, & Paradise, 2011). C. N. E. Johnson and Hunter (1997) found that trauma professionals working in the area of sexual violence were particularly at risk for emotional exhaustion and the development of avoidant coping strategies. Police officers have been found to experience VT specifically when working with survivors of sexual violence (J. Brown, Fielding, & Grover, 1999). Finally, telephone crisis counsellors have reported disruptions in their belief systems and an increase in negative coping strategies as a result of their work with trauma survivors (Dunkley & Whelan, 2006).

The VT literature contains a number of study limitations that are worthy of consideration. For example, Jankoski's (2010) use of a qualitative design precludes any causal inferences about the relationship between child workers' exposure to trauma and the development of VT symptoms. Although she uncovered clear evidence that exposure to traumatized children is associated with symptomatic workers, much larger quantitative studies are needed before the precise nature of these effects can be determined. J. Brown, Fielding, and Grover's (1999) study

of 601 British police officers exposed to work related trauma identified three distinct factors in terms of operational stressors including exposure to death or disaster, violence or injury, and sexual crimes. However, the predictive ability of the factors was greater for women than for men, suggesting that unknown variables are contributing to the clinical picture. Finally, John and Hunter's (1997) small sample size reduces the generalizability of their results, while Dunkley and Whelan's (2006) reliance on self-reports raises questions about the study's reliability.

Shame

In all my years counseling survivors of CSA, I cannot recall a single instance in which shame was not a central part of the presenting problem. Certainly shame was the basic foundation of my own traumatized identity until at least my mid 20s. I imagine shame is an inevitable response to the ritual pollution of sexual abuse as survivors are forced into a "chronic state of humiliation that distorts their view of self and others" (Herman, 2012, p. 159). The modern concept of shame derives from two Greek roots with distinct but related meanings. *Aiskhunê* is associated with the notion of dishonoring and public disapprobation, while *Aidôs* refers to the inhibitory emotion that is related to the instinct to protect or shield one's self-image (Konstan, 2003). CSA leads to both *Aiskhunê* and *Aidôs* in survivors who are not only ritually dishonored by the perpetrator's act of defilement, but who also feel the need to conceal that dishonoring so as not to become objects of public scorn. The word shame itself derives from root words related to the idea of covering and concealing (Pattison, 2000). It should come as no surprise then that in their desperate attempt to save face and family, survivors are routinely made complicit in the dirty little secret that is sexual abuse.

There is general agreement in the literature that the subjective experience of shame is an acutely painful emotion that leaves people feeling helpless and impotent (Pattison, 2000). So

intense is this discomfort that shame memories share key characteristics with traumatic memories including intrusion, avoidance, and hyperarousal (Matos & Pinto-Gouveia, 2010). Herman (2012) writes that shame is a relatively wordless and painfully self-conscious state in which the person feels “small, ridiculous, and exposed” (p. 160), while Janz (2011) notes that shame is fundamentally based in visibility and ultimately represents “an existence that seeks excuses” (p. 464).

Shame is unique among the primary human emotions because of its self-reflective nature (M. Lewis, 2003). Shame occurs when “the self orients toward the self as a whole and involves an evaluation of the total self” (M. Lewis, 2003, p. 1198). Within a shamed person, the unceasing scrutiny of self and other activates an acute sense of discomfort (Kwok, 2012). Van Vliet (2009) found that shame involved global and stable attributions about the self in which the shamed person sees himself or herself as fundamentally flawed and unattractive. The bowed head, averted gaze, and hiding behavior associated with shame is similar to the appeasement displays observed in inferior or subordinate members of other species (Keltner & Harker, 1998).

Throughout the literature, many theories have attempted to articulate the precise nature and function of shame. For example, Herman (2012) argues that shame is one of the primary regulators of normal social relationships, whereas fear is the primary regulator of violent social relationships. She notes that constant shaming by the primary caregiver results in disorganized attachment as the child learns that his or her needs are inherently shameful (Herman, 2012).

This perspective is shared by Schore (1998) who argues that “primordial shame” (p. 57) in the attachment relationship negatively impacts neurobiological and psychological development. From Herman’s (2012) perspective, shame is a fundamentally relational experience in which the shamed person sees himself or herself through the eyes of another.

Indeed, a significant correlation has been established between closeness of relationship and the intensity of shame experienced by a shamed person (Tang, Wang, Qian, Gao, & Zhang, 2008).

Unlike guilt, which focuses on a specific action that is resolved through discrete acts of reparation, shame implicates the whole self and can only be resolved through the restoration of relationship with others (Herman, 2012). Unfortunately, shame so corrupts the relational system that even positive feedback designed to make a person feel better has been shown to trigger shame responses in people with high degrees of internalized shame (Claesson, Birgegard, & Sohlberg, 2007). There is also evidence to suggest that the increased independence and isolation observed in some shamed people may be an attempt to buttress a threatened social self and build self-esteem through increased self-sufficiency (Chao, Cheng, & Chiou, 2011).

Nathanson (1992) shares Herman's (2012) interest in the subjective experience of shame and developed a Compass of Shame outlining four typical coping styles: Attack Self, Withdrawal, Avoidance, and Attack Other. The Attack Self pole contains a group of behavioral scripts whereby the shame message is accepted, magnified and then internalized resulting in self-directed anger, contempt, or criticism, and the tendency to conform with or defer to others. The Withdrawal pole contains behavioral scripts in which the shaming message is accepted as valid. Here the person withdraws from the situation in fearful anxiety and sadness. The Avoidance pole contains the family of behavioral scripts whereby shame is unconsciously denied and overridden by neutral or positive emotions such as joy and excitement. Finally, the Attack Other pole includes behavioral scripts in which the shame message is rejected and then deflected onto another person in the form of externalized anger and verbal or physical aggression. In 2006, Elison, Pulos, and Lennon provided empirical support for Nathanson's model using factor analysis to identify four distinct coping scripts.

In contrast with Nathanson's (1992) theory, Schoenleber and Berenbaum (2012) propose a tripartite model for understanding the role of shame in psychopathology, arguing for three specific forms of maladaptive shame regulation including (a) Prevention, through the use of fantasy or dependence; (b) Escape, which involves social withdrawal or misdirection; and (c) Aggression, which can involve physical self-harming.

While some theorists focus on the subjective experience of internalized shame, others are interested in exploring broader dimensions of the shame construct. Pattison (2000), for example, argues for a family of meanings based on the fact that no fixed essence of experience adequately captures all uses of the word shame (Pattison, 2000). Favoring a social constructionist approach, he points out that shame lacks a universal set of physiological responses. As such, he concludes that experiences of shame are co-created through unique social interactions.

Pattison (2000) makes a distinction between acute shame related to a specific incident and chronic shame where shame becomes a core aspect of character. This view of shame as a social emotion is shared by Scheff (2001), who argues that shame facilitates relational attunement and the negotiation of boundaries between individuals for the purpose of social control. Schore (1994) acknowledges the importance of shame in the healthy socialization of children but cautions that the deflation of the child's "illusion of grandiosity . . . should be gradual and not precipitous and overwhelming; the nascent self is yet plastic, yet fragile" (p. 240).

Treating shame in survivors of CSA is a complex and arduous process because of the myriad psychological problems it can produce. For example, shame is strongly correlated with major depression, anxiety, stress (Matos & Pinto-Gouveia, 2010), and anger (Harper & Arias, 2004), with depression being the most highly correlated disorder (Vikan, Hassel, Rugset,

Johansen, & Moen, 2010).

Depressed people report higher levels of shame in response to both hypothetical and real life interpersonal problems than their non-depressed counterparts (R. J. Thompson & Berenbaum, 2006). Indeed, shame related depression has been observed in children as young as three years of age (Luby et al., 2009). Shame is a key symptom in social anxiety and phobia (Pinto-Gouveia, Castilho, Galhardo, & Cunha, 2006) and has been implicated in the maintenance of PTSD through self-criticism, self-persecution, and aversive self-talk (Harman & Lee, 2010). Shame proneness in combination with CSA has also been correlated with the onset of dissociative disorders (Talbot, Talbot, & Tu, 2004) and self-harming behavior (Milligan & Andrews, 2005).

A strong correlation has been established between shame and the onset of eating disorders. For example, shame is directly implicated in the development and maintenance of both anorexia nervosa and bulimia nervosa. In 2006, Grabhorn, Stenner, Stangier, and Kaufhold showed that patients with anorexia and bulimia had higher levels of internalized shame than patients suffering with major depression and anxiety disorders. The shame observed in people with eating disorders is believed to arise from negative early childhood experiences that leave them feeling rejected by parental figures and devalued by peers (Keith, Gillanders, & Simpson, 2009). Internalized shame also appears to be one of the key mediators in the relationship between incest and bulimia (Murray & Waller, 2002).

Shame not only contributes to mood and anxiety disorders but has been directly linked to the development of disordered personality traits. For example, shame is known to mediate the relationship between antisocial traits and intimate partner violence with high shame proneness being associated with greater psychological and physical violence (Kivisto, Kivisto, Moore, &

Rhatigan, 2011). Adults with perfectionist personality traits are particularly vulnerable to internalized shame and depression when they fail to meet the expectations of important others (Ashby, Rice, & Martin, 2006). A clear relationship has also been established between shame and psychopathy with psychopaths generally endorsing an externalizing approach to shame expressed as outward directed blame, anger, and aggression (J. S. Campbell & Elison, 2005). Narcissistic children who are shamed are also more apt to respond with aggression and fury than normal children who tend to internalize their shame (Thomaes, Stegge, & Olthof, 2007).

The memory of early shame experiences can become a central component of adult identity (Pinto-Gouveia & Matos, 2011), increasing the survivor's vulnerability to shame in the face of subsequent trauma (Platt & Freyd, 2012). Shame proneness is, in fact, a key inhibitor of self-forgiveness, an essential component of effective therapeutic progress (Ranganathan & Todorov, 2010). A. Johnson (2006) argues that addressing childhood attachment issues, family dynamics, either/or thinking, and the boundary between self and other are all vital parts of helping individuals overcome the trauma of shame. People with eating disorders, in particular, seem to respond well to shame focused group treatment approaches (Goss & Allan, 2009).

The shame literature appears to have much to offer the trauma field, however, the findings above should be interpreted with caution in light of methodological limitations. For example, in Claesson, Birgegard, and Sohlberg's (2007) study, the questionable psychometric reliability of the instruments used may have adversely affected their results. This problem was also evident in Kivisto, Kivisto, Moore, and Rhatigan's (2011) study, where the modest internal reliability of the instruments may have compromised their findings.

Lack of generalizability was a problem in several of the studies mentioned. For example, Grabhorn, Stenner, Stangier, and Kaufhold's (2006) conclusions were based on a highly

restricted sample of 126 female inpatients, while Chao, Cheng, and Chiou (2011) used a homogenous Taiwanese sample, and Ranganathan and Todorov's (2010) sample contained a large female gender imbalance. J. S. Campbell and Ellison (2005), Ellison, Pulos, and Lennon (2006), and R. J. Thompson and Berenbaum (2006) also used convenience samples of young predominantly White college students that were not representative of the general population.

An additional problem with J. S. Campbell and Ellison's (2005) study was the use of self-reports, which are a particularly undesirable data gathering method for studying psychopathy. Despite the fact that all self-reports are vulnerable to over and underreporting, it was also the primary data gathering procedure used by Matos and Pinto-Gouveia (2010), Milligan and Andrews (2005), and Talbot, Talbot, and Tu (2004).

The study by Harper and Arias (2004) looked at shame proneness across a number of maltreatment situations. However, neither physical nor sexual abuse was addressed in the study, which seems problematic given the reported clinically significant relationship between shame and these two stressors. Finally, the external validity of Pinto-Gouveia, Castilho, Galhardo, and Cunha's (2006) findings was hampered by their study's cross-sectional design, lack of matched controls, and the conflation of panic and obsessive-compulsive disorder patients into a single group despite differences in symptomatology.

Psychological Dissociation

Altered states of consciousness have been explored by human beings throughout the ages, with some cultures conceptualizing them as mystical experiences while others view them as non-mystical (I. M. Lewis, 2003). Psychological dissociation is one of the least understood and most challenging psychological issues currently identified in the mental-health field. The disorder is defined as a disruption in the usually integrated functions of consciousness, memory, identity,

and perception resulting in a fragmentation of the coherence, unity, and continuity of the sense of self (Simeon, 2004).

The *Diagnostic and Statistical Manual of Mental Disorders (DSM-V; APA, 2013)* identifies a number of dissociative disorders including (a) Depersonalization, a persistent or recurrent feeling of detachment from one's mental processes or body, accompanied by intact reality testing; (b) Derealisation, involving an alteration in one's perception of the external world; (c) Dissociative amnesia or trauma induced memory loss; and (d) Dissociative Identity Disorder, a condition in which a single person displays multiple, distinct identities or personalities, each with their own patterns of perceiving and interacting with the environment.

Transient dissociative experiences appear to be fairly common in the general population (Simeon, 2004), and Şar, Akyüz, and Doğan (2007) estimate that 18.3% of women in the general population have a lifetime diagnosis of dissociative disorders. The prevalence of dissociation among psychiatric outpatients is considerably higher at a staggering 29% (Foote, Smolin, Kaplan, Legatt, & Lipschitz, 2006).

A review of the literature shows that the construct of dissociation has broadened considerably since it was first identified by the German neurologist, Albert Eulenburg, in 1878 (Dorahy & van der Hart, 2007). The original conceptualization is similar to the structural dissociation model developed by van der Hart, Nijenhuis, and Steele (2006) in *The Haunted Self*, where the term is understood to mean fractures or divisions within the architecture of the personality. Over time, dissociation has also come to describe alterations in consciousness, the operation of multiple streams of consciousness, as well as the disintegration of psychological and information processing functions (Dorahy & van der Hart, 2007). Pierre Janet was one of the first people to study structural dissociation in response to trauma, referring to the disorder as an

“illness of personal synthesis” (Dorahy & van der Hart, 2007, p. 20). The theory of structural dissociation posits that

Traumatization involves a division of personality structure into two or more different but more or less intensely interacting prototypal components, each with its own distinct psychobiological components In its basic form, the personality becomes divided into an *apparently normal part* (ANP) of the personality that is focused on fulfilling functions in daily life and an *emotional part* (EP) of the personality that is largely fixated on physical defense from major threat, in particular, threat to the integrity of the body. (Nijenhuis & Den Boer, 2007, p. 220)

A clear relationship has now been established between dissociation and disorganized attachment (Harari, Bakermans-Kranenburg, & van Ijzendoorn, 2007), suggesting that a threatening caregiver bond, as in the case of parental CSA, has a deleterious impact on the structural development of the personality. Schore (1994) notes that shame is a unique and central feature of all developmental psychopathologies and when the attachment bond with the primary caregiver fails to appropriately regulate shame, the child internalizes a working model of “self-misattuned-with-a-self-dysregulating-other” (p. 454). A disruption in the sense of self is a common reaction to traumatic stress in general (Nijenhuis & Den Boer, 2007), but in extreme cases can result in the fragmentation of self observed in structural dissociation (van der Hart et al., 2006). This fragmentation includes memory disruptions, which are a defining feature of structural dissociation (Dorahy & Huntjens, 2007). These disruptions may result from the extensive neurological alterations caused by chronic interpersonal trauma (Lanius, Bluhm, & Lanius, 2007).

Dissociative disorders are frequently observed among incest survivors, who tend to be polysymptomatic and misdiagnosed (Steinberg, Barry, Sholomskas, & Hall, 2005). Williams (2006) writes that in abusive families

without relationship and mirroring, the self has no other option than to fragment, as it cannot find its original form. Dissociation and fragmentation are defenses against a world that has been perceived as a place that offers little pleasure or integration. (p. 325)

Spitzer, Barnow, Freyberger, and Grabe (2006) add that dissociation is related to the decompensation of autobiographical memory systems, consciousness, and the domain of personal identity.

Early investigations into dissociation suggested it might be an adaptive psychological defense designed to protect trauma survivors from later psychopathology (Shilony & Grossman, 1993). However, more recent studies have linked peritraumatic dissociation to a moderately increased risk of developing PTSD (Breh & Seidler, 2007). What is clear is that the more chronic the trauma and the earlier it occurs, the more likely dissociation is to become an automatic coping strategy (Dorahy & van der Hart, 2007), possibly even crystallizing into a permanent psychological state. Dissociative disorders have been found to be a robust predictor of multiple suicide attempts (Foote, Smolin, Neft, & Lipschitz, 2006) with sufferers engaging in more self-destructive behaviors, more often, at an earlier age, using more methods of self-injury than those who do not dissociate (Saxe, Chawla, & Van der Kolk, 2002).

Contemporary scholars regard dissociation as a dimensional process existing along a normative continuum. At one end are common, non-pathological forms of dissociation such as daydreaming, while at the other are pathological expressions of dissociation such as depersonalization. Recent refinements in the contemporary definition of dissociation have identified two discrete subtypes including compartmentalization and detachment (Spitzer, Barnow, Freyberger, & Grabe, 2006). Compartmentalization is described as a partial or complete failure to deliberately control processes and actions normally regulated through acts of volition. In other words, compartmentalized processes influence emotion, cognition, and behavior outside

of normal awareness. One example of the compartmentalized subtype of dissociation is somatization disorder. Detachment, on the other hand, is characterized by a feeling of alienation from oneself and/or the world. Examples include out-of-body experiences, depersonalization and/or derealization. Dissociative experiences in general, then, fall into four discrete subtypes including pathological-compartmentalized, pathological-detached, non-pathological-compartmentalized, and non-pathological detached (Spitzer et al., 2006).

Researchers are only just beginning to fully understand the neurological mechanisms underlying dissociative disorders. Dissociation has been correlated with decreased galvanic skin response, suppressed physiological responding, dampened startle response, and decreased sensitivity to pain (Horowitz & Telch, 2007). These symptoms are associated with neurological changes in the amygdala, the insula, the anterior cingulate gyrus, as well as the prefrontal, temporal, and parietal cortices (Chamberlain, 2007).

Both the pathological and non-pathological-detachment subtypes of dissociation have a specific neurophysiological profile characterized by top down inhibition of the limbic system and activation of the right prefrontal cortex (Spitzer et al., 2006). Depersonalization has also been associated with functional abnormalities in sequential hierarchical areas of the visual, auditory, and somatosensory cortices (Simeon et al., 2000). The fact that these areas are responsible for integrating body schema may help explain the perceptual distortions commonly associated with depersonalization and derealization.

In my clinical practice, I often work with CSA survivors suffering from symptoms of psychological dissociation. These clients are some of the most challenging to treat because one often has the sense that there is nobody home. Many clients have told me that they do not feel as if they are in their bodies and that the world around them seems distorted or surreal. A 1998

study by Ross-Gower, Waller, Tyson, and Elliott concluded that dissociation is a key mediator in the relationship between CSA and subsequent psychopathology. Mulder, Beautrais, Joyce, and Fergusson (1998) also found that CSA and childhood physical abuse were correlated with high levels of dissociation. Perhaps not surprisingly, CSA survivors who suffer from dissociation are more likely to experience repressed memory episodes than survivors who do not dissociate (McNally, Clancy, Schacter, & Pitman, 2000).

There are a number of limitations to bear in mind when interpreting the literature on dissociation. For example, compared to Simeon et al.'s (2000) findings of dissociation-related neurological alterations using Positron Emission Topography, the study by McNally, Clancy, Schacter, and Pitman (2000) was forced to rely on self-reports.

Issues of generalizability were also evident in some studies based on sampling choices. For example, Shilony and Grossman (1993) included only young Boston undergraduates in their study, while Foote, Smolin, Neft, and Lipschitz (2006) restricted their sample to inner city Latinos, and Ross-Gower et al. (1998) looked solely at a small group of female psychiatric inpatients.

Saxe, Chawla, and Van der Kolk (2002) also focused on psychiatric inpatients with histories of trauma. However, given the level of comorbidity observed in survivors of trauma, their findings should be interpreted with caution due to possible confounds in the study. One interesting potential confound was observed in Horowitz and Telch's (2007) study, where the use of music in the control condition was found to induce dissociation and mood changes in those participants. Mulder et al. (1998) used a robust, randomly selected sample of 1,028 participants, along with standardized assessments in their study. However, it is possible that the idiosyncratic modifications they made to the Dissociative Experiences Scale may have affected the reliability

of their results. Finally, Breh and Seidler's (2007) meta-analysis was vulnerable to the inherent methodological limitations of the studies they reviewed.

Indigenous Conceptualizations of Soul Loss

When the shamanic healer told me she could find only emptiness where my soul should be, I felt, for the first time, that I had been properly diagnosed. I was already familiar with the concept of soul loss through my breathwork community and, over the next 4 years, I learned much more about the topic through my anthropological studies.

Many societies around the world identify a causal relationship between soul loss and physical or mental illness. Alland (1970) notes that while the mind-body dichotomy appears to be a common preoccupation across cultures, the relative degree of attachment between body and soul varies from belief system to belief system. I was raised in a Judeo-Christian culture and from that religious perspective, soul loss is conceptualized as the emptiness that occurs when the faithful abandon their relationship with God and become attached to a false persona rather than embracing a life of spiritual service (Koenig, 1999). However, this conceptualization of soul loss seems to focus entirely on the moral and religious dimensions of self (Long, 2005). As a psychologist, I find the shamanic conceptualization of soul loss more fruitful because it is used as a pseudo-medical term to describe symptoms that occur as a result of exposure to trauma or illness (Berman, 2008).

In *Ecstatic Religion: A Study of Shamanism and Spirit Possession*, I. M. Lewis (2003) notes that soul loss is the primary idiom used to describe illness in many cultures around the world. For example, the Inuit have a tradition of soul loss in which the soul can be stolen from the body by malicious spirits (Rush, 1999). For them, soul loss and breaches of taboo are the primary etiologies of physical and mental disease (Baer et al., 2003). Soul loss has also been

identified as a cause of illness among North American Indians. The Ojibway, for example, believe the soul can become lost or possessed by an evil spirit and abducted to the land of the dead. This loss results in reduced vitality and lack of interest in life, which can only be restored through ritual intercession by a shaman (Scotton et al., 1996).

Susto is a folk illness widely observed in Latino cultures, in which the soul leaves the body after being captured by spirits or other mysterious forces. A variety of stressors can trigger soul loss including fright, unexpected attack, shock, accidents, nightmares, and evil spirits (Glazer et al., 2004). Similar to other traditions, symptoms of soul loss in Latino cultures include depression, listlessness, sleeplessness, and loss of appetite. Recovery from susto involves soul retrieval rituals as well as modern medical intervention.

Another conceptualization of soul loss from Latin America is found in Indigenous Guatemalan communities, where soul loss is recognized in the condition of Espanto. Espanto is generally diagnosed in people who have a history of sudden fright and are presenting with symptoms of listlessness, lack of appetite, low energy, weight loss, fluttering pulse, and repetitive dreams (Gillin, 1951). These symptoms are seen as indicators that the person's soul has detached from his or her body and relocated to the dream world. Treatment for Espanto involves a mixture of folk and modern medical interventions including pharmaceuticals, herbal remedies, religious rituals, psychosocial interventions, egg readings, and the intervention of helpful spirits (Gillin, 1951).

Many Asian cultures also view soul loss as the cause of disorders of body and mind. For example, the Taman of Borneo regard soul loss as an indicator of advanced illness caused by spirit attack (Bernstein, 1997), while some Koreans view soul loss as a key cause of mental

illness (Kim, 1999). The Malaysian treatment approach to soul loss draws on modern medicine, pharmacists, herbalists, and traditional healers to help ensure recovery (Edman & Koon, 2000).

Soul loss is not to be conflated with spirit possession, which constitutes a mode of sacred communion (Rey & Richman, 2010) and healing (Koss-Chioino, 2003) in many cultures. Spirit mediums, for example, play an important role in the religious life of people from Malaysia, Singapore, Taiwan, and Southeast China (Cline, 2010).

The Hmong, a Laotian hill tribe in Southeast Asia, believe that the souls of babies and young children have to be protected with amulets because they are so easily displaced (S. K. Johnson, 2002). In Hmong culture, the body is believed to contain three souls, one of which remains after death, one of which wanders during sleep, and one of which reincarnates after death. Stress and sorrow are the primary causes of soul loss in Hmong culture, and as in so many other cultures depression, loss of appetite, and sleeping difficulties are recognized as its chief symptoms (Capps, 2011).

Similar to the Hmong, the Mien tribe of Laos believe that mental illness is caused by soul loss (Moore, Riley, & Robinson, 2001). However, whereas healing in Hmong culture involves shamans entering the spirit world to discover what payment is required for the soul to return to the body (S. K. Johnson, 2002), the Mien treat their patients using herbs, nutrition, and environmental adjustment (Moore, Riley, & Robinson, 2001).

In one fascinating study of traumatized Cambodian refugees, Hinton, Hinton, Loeum, Pich, and Pollack (2008) identified a direct connection between psychological trauma and soul loss through the medium of tinnitus, which they view as a form of somatization. Cambodians themselves, however, believe tinnitus is an indicator that the soul is either leaving the body or has already left, foreshadowing imminent death. They regard tinnitus as an indicator of

physiological dysregulation and depletion of energy, which weakens the heart, leading to cardiac arrest or soul loss.

Cambodians also believe it is possible for a ghost to scare a soul out of its body; thus fearfulness is regarded as dangerous as it makes the soul vulnerable to displacement (Hinton et al., 2005). Similar to their Cambodian neighbors, the Yolmo of Nepal describe soul loss as an aggressive spiritual and physical decline in which the body becomes heavy, weak, and tired (Desjarlais, 1992). For them, participation in community life is the only viable treatment option given that isolation, listlessness, apathy, and despair are defining features of the ailment.

Cycle 2: Theoretical Overview

The following explores Cycle 2 of my intuitive inquiry, in which researchers focus on identifying and developing their preliminary lenses. In this section, I outline the core theoretical assumptions that informed my current study of CSA.

The Santiago theory of cognition. Cognition is a central concept in psychology yet the term itself has a fluid impermanent quality that changes depending on the user. Commonly held definitions include (a) the process of human thought itself, (b) the mental processes involved in gaining knowledge, (c) an information processing view of psychological mechanisms, (d) the neural infrastructure underlying thought, and (e) the capacity to carry out discrete mental functions (Kuljiš, 2010).

In *Hidden Connections*, Fritjof Capra (2002) explores the implications of the Santiago Theory of Cognition that derive from the concept of *autopoiesis* or the innate self-generativity of all living networks. Autopoietic systems exhibit a dialectical relationship between the organism's structure, mechanism and function. As such, they manifest continual structural changes in self-renewing processes like cellular regeneration, while still maintaining their original pattern of

organization. They also develop new structures through interactions with their environment while continuing to manifest the coherence of their original pattern (Capra, 2002).

Humberto Maturana and Francisco Varela (1972/1980), the founders of the Santiago theory, explain that non-living or cybernetic systems produce linear, causal reactions (*allopoiesis*) while living systems exhibit non-linear, acausal responses through which the organism both generates and regenerates/reproduces itself (*autopoiesis*). The most important distinction between living and non-living entities from this perspective is the capacity of living organisms to *self-generate* and *self-regulate* (Dicks, 2011). Because living systems rearrange their patterns autonomously in response to their environment, they can be disturbed but never directed (Capra, 2002).

From the autopoietic perspective, cognition is an emergent phenomenon continuously engaged in the process of bringing forth a living, perhaps even conscious, reality in response to environmental perturbations. This expanded definition of cognition places it at the core of all perception, emotion, and behavior, even in the absence of a fully developed nervous system (Capra, 2002). Human consciousness, then, at both the personal and transpersonal levels, could be considered an autopoietic process of perpetual emergence. From the perspective of soul loss in relation to CSA, this suggests the intriguing possibility that the soul or nucleus of the survivor's identity contains a self-regenerative capacity that organically moves the person in the direction of healing.

The ecosystem of the soul. My theory of the Ecosystem of the Soul (EOTS) postulates that soul is an emergent unifying biopsychological field of intelligence that synthesizes the deepest cognitive, emotional, relational, somatic, and spiritual/existential awarenesses of the

bodymind. The theory further proposes that the EOTS is a living, dynamic, autopoietic system that continuously regenerates itself in relation to internal and external stimuli.

Ecosystems are communities of organisms interacting within a sustainable web of relationship. As such, I see them as an elegant metaphor for the alchemical processes that may be unfolding within somatopsychic consciousness. Spiritual seekers, philosophers, and theorists have long grappled with the nature of soul as they sought to confront the uncertainties of human existence. Nietzsche (1886/1998) wrote, “The problem of the value of truth appeared before us—or did we appear before it? Which of us here is Oedipus? Which the Sphinx? It is a rendezvous, so it seems, of questions and question marks” (p. 5).

While arguing for the body as the *sine qua non* of the soul involves an epistemological shift, neurophysiology and psychoneuroimmunology already suggest the body may be an integrated bioelectrochemical field in which thoughts and feelings are simultaneously generated (Pert, 1997). Neurological disorders such as temporal lobe epilepsy also hint at a possible connection between body and soul, as synaptic dysregulation in this region of the brain is known to induce intense states of religious awe, ecstasy, and numinous experience (W. Brown, 2002). Jung’s (1955/1963b) theories of conscious and unconscious minds, then, could well be qualitative descriptors of neocortical and somatopsychic levels of consciousness.

My thinking on the EOTS owes a debt to theorists such as Jung, Aurobindo and the Mother, Maturana and Varela, Ferrer, Ruomet, Washburn, Grof, Wilber, and Teilhard de Chardin. Their work provided me with the scaffolding to explore a theory of soul that resonated with my intuitive understanding of my own psychospiritual journey. At its heart, my model is grounded in depth psychology, which argues for the existence of a level of consciousness beyond

everyday mind. Where it departs from other theorists is less in terms of content and function, and more in terms of the essential nature of the nucleus of selfhood that I conceptualize as soul.

The EOTS has its seminal roots in my first course on the history and philosophy of science at the University of Toronto in the mid 1990s. Up until that time, I had been a devout Catholic, having actively served on a variety of church committees from the age of 12. Raised in the Caribbean, I was born into a culture where the presence of the Father God was never in doubt. At no point during my childhood or early adulthood did I ever consider the possibility that the transcendent Father God did not literally exist.

An intense personal relationship with the Divine remained the cornerstone of my private universe until one fateful night in my mid 20s when I gazed numbly at the heavens and asked, “Is it true, are You really just in my imagination?” This crisis of faith was triggered by my undergraduate studies in the history and philosophy of science. What followed was a psychospiritual struggle best captured in the opening line of my final assignment for that first philosophy course: “One day I checked my pockets and discovered I had lost my God.”

Having posed one of the most dangerous questions of my spiritual existence, I was catapulted into an existential wasteland that continued unabated until my introduction to Jung’s work. His study of the collective unconscious and numinous experience offered a glimmer of hope, a possible pathway back into the Sacred Garden of my spiritual life. From my own lived experience, I could not doubt the felt sense of sacredness reported by devotees everywhere in relation to the Divine. What I did and still do question is the *precise nature* of that experience.

Through years of holotropic breathwork and shamanic practice, I have had myriad visionary experiences and cultivated a deep personal relationship with something that certainly *felt* Divine. In those altered states, I danced with goddesses, made love to gods, surrendered

myself completely, and was remade in the giving. However, in coming to doubt the existence of the Father God that was my spiritual foundation, I was left with the dilemma of trying, and failing, to trust in my own sacred experiences. Jung (1921/1971), in his book *Psychological Types*, wrote

We define the soul on the one hand as the relation to the unconscious, and on the other hand as a personification of unconscious contents. . . . God too is an unconscious content, a personification insofar as he is thought of as personal, and an image or expression of something in so far as he is thought of as dynamic. God and the soul are essentially the same when regarded as personifications of an unconscious content. (pp. 247-248)

Jung's work marked my introduction to the notion of psychospirituality, where a new understanding of soul and divinity began to gestate. With the help of his insights, I slowly began to shift from a transcendent, or externally located, to an immanent, or internally located, conceptualization of God. In time, I found another doorway into the Sacred Garden.

In the history and philosophy of science, it is understood that the existence of God is not falsifiable. Once belief in a transcendent God ceased to be a viable option for me, I began cultivating a relationship with the immanent Divine through contemplative prayer, meditation, chanting, sacred art, yoga, trance dancing, and so on. My quest to connect with an immanent God slowly gave way to a fascination with the soul itself. Soul, as I eventually came to conceptualize it in the EOTS, was not simply a projection of the unconscious as described by Jung, but rather the unifying nucleus anchoring the entire architecture of the self.

Having come to understand soul as the nucleus of selfhood, I was then confronted with the problem of understanding how this nucleus might be generated and maintained. Maturana and Varela's (1972/1980) theory of autopoiesis provided a compelling explanation of the emergent nature of consciousness, which in my model is inextricably linked to self and soul. In terms of the architecture of the self, I like to imagine consciousness as a fluid and sweeping field

within which are embedded dense, highly differentiated, idiosyncratic nodes (selves), converging around vibrationally unique nuclei or souls. What is important to me about Maturana and Varela's work is that their theory is empirically based. Discussing their method, they write "our approach is mechanistic: no forces or principles will be adduced that are not found in the physical universe" (Maturana & Varela, 1972/1980, p. 75). What I most appreciate about autopoiesis in relation to soul is that it is parsimonious, avoiding the theoretical complication of unfalsifiable variables such as an omnipotent super consciousness or Grand Designer.

In *The Phenomenon of Man*, Pierre Teilhard de Chardin (1955) makes a brilliant and exhaustive study of the evolution of consciousness. His Omega Point is identified as the point at which the layers of space-time, which are synonymous with consciousness, converge and become fully integrated in a personalized super consciousness. However, unlike my own model, that point of convergence seems to be found outside the self.

An equally brilliant treatment of soul is found in Aurobindo and the Mother's (1989) *Psychic Being*, where soul is understood to be the "divine nucleus that stands behind mind, life, and body" (p. 4). From this perspective, soul comes directly from and remains in ongoing contact with an immeasurable super consciousness (Aurobindo & The Mother, 1989). Aurobindo makes a distinction between the "mentalized desire soul, which is a creation of the vital urge in man . . . and the true soul which is a spark of the Divine Fire" (Aurobindo & The Mother, 1989, p. 3). Essentially, the Psychic Being or soul is an inner divinity that is understood to be greater than body, mind, and even life. For Aurobindo, soul is the divine nucleus at the heart of the personality, wholly separate from the conscious ego, which is only dimly aware of its existence. Thus, the soul exists beyond the self but is responsible for moving the self in the direction of all that is good, beautiful, and true.

While the sheer elegance of both theories cannot be doubted, their ontological starting points pose a problem for clinical psychology. This is because both the Omega Point and the Psychic Being assume the presence of a divine being, something that is unaddressed in clinical psychology due to its materialist roots. Indeed, the materialist critique of Teilhard de Chardin and Aurobindo would be that their models represent *a priori* knowledge claims. If two such fertile theories have difficulty being accepted, how then might one introduce the construct of soul into the psychology field? For me, autopoiesis was the best candidate to bridge this gap as it proceeds from an *a posteriori* starting point, beginning with what is empirically known as opposed to what is believed.

As is often the case in theoretical development, the choice of which rock upon which to build my church was, ironically, an intuitive one. Maturana and Varela's (1972/1980) hypothesis simply resonated more than any other foundational theory I had come across. With autopoiesis as the starting point of my inquiry into soul loss, I would not be forced to try and reconcile the thorny problem of a Father God I no longer believed in. Maturana and Varela also acknowledged that autopoietic systems are vulnerable in the sense that any "interference with their operation outside their domain of compensations will result in their disintegration" (p. 81).

Conceptualizing soul as an autopoietic system allowed me to account for the psychospiritual disintegration explored in this study in the form of environmental perturbations otherwise known as trauma. Ultimately, the theory offered an empirical starting point for an emergent model of consciousness that seemed congruent with my studies in history, religion, anthropology, and psychology. Certainly, it reinforced what I had intuited to be true about the nature of consciousness, self, and soul. R. Anderson (2006) cautions that intuition typically contains a sense of certainty, whether or not that which was intuited is actually true. So the risk

of adopting autopoiesis for the EOTS was that it reinforced rather than challenged the preexisting beliefs of the researcher. However, Jung is purported to have said that all theories are a reflection of the theorist's own psychology (A. Yeoman, personal communication, September, 1997). If that is true, then the intuitive resonance of a particular theory matters greatly in terms of its relevance to the researcher's work.

In his preface to Maturana and Varela's (1972/1980) chapter on autopoiesis, Stafford Beer (1980) argues that the modern search for knowledge is tantamount to a group of disciplinarians attempting to be interdisciplinary by holding hands in a ring for mutual comfort while the topic under investigation falls through the hole in the middle. His insight was a stark reminder of the problems that come with rigidly attaching oneself to any particular knowledge claim or theoretical perspective. The EOTS is not intended to be a nihilistically reductionist model (Frankl, 1988) that positions soul as a mere by-product of the body. Rather, my hope is that it might help to highlight the integral relationship between the material body and ephemeral soul, with the objective of restoring the body to a position of honor and relevance in the ongoing transpersonal discourse. The dialogical nature of the EOTS is succinctly captured in the reciprocal concepts of the ensouled body and the embodied soul.

The korecentric self. In modern psychology, the concept of self has long been viewed as the unifying construct underpinning human identity. However, theorists disagree in terms of their understanding of how the sense of self is actually constructed. For example, some lines of research show that a sense of self or identity consists of multiple sub domains. El-Hassan (2004) argues that traditional theories of the self often fail to capture its complexities. Roland (1988) also notes that across cultures there are multiple ways to construct the self, from the self-in-representation, to the individualistic, to the mythic. Some theories of the self argue for a tripartite

model that includes individual, relational, and collective dimensions (Tanti, Stukas, Halloran, & Foddy, 2008). Others talk about multiple, discrete cognitive aspects of self that help create a psychological buffer against stress (J. D. Campbell, Assanand, & Di Paula, 2003; Linville, 1987). Social psychology opts for a multidimensional construct of public and private self-domains, while the dialogical approach views the self as cultural, historical, relational, and embodied (Hermans, 2003; Marsh, Ludtke, Koller, & Baumert, 2006).

The self goes through extensive changes across the lifespan, becoming increasingly collectivist as adulthood approaches (Carvalho, Ready, & Akerstedt, 2008; Tanti et al., 2008). While people routinely compartmentalize positive and negative aspects of self, such identity fragmentation can lead to a host of psychological problems (J. D. Campbell et al., 2003).

Self-esteem, which is inextricably linked to one's sense of self, is one of the most powerful predictors of mental-health problems, particularly in the case of major depression (Haugen & Lund, 2002). Self-esteem can be divided into two distinct modes including (a) implicit self-esteem, which involves automatic affective reactions related to self-worth, and (b) explicit self-esteem, which involves validation of beliefs about the self that contribute to mental health or illness (Franck, De Raedt, & De Houwer, 2008). Self-esteem also influences a number of other psychological domains including affect regulation, addiction, coping strategies, and the increased risk of victimization through bullying (Bellmore & Cillessen, 2006; Cannon, Lubar, Gartner, & Baldwin, 2008; Henderson, Dakof, Schwartz, & Liddle, 2006; Lee, Puterman, & Delongis, 2007).

The fact that self-esteem is linked to different domains of one's identity (e.g., sports, academic skill, musical talent, etc.) suggests there may be a unique personal blueprint underpinning each individual's sense of self (Hardy & Moriarty, 2006). Regardless of the innate

personality traits that shape the self, social cues that reinforce self-worth continue to wield tremendous influence over identity development (Del Prado et al., 2006; Joerchel, 2007; Joshi & Duan, 2006; Tanti et al., 2008; Wang & Pan, 2009).

I personally conceptualize self as a plural domain of multiple aspects evolving from a seminal core. As such, I find it helpful to conceptualize the self as a bicycle wheel whose spokes symbolize the different facets of a person's identity. The outer rim of the wheel represents the level of ego, while the central hub represents the level of soul. Within the context of my research, ego is understood to represent the conscious mind, which is self-aware, analytical, and relational.

Jung (1951/1959) wrote extensively on the subject of the Shadow archetype, which he argued embodied dark, unintegrated characteristics of the personal unconscious. He noted that the Shadow represents a major challenge to the conscious ego because it takes considerable moral effort to integrate shadow material into consciousness. In my experience, the willingness to engage in the difficult task of self-transformation can completely redefine the boundary between ego and soul.

In one of the most memorable experiences of my recovery from trauma, I made peace with an aspect of self that I refer to as the Dark Sister. During a meditation, I saw myself seated, cross-legged in the middle of a huge canopied bed draped completely in white. As I looked out toward the encircling darkness, I noticed a pair of gleaming red eyes staring back at me. Peering into the gloom, I saw a woman dressed completely in black with dark hair and a black veil. Somehow I understood that she was an essential part of me and that we were each a vital aspect of the other's whole and healthy self.

In Cycle 2, as I reflected on my experience with the Dark Sister, I remembered that the goddess Kore or Persephone was both Mistress of the Underworld as well as a vegetation

goddess. In other words, she mastered the art of integrating two radically different ontological states. For this reason, I coined the term *korecentric self* to describe a state of being in which an individual's ego and soul function in vibrant, embodied, fully conscious, mutually supportive relationship with one another.

In my model, the EOTS is conceptualized as a fully realized intrapsychic personality, complete with its own values and developmental agenda. It should not be confused with Hillman's (1996) *daimon*, which is described as a distinct entity separate from the physical body. Rather, I offer for consideration the idea that the EOTS is an emergent nucleus of somatopsychic intelligence emanating directly from the neurophysiological substrate of the body. As such, it is theorized to be the autopoietic nucleus of the korecentric self, arising from the biological field of human existence rather than from a Divine source. The EOTS is further theorized to cross the threshold of consciousness, seeking active relationship with the egoic self. One of its many roles may be to function as the myth-maker of the korecentric self, imbuing aspects of identity with "character, fate, and calling" (Hillman, 1996, p. 6).

In Washburn's (2003) model of transpersonal development, the ego follows a spiral path of progression and regression in the service of transcendence, ultimately leading to the emergence of the transpersonal self. In my model, the ego is theorized to progress along multiple developmental lines as articulated by Wilber (1999), while still following an overall spiral path. As Hillevi Ruumet (2006) notes in *Pathways of the Soul*, "We do not grow into our fullness in a straight line. This is probably why the image of a spiral, or a labyrinth, is seen in almost all cultures as a metaphor for the spiritual journey" (p. 7).

I offer for consideration the idea that the dialogical relationship between ego and EOTS generates a spiral web of integral development in which personality and soul reciprocally

influence one another's growth. From this perspective, ego and EOTS continuously spiral back (Washburn, 2003) to the deepest source of their existence as they progress along their mutual paths. Throughout the process, ego may cycle through the four archetypal birth matrices described by Grof (2000) on its journey from narcissistic isolation to intra and extrapsychic relatedness (Ferrer, 2002). This spiralling pattern of development represents not a regression but rather a perpetual renegotiation of the living relationship between ego and soul.

In line with Ferrer's (2002) view that spiritual development is an ocean with multiple shores, an idea first discussed by Sri Ramakrishna (K. Singh, personal communication, November 23, 2012), I further wish to postulate that each EOTS is utterly unique, following different spiritual paths toward different ontological states in order to achieve different meaning making goals. From this perspective, the central commonality shared by major religions and spiritual traditions is the experience of what I refer to as *contact bliss*, consisting of feelings of love, belonging, purpose, identity, and grace.

The mutuality of the korecentric model allows for ego to develop along cognitive, emotional, and interpersonal lines (Wilber, 1999), while the EOTS expresses itself through myth and meaning making. Gendlin (1962) notes that meaning unfolds along two distinct continuums including symbolic meaning, which operates at the level of cognition, and felt meaning, which involves a more embodied way of knowing.

Meaning making includes idiosyncratic appraisals of specific events in people's lives that are subsequently integrated into their belief systems. Often, it involves the process of positive reappraisal whereby meaning is reclaimed in the face of a traumatic incident by consciously interpreting events in a more hopeful way (Park & Ai, 2006). Researchers in the field of neuroscience now postulate that religion is an innate by-product of the human brain's tendency

to seek meaning and order out of chaos (Azar, 2010). This invites the speculation that spiritual practice may be an emergent product of the EOTS's inherent need to create meaning.

In *Man's Search for Meaning*, Frankl (1985) warns us that absolute truth is not accessible. Rather, we must allow relative truths to function as mutual correctives of a Knowledge we can encircle but never attain. The EOTS and korecentric theories are my small attempt at a mutual corrective based on my personal experience as a survivor of CSA, as well as my professional experience as a trauma specialist. These experiences have led me to intuit that the ephemeral thing that we refer to as soul is actually an autopoietic, somatopsychic field integrating multiple domains of cognitive, emotional, relational, somatic, and spiritual-existential intelligence. Though born of the body, it straddles material and non-material existence, eternally engaged in a spiralling dance with consciousness that transforms base matter into gold.

In *The Epic of Gilgamesh* the tavern keeper warns that “the crossing is perilous, its way full of hazard, and midway lie the waters of death, blocking the passage forward” (George, c. 2150 BCE/1999, p. 78). Just so, any attempt to articulate an embodied model of soul is bound to be fraught with pitfalls. Nevertheless, the EOTS and the korecentric self are two key theoretical influences informing this intuitive inquiry.

Cycle 2: Preliminary Lenses

Rosemarie Anderson (2011) indicates that intuitive inquiry avoids hermeneutic circularity by rigorously identifying and disclosing the intellectual biases or preliminary lenses that the researcher brings to the research. As a trauma psychologist and CSA survivor, I bring to this inquiry expertise regarding the topic under investigation.

Based on my personal and professional experience, I take the position that sexual abuse is not simply a psychological trauma affecting body, heart, and mind. CSA is also an act of ritual defilement, in which the soul of the survivor is fundamentally harmed as a result of chronic shame and self-loathing. So aversive is this psychospiritual state that survivors frequently dissociate in order to escape it.

In this study, then, soul loss is understood to involve the felt sense of identity decompensation experienced by survivors of severe, chronic CSA, who internalize the abuse as a psychospiritual injury. What follows is my attempt to succinctly identify the Cycle 2 preliminary lenses that I bring to this research endeavor:

1. CSA is an egregious form of trauma that results in severe psychospiritual harm.
2. The concept of soul has clinical utility in the treatment of CSA survivors.
3. The psychospiritual impact of sexual abuse is experienced by some survivors as soul loss.
4. The felt sense of soul loss involves feeling like the deepest, most essential part of the survivor's identity was violated, contaminated, injured, broken, or destroyed.
5. Soul is defined as the nucleus or structural hub in the architecture of the survivor's self.
6. Soul loss is defined as the felt sense of identity decompensation experienced by survivors of severe and chronic CSA.
7. CSA represents a direct assault on the nucleus of the survivor's identity.
8. CSA is experienced by survivors as a defilement of their psychospiritual core.
9. The shame of defilement is internalized by survivors, becoming the foundation of their post-trauma identity.

10. Survivors see themselves as corrupt and believe the abuse is their fault.
11. The negative impact of CSA is not limited to the survivor's sexuality but affects multiple domains of identity.
12. The body is the scene of the crime in CSA and survivors leave their bodies or dissociate in order to escape their internalized shame.
13. Healing from CSA is possible for some but not others. The difference between those who recover and those who do not is the difference between soul loss and soul murder.
14. Because CSA affects all aspects of self, it must be treated holistically and in depth across multiple psychological and somatic domains.

Chapter 3: Research Methods

Research Design

This qualitative research project used intuitive inquiry to explore the psychospiritual impact of childhood sexual abuse. Qualitative research uses an ideographic approach to interpret participants' subjective perceptions and experiences within a natural setting (Creswell, 2009). Intuitive inquiry is a hermeneutic approach involving five iterative cycles including (a) Cycle 1, clarifying the topic; (b) Cycle 2, developing a preliminary lens; (c) Cycle 3, collecting and analyzing data; (d) Cycle 4, refining the researcher's interpretive lens; and (e) Cycle 5, discussing theoretical implications (R. Anderson, 2011). Data analysis for this inquiry involved five layers of interpretation including thematic, dialogic, imaginal, somatic, and visual analysis.

Intuitive Inquiry

My initial reason for selecting intuitive inquiry as my research method was, in fact, an intuitive one. During a discussion on the topic of methodology with Ryan Rominger (personal communication, January 11, 2012) at the Institute of Transpersonal Psychology, I simply *knew* that this was my method. As he described the philosophical underpinnings of intuitive inquiry, I found myself *physically curling in* toward the conversation as my body instinctively embraced the information he was sharing. My heart began to race. I became flushed with excitement and a bone deep tension I was not even aware of carrying dissipated as my shoulders sagged in relief.

With a profound sense of rightness guiding me, I rushed back to my room to read R. Anderson's (2011) most recent discussion on intuitive inquiry. One of the things that intrigued me most was the use of reflective listening as a central part of the method. A shamanic practitioner for many years, I have participated in numerous ceremonies and rituals that focused on connecting with the unseen world. As a result, I have been gifted with the opportunity to

cultivate a lush and complex private universe. Accessing the wisdom of that private universe has become second nature in my clinical work and I was enchanted to discover that there might be a place for the inner voice within my research as well. Indeed, it is through the lens of his or her inner reflections that the intuitive researcher comes to engage with and understand the experiences of others (R. Anderson, 1998).

After I conducted a comprehensive analysis of the five cycles of intuitive inquiry, complete with flow charts and graphs, it was clear that the method was deeply congruent with my own ontological and epistemological views. Intuitive inquiry also allowed tremendous scope for the inclusion of transpersonal, narrative, imaginal, art-based, and embodied research methods. At last I had found a pathway into the soul-focused research that had been calling to me for the past two years.

In Cycle 1 of intuitive inquiry, researchers begin the process of methodically clarifying their research topic. Unlike conventional research approaches that begin with a review of the existing literature, intuitive inquirers begin by selecting a text or image that captures their imagination (R. Anderson, 2004). Possible resources include sacred texts, literary accounts, archival data, paintings, sculpture, statistical graphs, and mathematical equations (R. Anderson, 2011).

Designed to complement a range of intellectual styles, the text in Cycle 1 can be virtually anything that captures the researcher's attention and facilitates intuitive dialog. Once the researcher has been thus ensnared, he or she begins an active relationship with the text or image through daily reflection and journaling. This ongoing reflective process enables the text to come

fully alive in the imagination of the researcher. By means of dreams, thoughts, reflection, conversations, impressions, and visions, the research topic slowly comes into focus (R. Anderson, 2011).

Cycle 2 of intuitive inquiry focuses on developing the researcher's preliminary lenses. R. Anderson (2004) notes that this is the stage at which the personal values and assumptions of the intuitive inquirer are laid bare for researcher and audience alike. To help illuminate innate biases related to their area of study, intuitive researchers reengage their topic by means of a comprehensive literature review. The dialectical process of scholarly research and reflective listening enables researchers to identify, articulate, and refine the preliminary lenses with which they are approaching their topic.

Cycle 2 is "boldly hermeneutical and personal in nature" (R. Anderson, 2004, p. 318) in that this is the stage where the researcher surrenders a heretofore private worldview to full public scrutiny. Through imaginal engagement with the literature, intuitive researchers clarify unconscious values and assumptions, reconnecting with their topic at a more conceptual level. When this process is complete, a list of preliminary lenses is created, describing as fully as possible the researcher's understanding of the topic prior to data collection (R. Anderson, 2011). Cycle 2 thus completes the forward arc of the hermeneutic circle of intuitive inquiry.

Cycle 3 of intuitive inquiry focuses on the data-gathering phase of the process. Here, the intuitive inquirer identifies appropriate data sources, develops criteria for the selection of data, completes the data collection process, and prepares summary reports (R. Anderson, 2011). During this cycle, R. Anderson (1998) notes that it is essential that methods of inquiry be chosen to accommodate the topic rather than be based on scholarly traditions within a given field of study. As such, qualitative, quantitative, and mixed mode data can all be used in intuitive inquiry,

allowing for a wide range of research foci. Data collection can take the form of participant interviews, existing texts (R. Anderson, 2004), action research, case study, focus groups, ethnographic data, grounded theory, heuristics, narrative analysis, and empirical phenomenology (R. Anderson, 2011). As is the case throughout the intuitive research process, the researcher is encouraged to follow his or her passion and curiosity, paying particular attention to sources of data that repeatedly attract interest.

In Cycle 4, the analysis phase of intuitive inquiry, researchers examine the data through their preliminary hermeneutical lenses in order to accept, expand, refine, or reject initial assumptions about their topic. Analytical methods used in this phase must be congruent with the type of data being collected (R. Anderson, 1998). For example, life stories that organize themselves into a narrative format should be analyzed using narrative methods, while quantitative data are best examined using statistical analysis. Throughout Cycle 4, intuitive breakthroughs allow researchers to identify hidden patterns within the data and arrive at new understandings (R. Anderson, 2004).

A key objective of this cycle is to rigorously identify the degree of hermeneutic transformation that has occurred within the researcher through a careful comparison of preliminary and post analysis lenses. This cross comparison helps reduce the risk of circularity by ensuring that the researcher is not simply reiterating previously held assumptions. The degree of change identified between the Cycle 2 and Cycle 4 lenses is indicative of the researcher's willingness to be influenced by the data as well as the intellectual maturation he or she has undergone in relation to the topic (R. Anderson, 2011).

In Cycle 5, intuitive researchers reevaluate the theoretical and empirical literature in light of their findings and offer authoritative theoretical speculations about their subject of study (R.

Anderson, 2011). Researchers are also required to evaluate the forward and returning arcs of their hermeneutic circle in order to determine what is truly valuable about their study and what is not (R. Anderson, 2004). At this stage, the researcher is utterly transparent in identifying the strengths and weaknesses of the study, the challenges that were faced, the mistakes that were made, as well as discussing what remains unresolved in terms of both topic and method (R. Anderson, 2004). Having emerged from the research labyrinth in possession of new, potentially visionary information, intuitive inquirers then freely speculate on how their findings can be used to enrich our understanding of human experience.

Narrative Analysis

Narratives are generally defined as meaningfully constructed sequences of events organized by a speaker into a coherent whole. However, from a clinical perspective, trauma narratives are often fragmented, unstructured, and dislocated in terms of linear time. So while narratives typically involve the consequential linking of a series of life vignettes into a single comprehensible tale, this rule does not necessarily apply to the stories of trauma survivors.

Narratives typically include spoken, written, and visual materials focused on moral themes or other “ruptures from the expected” (Riessman, 2008, p. 4). The quintessential focus of all narrative inquiry is human stories or descriptions of discrete series of events (Pinnegar & Daynes, 2007). In narrative research, stories are viewed as the primary vehicle through which human experience is captured, contained, and conveyed through time. They are constructed in both the singular and plural domains through individuals as well as groups, organizations, and even nations.

Riessman (2008) notes that narratives have an impact on social interactions absent in other modes of communication because they are capable of inspiring action. Mishler (1999), on the other hand, takes the position that “personal narratives and life stories are socially situated actions; identity performances; fusions of form and content” (p. 18). From his perspective, stories are co-created between speaker and audience in a context where identities are performed like a series of one-act plays and hidden meanings are embedded within the structure of the performance.

There are as many ways to tell a story as there are narrators to perform it and audiences to listen. Narrative inquiry offers a number of investigative approaches including thematic, dialogical, and visual analysis. The objective of thematic narrative analysis is to understand the deeper meaning the content of a single narrative or group of narratives may contain. This approach lends itself well to many types of data, allowing for theorizing across a number of individual stories. However, unlike traditional thematic analysis, narrative thematic analysis is case centered, attends to the time and place of narration, and preserves the sequential order of a story rather than collapsing it into thematically coded segments (Riessman, 2008).

Dialogical analysis focuses on the way a narrative is choreographed and co-created between storyteller and listener based on the type of questions asked by the listener and what the storyteller chooses to reveal (Riessman, 2008). Finally, visual narrative inquiry involves the analysis of stories told through a series of images. In this method, images are treated as texts to be read and understood interpretively as with any other narrative form. Here, the focus of attention is on how and why the images were produced, what the social identity of the work might be, how the images are read by different audiences, and what they reveal about the topic under investigation (Riessman, 2008).

Imaginal Analysis (Active Imagination)

Active imagination is a technique first developed by Carl Jung during his own confrontation with the unconscious and then refined over the course of his clinical career. Classically trained as a psychiatrist, Jung (1921/1971) nevertheless held that creative fantasy was an essential component of healthy psyches as it enables us to engage key dimensions of human experience that cannot be accessed through intellect alone. While he believed a passive attitude toward fantasy had little psychological merit, Jung argued that active, conscious engagement of fantasy material facilitated the integration of unconscious material (Chodorow, 1997).

The two stages of active imagination involve first allowing unconscious material to arise and then, somehow, coming to terms with that content (Chodorow, 1997). The former is achieved by engaging in exercises or techniques that suspend rational faculties, creating space for fantasy material to emerge. Once the unconscious content begins to flow, the conscious mind then actively processes the material through insight, critical analysis, understanding, and integration. Active imagination can occur through visualization, the method most commonly employed by Jung, or in physical form through painting, sculpting, musical improvisation, and automatic writing (Chodorow, 1997).

In *Alchemical Active Imagination*, Marie-Louise von Franz (1997) also argued that one can do active imagination through the body by actually dancing one's fantasy. Jung understood through personal experience and the study of alchemy that there are myriad ways in which the conscious mind can engage unconscious material. Central to the technique of active imagination is the ego's willingness to enter a negotiated relationship with the unconscious in which imaginal content is highly valued.

In *Memories, Dreams, and Reflections*, Jung (1963a) wrote that it was only by giving himself permission to explore the inner world of fantasy and imagination that he finally discovered his own personal myth. He stressed the importance of a strongly developed ego practicing this technique to ensure that the conscious and unconscious minds would meet as equals. Without sufficient ego strength, Jung warned, a person ran the risk of having his or her conscious mind completely overwhelmed by unconscious content (Chodorow, 1997).

I was first introduced to active imagination in a Jungian theories class I was taking at the University of Toronto in the late 1990s. At the time, I was heavily involved with my holotropic breathwork community and already had considerable experience exploring altered states of consciousness. Some of the most memorable work I did during that time involved visionary experiences, somatic abreactions, and glossolalia or speaking in tongues. In hindsight, it seems as though I spent almost as much time out of my body as I did in it. Eventually, years of holotropic breathwork gave way to focused shamanic practice where I engaged in trance sessions and ceremonial activities.

In one of the many books on shamanism I read during those years, I came across the term *Dreamer*, a title describing someone with visionary capabilities. I do not consider myself a dreamer in the literal sense, as I dislike dream work and do not typically remember my dreams. However, I am a *dreamer* in the shamanistic sense, in that I frequently access altered states, where I receive images that provide me with insight and guidance. These shifts in consciousness occur so commonly in my clinical work that I have white boards in both of my counseling offices, where I draw for my clients the images their stories evoke in me. My early experience with altered states thus allowed me to use active imagination in my personal and professional life with considerable dexterity and ease.

In Cycle 1 of my intuitive inquiry, I used active imagination to engage the text of *The Little Match Girl* in the hopes of gaining new insight into the narrative. Through a series of contemplative sessions over the course of a few weeks, I initiated imaginal contact with various elements of the story including the protagonist. I discovered during my first active imagination session that the Little Match Girl's name was Marguerite. What follows is the actual dialog that emerged from that first automatic writing session:

Jacqui: What do you know about the soul, my child?

Marguerite: I know that she is female. That she is tender and pure. That she is easily wounded by the ugly world. That she needs to be loved and cherished to survive.

Jacqui: How did you come to be out here in the cold?

Marguerite: Nobody loved me. That's what the winter means. The outside and the inside are the same. White, empty, and cold is what it feels like in here.

Jacqui: I am heartbroken by what's happened to you. How can people walk by and not help? Why did no one take pity on a child and offer to buy at least one match? How little it would have cost them to help you.

Marguerite: My poverty makes me invisible to others. People are already burdened with their own troubles and have no room for more.

Jacqui: But how will you survive without their aid? You are too fragile to face this brutal world alone.

Marguerite: I will not survive as you will soon see. Nor will the millions who follow me.

During this active imagination session, what struck me most was Marguerite's calm acceptance of the fact that she had been utterly abandoned. While Hans Christian Andersen did an excellent job of describing her suffering, it was only through active imagination that I found myself getting inside the head of the Little Match Girl. What I found was a child who had gone completely numb under the relentless pressure of abandonment and despair. Surrounded by passersby with the resources to aid her, their indifference sends a message about her social

invisibility. Marguerite understood fully, just as I once did, that people render the suffering of strangers invisible in order to protect themselves from heartbreak. Active imagination allowed me to examine with new eyes, an experience of abandonment with which I was intimately familiar. As such, I believe it was a critical tool in helping me more fully understanding the psychospiritual impact of CSA.

Somatic Analysis (Thinking in Movement)

In her book *The Corporeal Turn*, Maxine Sheets-Johnstone (2009) discusses the visionary concept of thinking in movement. Using dance improvisation as an example, she writes

What is essential is a non-separation of thinking and doing, and the very ground of this non-separation is the capacity, indeed the very experience of the dancer, to be thinking in movement. To say that the dancer is thinking in movement does not mean that the dancer is thinking *by means of* movement or that her/his thoughts are *being transcribed into* movement . . . What is distinctive about thinking in movement is that not only is the flow of thought kinetic, but the thought itself is. (Sheets-Johnstone, 2009, p. 30)

My introduction to the concept of thinking in movement took place in 2011 in R. Anderson's research specialization class at the Institute of Transpersonal Psychology. For reasons I still do not fully understand, I was *captivated* by the idea that movement could be thought and thought could be a movement. For many years in my own life, the chasm between mind and body was understandably vast.

As a child, for me freedom and safety lay in climbing to the top of the large tree behind our house and hunkering down for hours with my favorite fairytales. During those times, I am quite certain that I left my body and even today, a truly engrossing read can transport me to another world. So the *thought life* I knew for most of my existence was fundamentally separate from my *body life*. This is not to say that I was not eventually happy with or comfortable in my body, but rather that until I read Sheets-Johnstone it had simply never occurred to me that I could intellectually craft a scholarly research paper through the vehicle of dance.

Hervey (2000) writes that, “Dance is made from the raw material of human movement” (p. 46). Inspired by the idea of thinking in movement, I began spontaneously dancing through my house whenever I was wrestling with an assignment in my research course. To my delight, I found that my movements were fluid, measured, and relatively graceful. More important, however, was the calming effect spontaneous movement seemed to have on my thought process. Being fully present in my body brought tremendous clarity to my thinking and, in *dancing the problem*, I came to know it in a different way. That embodied presence ultimately opened new pathways of insight that I was unable to access through intellect alone. Based on my success with thinking in movement, I used what I understood to be a somatic mode of reflective listening throughout this intuitive inquiry.

Visual Analysis (Art-Based Research)

Eisner (2008) wrote, “The life of feeling is best expressed through those forms of feeling we call the arts” (p. 7). I understand this statement to mean that artistic images are one of the most powerful ways to communicate emotional resonance. Leavy (2009) notes that art-based research has become an increasingly popular qualitative approach because of its unique ability to evoke, capture, and reflect the inner experience of the participant. This makes art an excellent medium for symbolizing the complex world of human emotions. Symbols are images, words, and behaviors that contain multiple levels of meaning (Womack, 2005) and allow for the effective communication of complex concepts and feelings.

As someone who has been a painter most of her life, visual images have long been an important mode of intuitive expression for me. Over the past decade, I have discovered that they are also one of the most important ways I communicate my personal insights to other people.

Perhaps this is because “image communicates concrete and abstract thought in an economical fashion making it an excellent vehicle for conveying academic knowledge” (Weber, 2008, p. 42).

Franklin and Politsky (1992) argue that there are two distinct positions one can take when interpreting art—the relativist perspective or the conservative one. The relativist position argues that the meaning of a work depends exclusively on how it is subjectively interpreted by each viewer. The conservative position insists that meaning is objectively inherent within the work itself and that it is the task of the viewer to arrive at the correct interpretation.

A third perspective is the participatory art approach where the communal creation of art and the process of reflecting on that creation lead to a negotiated understanding of the meaning of the work (Veroff, 2002). Sullivan (2008) notes that “image becomes the primary site of knowledge and the process of creating the image becomes the source of questions, problems, and insights” (p. 244). I personally adopt a middle position in which meaning is found in the dialectical relationship between objective image and subjective viewpoint. Image captures much that cannot be conveyed in words and, for me, grasping the meaning of a piece requires an active exchange between the viewer and the context within which the image is being viewed (Weber, 2008).

As a counseling psychologist, I have always regarded the intimate disclosures made by my clients as sacred. As an intuitive researcher engaging CSA survivors in narratives of soul loss, I held my participants’ disclosures to be even more so. For this reason, I consider the artwork my participants and I created at the end of each interview to be sacred art. The word mandala is a Sanskrit word meaning circle and is used in Buddhist and Hindu traditions to describe sacred art. My participants and I completed a mandala at the end of each interview to capture the emotional resonance of the narrative from the perspectives of both *storyteller* and *witness*. These two

mandalas—the storyteller and the witness—are presented at the end of each of the 12 participant interviews (see Figures 1 through 24).

Jung (1952/1956) regarded mandalas as archetypal symbols of the Self emerging directly from the unconscious. He argued that mandalas are inherent in the collective unconscious and, as such, exist outside the domains of individual birth and death (Jung, 1974). Personal mandalas possess a metaphysical nature and symbolize the psychic core of the personality (Jung, 1944/1953). I believe the mandalas that emerged from my interviews were the most direct and accurate means of articulating the emotional resonance of participants' trauma narratives. After completing my narrative analysis of the 24 mandalas in this study, I explored the significance of the art data collectively using imaginal resonance.

Imaginal Resonance Procedure

The term *Bricoleur* is used in the qualitative literature to describe a researcher who is “creative, resourceful, innovative, intuitive, introspective, self-reflective, poetic, and open to multiple ways of knowing and communicating” (Netzer, 2014, p. 6). Imaginal resonance is an intuitive method developed by Netzer (2008), which draws on Maslow's (1966/1998) theory of *experiential knowing* and Claire Petitmengin-Peugeot's (1999) *diachronic model of intuition* to help researchers cultivate their internal awareness of nonverbal data (e.g., artwork). I was introduced to the method by Netzer (2014) herself while peer debriefing my interpretations of the mandalas in the study:

Within the imaginal approach, the researcher is claimed by the research and discovers as much about him/herself as about the topic in question. This approach requires a state of reverie and attunement to subtle nuances in the data, as perceived by the researcher in an unmediated manner, in a soulful manner. (p. 7)

The five steps of the imaginal resonance procedure (Netzer, 2014, p. 14) are as follows

1. Immersion and interior listening: The researcher saturates himself or herself with exposure to the raw data.
2. Waiting and open experience: The researcher waits for thematic patterns in the data set to become evident.
3. Availability and innocence: The researcher approaches the data from a place of innocence.
4. Unconditional acceptance and intuition: The researcher trusts and accepts intuitive messages that he or she receives in relation to the data.
5. Surrendering and a closing procedure: The researcher surrenders to the insights that have emerged from the data and signals the completion of the exploratory process through the use of a closing procedure.

Rationale

The rationale for the design of this intuitive inquiry was to identify patterns in the psychospiritual experiences of CSA survivors by studying 12 participants in an intensive manner using thematic, dialogic, imaginal, somatic, and artistic methods of analysis.

R. Anderson (1998) warns that it is important for intuitive researchers to ensure the analytical method selected for their study is appropriate for the type of data they are capturing. The participants in this study were invited to disclose aspects of their life stories during the research interview, and so I used narrative and other analytical techniques to more fully understand their experiences.

Because this was an intuitive inquiry in which I was both participant and researcher, my inner process in relation to the trauma narratives was an essential component of the data set.

Intuitive inquiry is unapologetically reflective while remaining scholastically rigorous. As such, my personal experience as Sacred Witness to and co-creator of my participants' stories offered rich insight into my topic. This project was inherently transpersonal in that it aimed to understand the psychospiritual impact of long-term sexual abuse on survivors, and to better comprehend whether and/or how they might view the concept of soul loss in relation to their experiences. I chose intuitive inquiry deliberately as I sought to be personally transformed through an ever-deepening understanding of the psychospiritual impact of trauma in relation to CSA.

Participants

A methodology study by Guest, Bunce, and Johnson (2006) concluded that saturation in a data set occurs within the first 12 interviews, with meta-themes becoming evident within six interviews. This study involved an in-depth analysis of participants' narratives using thematic, dialogic, imaginal, somatic, and artistic methods. For the current study, an exemplar sample of 12 participants ($N = 12$) was recruited from counseling centers and community organizations in Edmonton, Alberta, Canada.

Inclusion criteria.

- Female.
- Survivors of repetitive childhood sexual abuse.
- 18 years or older.
- Various ethnicities.
- Various cultural backgrounds.
- Various religious and spiritual affiliations.
- Persons who do not identify with any religious or spiritual tradition or practice.

- All socioeconomic backgrounds.
- Have experienced or are currently experiencing mood, anxiety, and/or personality disorders.
- Able to meet the three-hour time commitment needed for the study.
- Interested in the psychospiritual impact of sexual abuse.
- Willing to disclose their experience of sexual abuse.
- Resonate with the construct of soul loss as a result of their CSA.
- Have undergone counseling in relation to their abuse experience.
- Are stable enough to discuss their trauma history without becoming re-traumatized.
- Willing to commit to debriefing with their therapist in the event that they experience clinically significant distress as a result of the interview.

Exclusion criteria.

- Children under the age of 18.
- Presence of suicidal ideation.
- Presence of severe mental illness (i.e., schizophrenia, psychosis).
- Presence of traumatic brain injury or other cognitive impairment (e.g., FASD).
- Experienced only a single incident of sexual abuse.
- Are not interested in the psychospiritual impact of chronic CSA.
- Are uncomfortable discussing the details of their trauma history.
- Do not identify with the construct of soul loss as a result of their CSA.
- Are unwilling to commit to debriefing with their therapist in the event that they became emotionally overwhelmed as a result of the interview.

Organizations received flyers with a description of the study and an invitation for appropriate individuals to be referred for participation. Participants matching the inclusion/exclusion criteria were selected on a first come, first served basis. All participants completed the study and their emotional well-being was carefully monitored throughout the interview.

Data Collection

Data were collected using 90-minute, semi-structured interviews with open-ended questions as well as expressive art. Because this was an intuitive inquiry in which “analysis and interpretation pivot around the researcher’s intuition” (R. Anderson, 2011, p. 18), I used several techniques to support my analysis:

1. Brief meditation prior to each interview in order to help myself become grounded and present.
2. After the semi-structured interview was complete, the participant and I drew our mandalas (from the perspectives of storyteller and witness), using a variety of media ranging from markers to chalk to crayons, in order to visually capture our intuitive impressions of the interview.
3. To kinetically (Sheets-Johnstone, 2009) and imaginally process each narrative, I engaged in active imagination and spontaneous movement after each interview, while reflecting on each pair of mandalas. I then recorded the results of each session in my journal as embodied writing.
4. Finally, I shared my findings with participants in follow-up phone calls and invited them to offer feedback on my conclusions to increase validity.

There were several limitations to this study in terms of reliability and validity. For example, while semi-structured interviews can offer tremendous insight into participants’

subjective realities, they are vulnerable to bias, manipulation, and memory error. The emotionally charged subject matter and dialogical nature of the data collection format also increased the risk that my personal views on soul loss would emerge, thereby influencing participants' understanding of their own experiences (Creswell, 2007).

Interpreting someone else's story is a subjective experience whereby the filters, biases assumptions, and presumptions of the listener are projected onto the narrative. As such, it was impossible for me to avoid a biased interpretation of each participant's narrative. Schon (1995) confronts this problem in his discussion of the tension between rigor and relevance in scientific research. Although quantitative research lends itself more easily to rigorous validation, only a messy method like qualitative research can illuminate what is truly relevant about the soul loss experience in survivors of CSA. Gendlin (1962) notes that "meaning is formed in the interaction of experiencing and something that functions symbolically" (p. 5).

From this perspective, meaning is largely subjective as no two people can share identical experiences with their symbolic resonances; thus, researchers can only be regarded as rough translators of participants' lived experiences. Gadamer (2004) argues that "every translation that takes its task seriously is at once clearer and flatter than the original" (p. 388). I believe the same holds true for a researcher's analysis and interpretation of a participant's life experience. The best I could hope for in this study was a relative consistency of bias that still allowed me to identify universal patterns and themes across the data despite perceptual filters.

The limitation of subjectivity in this study was partially mitigated by allowing participants to review my findings and offer feedback on my conclusions. As a result of the above limitations, however, this study makes no *objective* claims about the psychospiritual impact of CSA. Rather, it explores participants' assumptions about the world (Janoff-Bulman,

1989) in relation to their sexual abuse, identifying and presenting psychospiritual patterns and themes for further scholarly investigation.

Procedure

1. I approached counseling agencies and community organizations in Edmonton, Alberta, Canada, and asked them to circulate flyers with a description of my study and an invitation to participate (see Appendix A).
2. I provided each participant with an informed consent agreement for review and signing (see Appendix B).
3. I conducted 90-minute semi-structured interviews with 12 participants.
4. At the end of each interview, the participant (storyteller) and I (witness) each completed a mandala reflecting our experience of the interview.
5. Participants and I sat facing each other in silence and out of visual range as we completed our mandalas, both using white, 8½" x 11" paper and identical art supplies.
6. The mandalas were analyzed as part of the data set for this intuitive inquiry.
7. Participants' interviews were both videotaped and audio recorded.
8. Audio recordings were submitted to a transcriber who converted them verbatim into text.
9. The transcriber signed a confidentiality agreement prior to receiving digital audio files of the interviews (see Appendix C).
10. Audio files were uploaded to a secure website where they were accessed solely by the transcriber.

11. Interview transcripts were maintained by the researcher as encrypted word documents.
12. Video recordings were retained in a password protected format and analysed for relevant nuances contained with participants' facial expressions and body language.
13. Data were analyzed using thematic, dialogical, and visual narrative approaches along with imaginal and somatic research methods.
14. Findings were verified using participant feedback.

The questions asked during each interview were as follows:

1. Do you feel that a history of sexual abuse has violated, contaminated, injured, broken, or destroyed an essential part of yourself? If yes, please describe.
2. Pause for a moment and pick a specific CSA incident in which you remember the above feeling. Please describe it in detail.
3. How did this experience affect you? Describe.
4. What, if any, specific (a) sensations, (b) feelings, (c) thoughts, and (d) images are associated with this experience? Describe.
5. Do you believe you have fully healed from the experience? Why/why not? Describe.
6. How was your soul affected in the context of the trauma you have just described to me?
7. Does the term "soul loss" resonate with the experience you have described?
Why or why not?

Treatment of Data

Data from this study were examined using narrative, imaginal, and somatic techniques. Findings were used to transform the preliminary perceptual lenses articulated in Cycle 2 of this inquiry into final, Cycle 4 interpretive lenses with theoretical implications. Intuitive inquiry

allows researchers to communicate their findings in a number of creative ways. The findings for this project were presented as a written report along with a personal art piece meant to integrate my experience as a witness to my participants' narratives of trauma and soul loss.

Validity

All data analysis is hermeneutic in nature, meaning the process of interpretation cannot be separated from the bias of the analyst. Subjectivity poses a problem for issues of validity as, by definition, the word implies objective accuracy and trustworthiness. Qualitative data analysis is particularly vulnerable to problems of validity as the data being interpreted can be personal, tacit, nonverbal, intuitive, or imaginal.

In *Qualitative Inquiry and Research Design*, Creswell (2007) recommends that qualitative researchers “engage in at least two” (p. 209) validation strategies in a given study to compensate for this vulnerability. Validity for the current study was determined using four validation procedures including peer reviewing/debriefing, member checking, sympathetic resonance, and efficacy validity (R. Anderson, 2004, 2011; Creswell, 2007).

Peer reviewing/debriefing involves acquiring external validation of the research process through consultation with a neutral peer. By playing the role of devil's advocate, the peer debriefer asks pointed and challenging questions about the method, findings, and conclusions of the study; thereby, helping to illuminate aspects of the study the researcher may not have previously considered (R. Anderson, 2011; Creswell, 2007).

In member checking, the researcher reconvenes with participants, sharing the raw data, analysis, interpretations, and conclusions of the study. Participants are then invited to review the material and provide feedback in order to improve the accuracy and credibility of the results (Creswell, 2007). As the authors of their own life narratives, participants remain the ultimate authority on the accuracy of the data and the credibility of the researcher's findings.

According to R. Anderson (2000), sympathetic resonance is defined as the ability of a particular research study to activate a felt sense of emotional resonance with its audience. Sympathetic resonance is usually experienced as an immediate apprehension or recognition in the audience that the findings are familiar and fit with their own deep *knowing*. The process is described as being similar to when the string of a cello is plucked at one end of a room and the cello string at the other end of the room begins to vibrate (R. Anderson, 2000).

Using sympathetic resonance, “research procedures can evaluate the generalizability or transferability of findings by noting consonance, dissonance, or neutrality in response to Cycle 4 lenses” (R. Anderson, 2004, p. 332). In order to maximize opportunities for sympathetic resonance to occur, R. Anderson (1998) argues that the researcher has a responsibility to present his or her findings in as many genres and to as many audiences as possible.

Efficacy validity addresses the fact that readers of a particular study may be deeply moved by its findings. Studies high in efficacy validity include those in which both researcher and reader feel transformed, where researcher and participants gain greater understanding about themselves and the topic under investigation, where the researcher’s process is transparent and the study’s findings visionary, and where the audience is inspired by the findings toward action and some form of service (R. Anderson, 2011).

Chapter 4: Cycle 3—Participants' Stories and Analysis

Cycle 3—Exploring the Narratives

Cycle 3 of intuitive inquiry involves gathering quantitative, qualitative, or mixed-mode data that will help the researcher to confirm, revise, or reject the preliminary lenses identified in Cycle 2. I am a qualitative researcher whose interest lies in exploring and understanding the deep, non-rational nature of psychological disorders. While quantifying the cognitive-behavioral symptoms of CSA is important, my personal interest is in understanding CSA's effects on the domain of self I describe as soul. I began this exploration by interviewing survivors face to face and asking a specific series of questions related to their index or most defining traumatic event.

At the beginning of the study, I secretly thought I knew just about everything there was to know about CSA. To my surprise and delight, however, despite being a trauma specialist and CSA survivor, it turned out that I still had much to learn. Data for this study came from three distinct streams of information including interview transcripts, mandalas, and embodied writing.

The embodied writing emerged as the culmination of my use of active imagination (Chodorow, 1997) in conjunction with Sheets-Johnstone's (2009) *thinking in movement*. Embodied writing is a technique that "seeks to reveal the lived experience of the body by portraying in words the finely textured experience of the body and evoking sympathetic resonance in readers" (R. Anderson, 2001, p. 83). The approach is a poetic, descriptive, first person narrative involving vivid depictions of internal and external data of the living body from the inside out (R. Anderson, 2001).

What follows are excerpts from my interviews with women who have survived extreme acts of sexual violation, degradation, and emotional betrayal. The language used by participants is often graphic and may be disturbing to some readers. Since vicarious trauma can occur when

people empathetically engage with the suffering of others (Pearlman & Mac Ian, 1995), readers are encouraged to proceed with caution and to take care of themselves emotionally as they work through this material.

Nora's story. Nora is a White, 52-year-old mother, and former sex worker employed as a frontline support person for women in the commercial sex industry. She was molested by her father for many years as a child and witnessed repeated incidents of domestic abuse between her parents. Nora described life in her family of origin as being like a "Nazi war camp," noting that there are large chunks of her childhood and adolescence that she cannot recall. She stated that by seven years of age, she was already conditioned to believe CSA was normal.

Interview. Nora's conditioning was so absolute that she only became distressed when she discovered her sister was at risk of being molested. Despite the severity and chronicity of her CSA, Nora stated that she never stopped loving her father.

JL: So the first question I want to ask is do you feel that a history of sexual abuse has violated, contaminated, injured, broken or destroyed—either now or at some point in your life—an essential part of yourself?

N: Definitely.

JL: Describe that.

N: So, because whether it's sexual abuse or whatever as a child, my first memory of severe abuse was at three. And I know it damaged me. Right? Like my dad had beat my mom really bad. Split her head open like from there to there, kind of thing. And she'd just had a baby. You know, like it was horrible for me as that little person to witness all that. And they kept putting me back in bed. And my cat had kitties on my feet, so it made it even worse. So when I went out, my dad was going to leave, so I took my stuff and I was going to leave with my dad.

And it did something . . . I don't know what it did to my dad, but it stopped my dad and my dad took my mom to the hospital. But, yeah, that changed . . . Because there was abuse right from birth.

JL: But how did you know something was broken?

N: Because my mom was really, really hurt. And there was a lot of blood, because of the head wound.

JL: Psychologically, in you.

N: Right.

JL: So you were seeing terrible traumatic things.

N: Big time. And you could feel it. I could feel how awful it was.

JL: Inside your . . . you're touching your chest.

N: Inside. And that's my first memory of how bad it was. Or probably my first . . . understanding of that it wasn't okay. I think because I grew up with . . . there was so much crap that I was so conditioned to it. But this was really, really bad. Because the blood, the violence. You know, she . . . my new baby sister . . . right?

JL: So that was the . . .

N: I was three.

JL: . . . the domestic violence you were seeing. Think in terms of the actual sexual abuse. What kind of deep impact did—because you were violated in a couple of ways.

N: Of course, yes.

JL: You were violated by what you were witnessing, but you were also violated in your body.

N: Like violated in so many ways, too, for so long that . . . and I don't . . . my first memory is when I'm like seven.

JL: Of being sexually abused?

N: Of being sexually abused.

JL: Okay. So when I . . .

N: But being so cold to it. But that's my first memory. Like as I sit here as a 52-year-old woman. And even as I was younger, I don't have memories of my dad.

JL: So big blank spots.

N: Big time. Big time. But no . . . with my dad, like I know it happened. Because he continued to do it. And why, at seven, was I hardened to it already?

JL: So here's a question. So when you think, given that there were multiple incidents that we know of, right?

N: Yes.

JL: When you think of the feeling of being violated or contaminated or broken in some way, is there a particular assault, particular incident, that stands out in your memory?

N: That one at three.

JL: Okay. Can you describe that?

N: When I was . . . that whole violence . . .

JL: No, no. When you were violated.

N: When I was violated.

JL: When you were violated sexually.

N: See, but my dad was always doing that with me, since I was little. So I was so conditioned to it that it was normal.

JL: Yeah. Yeah.

N: But what really got me was the first time that he put me and my sister in the bathtub and watched us bath through the door. So it wasn't violation to me, it was violation to my sister.

JL: Interesting.

N: So in my life, I've always been like a—even with the girls on the street, I felt I had to protect them.

JL: Right.

N: So I think, for myself, I was so conditioned to it. And I loved my dad.

JL: Hm-hmm [affirmative]. Despite it all.

N: Because he didn't probably hurt me during it.

JL: Right. Although you had seen him hurt other people.

N: Many, many times, right?

JL: I mean, he wasn't hitting you or beating—

N: Well, we'd get—I would get lickings from him. I would have to kneel on boards. But all the other kids did, too, so you become, well, this is normal. Isn't this what all kids, how we all get . . . Or when he sexually . . . well . . . he raped my sister. She was 12, I was six. No—yeah, she was 12, I was six. And me not being able to go in the room and stop it, because the door was locked, feeling really terrible, too.

JL: So you knew it was happening?

N: Oh, yeah . . . of course.

JL: Can you describe

N: We knew it—I knew it. I got caught having sex with a kid. We were in kindergarten.

JL: You and another child?

N: Me and another child, in my dad's demolition car. And I got a licking from my dad. And I remember thinking, well, it's okay for you and me. Why isn't it okay for me and him? And I was five. Because I was in kindergarten. So, what are you? Four or five?

JL: Exactly.

N: So I don't know if it's . . . see, and I have never held it against my dad. I still love my dad. And my dad's 80. So I don't know what that says (laughs).

JL: Well, the bonds of love are strong, even in families where trauma occurs. Tell me, if you can, about a particular time with him when he molested you. Pick one. There were so many. Pick one.

N: We were in his semi, and just . . . it was just . . . it was just okay.

JL: What did he do?

N: We had sex.

JL: He had intercourse with you?

N: Yeah.

JL: Yeah. How old were you at that time?

N: Four.

JL: Yeah.

N: Yeah, and to me, it was . . . it was normal. Like we used to watch him and my—because I have older brothers, so we used to sneak in and watch them. Well, that was love. So to me, my dad loved me . . .

JL: So how do you think, when you think about your whole life and everything that you went through, how do you think being sexually abused . . . from even before you could remember . . . it seems like the abuse started really early in your life.

N: Probably. Yeah, really young.

JL: How did that impact your life and your development?

N: Well, look at my life.

JL: Tell me.

N: At eight years old, I wanted an all-male prostitution home. That was my dream, to run a male prostitution home. Like where the hell did that come from? I remember playing “strip joint” at eight years old. Me and my sister and my cousins. And, of course, I would be the stripper. They just sat and watched. But I was the stripped, and I would tell them, “I can’t wait. I want to have a whorehouse. But I want it to be all men.” So obviously, that had to be some kind of thing towards men, or something. Like where . . . I still, I sit here and I think, where did that come from, from an eight-year-old kid?

JL: Yeah. And then what happened?

N: We lived on the farm. Like (laughs) 1968!

JL: A farm girl. Yeah.

N: It was like, the TVs, they didn’t have—kids on TV, they barely held hands.

JL: How could you know that?

N: I don’t . . . I don’t know. I ask that many times.

JL: What happens when you get older?

N: Then we moved into the city. And I have older brothers, so . . . older brothers and sisters that are five and six years older than me. So they were dating and, you know, all that. I was gone by 12.

JL: You were on the streets already.

N: Yeah.

JL: And then what happened?

N: Doing dope for two years already. And then what happened? It just . . . I was off the rails, I guess, is a good way to say it. Because I never went back home. Didn't finish, didn't have any school. Grade seven, that's all I had. And I was on the street the whole time.

JL: Yeah. And you spent how many years working in the sex industry?

N: 28.

JL: 28. Some of which you were working for . . . ?

N: Well, some I worked for the club (biker gang), and then some I worked for myself. And then some years, I didn't work. But you were either selling dope or involved in selling, you know, whatever. . . .

JL: So would it be fair to say that your experience of sexual abuse has fundamentally affected the person you became?

N: Oh, definitely.

JL: Yeah. Was there any part of you that wasn't affected by what was done to you?

N: I think my spirit.

JL: Tell me about that.

N: Because I remember us . . . my . . . until I gave my life to Jesus Christ, I didn't remember . . . like I remember thinking of Jesus Christ at Christmastime, all the baby in the

swaddling clothes in the manger and all that. And then Easter, oh, you know, He died on the cross. Not knowing really who He was. But my first—and then, when I gave my life, He brought to mind all these things, of how many times Him and I had met. The night that kittens were born on my feet, Him calming me and me going out calmly and telling my mom and dad, like they were . . .

JL: Him, Jesus?

N: Yeah.

JL: Yeah.

N: Right? Because I talked with my mom about it, but her and my dad were in the kitchen fighting. Who was in the room with me? No one. Right? But I was calmed by someone. And then my next time, I was sitting on my dad's demolition car, and we lived on . . . it was 1965 . . . and I was sitting on the car and the sun was shining on me. And I can remember talking to Jesus and telling Him how much I loved Him, and how wonderful He was. And then, you know, certain times when I was on the street after. But I can remember that vividly. When I never had no recollection of that day at all till I gave my life . . . So I think my spirit fought for me. All through my addiction, all through the abuse, all of it.

JL: There was something that was still intact.

N: Safe. Something . . . and it was small, and sometimes it was very, very small. And then, to learn that, you know, there's like a flame. There may be one ember, but if you put breath on it, it goes. Right? So I've allowed that ember to have God's breath blowing on, to come alive. Because otherwise it doesn't . . . none of it makes sense. I think we have to go through it. And that's the operative word is the "through" it. Do I want to be stuck there? Do I want to live in

1968 or do I want to live in the here and now? I want to be here. I want to be whole. I want to be present, like. And for a long time, I wasn't . . .

JL: Yet somehow, in the middle of all of that, I mean, you seemed to retain your humanity. I mean, there was . . .

N: I think it was because my spirit never got squashed. I think that's why. Because I ask myself, too. Why me? How the hell did I make it through?

JL: Would you say your spirit was, was it squeezed but not squashed?

N: Oh, it was squeezed, pulled, stretched, cut in half! (laughs)

JL: But not destroyed. Okay.

N: All kinds of things over the years. Oh, definitely. There were some times that I can't even believe. I look back and see how He (God) revealed me to myself, and I was so . . . I was so bad. Like in my deepest of my addiction. But I never really, really plotted evil in my heart, and I think that's what it is. And I didn't even know we were all hurting. I didn't take. Because it's really hard when you're down and out like that to not take from others down and out . . .

JL: Right. When you think of the sexual abuse, any . . . like right now, in the here and now as you're telling the story, any specific sensations or feelings or thoughts or images just pop up? How does it feel right now?

N: Like my life.

JL: Yeah. Peace? Acceptance? What's the word? What's the adjective?

N: I don't know how I'd put it. Acceptance. Peace. All of it kind of in one. You know, it is what it is, man. Like there's . . . I'm not one to live in yesterday. Yesterday, you know, is dead and gone. We can't change a thing.

JL: Yeah.

N: What I have in control of is right here. And I feel whole, and I feel . . . I just feel I'm okay . . .

JL: So you're really clear that you're okay.

N: Oh, yeah.

JL: Yeah. In the here right now.

N: I'm okay to be by myself. Like people . . . "Well, aren't you lonely?" It's like, "No, I'm good." And it's because I'm . . . I don't seclude myself, though, either. At all. Like I just went to the C.A. dance and I work and . . .

JL: You get out.

N: Yeah, I go everywhere, right? Like I'm going to Cuba and all that. I feel really whole for the first time in my life. Because me and my ex, Becky's dad, we were talking about that yesterday. And he just did 5 years over at that Wagner Hills Ministeries farm in B.C. And he went out there, you know, broken, insecure, neurotic. A fucking fucked-up man. And he'd gone out on a date with this Christian woman. And he says, "I can't do the Christian, nice women. I can't."

JL: Not his cup of tea.

N: He goes there looking for someone to complete them, and I'm already complete. I'm looking for someone who's complete, so we talked about that. And I'm, I feel the same way. Like I feel whole for the first time in my life. I don't feel scattered everywhere at all . . .

JL: So, okay, good. So thinking about the history of sexual abuse and everything that happened to you—major trauma—how do you understand soul, your soul, and how your soul was affected in the context of what happened to you? How was your soul affected?

N: The best way I can describe it, okay? When I gave my life to the Lord in 2000, and I got baptized, I was living with a man. Me and Pedro had been living together for years. And I got baptized and I told him, “You know, having sex outside of marriage, I don’t believe in it.” When I come out of the water, I was a new creation of God, right? So he got drunk one night and he tried to rape . . . he was trying to rape me. And all I was that little girl, and I was actually just . . . and to me, I was just a little bit over three. And I remember crying and saying, “My daddy did this to me, too.” And he just got off me right then (laughs), but he didn’t do it. But I’d never, ever felt that ever, until that night. And I felt very, very violated.

JL: So was that a soul—

N: And I was 40 fucking years old. But that 3-year-old little girl was who talked to him. “My daddy did this, too.”

JL: So would you say that your soul was . . . ?

N: Cried.

JL: It came from a place of soul.

N: Yeah. It cried. My soul cried. My spirit fought but my soul cried . . .

JL: Does the term “soul loss” resonate with your experience?

N: No. I don’t think I ever lost my soul. Ever.

JL: Okay. Did you lose a piece of your soul?

N: I don’t believe that. Because even in full addiction, I always was the one that talked of soul and spirit to others. And people would say, “Well, I’m not rich.” And I would say, “But I’m rich in spirit and soul.” Always, that was . . . like you could ask anybody that was around, especially with the little kids.

JL: So the deep place, the deep place in you that was injured, if we say that soul, think of soul as the hub of the wheel . . .

N: Yeah, yeah . . . of course.

JL: If it's not the soul that was injured in that deep place, what was it that was injured?

N: Well, of course it was injured. But I don't think let go of.

JL: Okay.

N: Do you know what I mean?

JL: Yeah.

N: I believe—

JL: So, still intact, but wounded.

N: Definitely, definitely.

JL: Okay, so . . .

N: Like you could have a—let's use that. I'll use a hubcap, like you can hit a curb and it dents it, but it will still work and your wheel will still stay on, right? And I believe that I had more knocks than just my dad, right. Tricks and all of it, right? And first loves and . . . because being so messed up and hurt, anybody who's, you know, "I'm your boyfriend," you just, you clung to.

JL: Sure.

N: So it was another disappointment, another rejection and another abandonment over and over and over that actually became my worst fear was rejection.

JL: Yeah. So this injury, does it feel true that the hurt, that violation of the 3-year-old and then all these subsequent betrayals, took place all the way at the level of this hub, the core that is Nora? Or was it just more of a hard thing or a mind thing, like did the heart . . .

N: Oh, no. It structured—

JL: . . . go all the way?

N: Yes, it does.

JL: Okay. Tell me about hurt that went all the way into the core.

N: Like that's what I mean. The abandonment, the rejection, over and over. And it just . . . now, I call it like a clink in my armor.

JL: Yes, yes.

N: Okay? But we'll talk about the inside the soul . . . yeah, definitely wounded, wounded, wounded.

JL: So a wounded soul, not lost soul but a wounded soul.

N: Wounded, yep.

JL: And a wounded soul that had to do a soul-level work to recover, it sounds like.

N: Yeah, exactly.

JL: So without prayer, without Jesus . . .

N: It wouldn't have done it for me.

JL: Tell me about how do you know?

N: Because I know right in Henwood (addiction recovery center), right in Henwood, that's where He (Jesus) touched me. And when I died in that hospital . . .

JL: Yeah. That's when you OD'd, right?

N: That's when I OD'd eight, like, four times in the apartment building and all that.

JL: Cardiac arrest.

N: And then in the hospital. And then wake up on life support and everything, and pull it all out and say, “I’m going home.” Meeting Him there . . . I didn’t know that I met Him.

JL: Yeah.

N: See, when my kids . . . here’s the thing. When my kids first got taken—because that was (sighs) . . . I’m so bad with the dates—1994, so I died in April of 2000, this month is 13 years ago. It’s a pivotal year for me, the 13th year. So, but in . . . when my kids got taken in 1994 . . . I would, I didn’t know anything. Like I hadn’t been to church. I didn’t know anything. But I was on my knees crying out to Jesus Christ, because I just knew the same thing as that girl that sat on that demolition car and cried out to Christ. . . . And I didn’t know Him, but I cried out to Him and cried out to Him and cried out to Him when they first took my babies. Like my son was 16 months old, my daughter was three. I knew I’d never see them again, you know. . . . So I was on the ground. I cried out to God and cried out to God. Like I just did. It was the only thing I knew to save myself.

JL: And you don’t think that therapy alone would have healed a wound of this depth?

N: No. Not by any means.

JL: Why not?

N: Because it can’t. It can’t. Because you have to have something. Because if you’ve never believed in yourself, how can you believe in yourself enough to heal? I had to have something stronger than myself to pull me, help me out. I had to. And it could not be any man, for every man had hurt me; but it was in rejection or abandonment or physical or sexual or whatever. How could I put my trust in them? I could not. It had to be something greater than myself. And then, I went—it was what? That was 1994. In 2000, when I got, when I OD’d, I

called AADAC and said, “I need treatment.” Because I needed to come down and . . . because I was fucked. I was fucked. I was doing 2½ ounces of crack a day. Eating 100, 150 pills a day. Easy. I was 73 pounds. I was a fucking walking nightmare. Then when I went to Henwood, I was coming down and everything. . . . And Monique, my roommate—she’s dead now—she would dress me three times. Because I was so weak, I couldn’t even dress myself. And she was full-blown with HIV.

JL: And she was stronger than you were.

N: And she was dressing me. That’s how much of a mess I was.

JL: Wow.

N: So how could I believe in anything to do with me? I cried out to something so much stronger than me, which I had done through my life when things got really fucking bad. Like that little girl on the demolition car, that was another time in the house was so bad—the fighting and my dad and blaah!—that it was me talking to Christ. . . . I feel healed. I feel whole. Yeah. I’m okay with the world, and I know that, you know, people may not like me. That’s none of my business.

Mandalas. The storyteller mandala (by Nora) and the witness mandala (by me) are shown in Figures 1 and 2. The following are excerpts from my discussion with Nora about our mandalas:

N: To me, stargazer lilies are spring. They represent God to me, like Easter lilies. . . . Spring, new life, love. Like just . . . just life, abundant life. That’s what they remind me of . . . glory . . . I feel healed. I feel whole. Yeah. I’m okay with the world . . .

JL: I think it’s fair to say that on a fundamental level, your heart was broken . . . And this . . . cross is the suture that sort of pulled the jagged edges together.

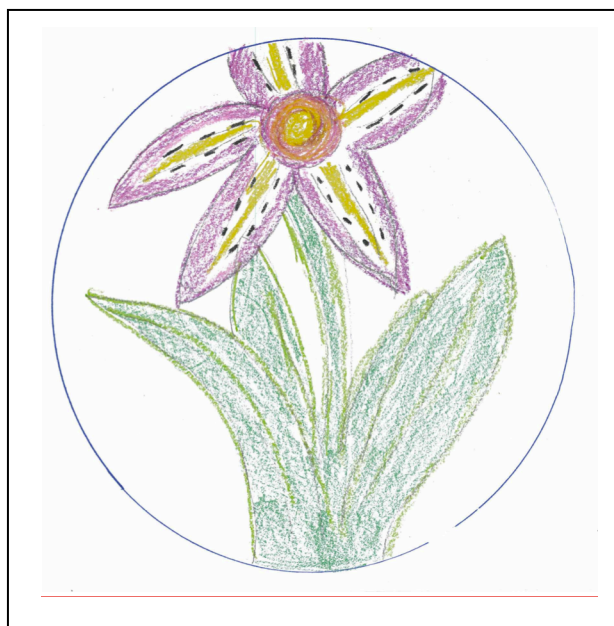


Figure 1. Nora's mandala.



Figure 2. Jacqui's mandala (as witness to Nora's story).

Cathy's story. Cathy is a 44-year-old single White female; she is a former addict and drug dealer who spent many years living on the streets. During periods of her life when she was not homeless, she worked in the hospitality industry as an assistant cook. Cathy has two children, one of whom she has not lived with since he was four months old. Her other child is a 25 year old who lives independently. Adopted as a child herself, Cathy noted that she carries a deep-seated fear of abandonment.

Interview. During our interview, Cathy stated that she had no desire for a romantic relationship as she has a long history of unhealthy partners. She explained that she was not currently in a relationship because she has a difficult time trusting men.

JL: Do you feel that history of sexual abuse has violated, contaminated, injured, broken, or destroyed an essential part of yourself?

C: I think it's contaminated my views on men.

JL: Okay. Tell me about that.

C: I don't trust them. They're all liars and idiots

JL: Is that a visceral sense for you?

C: It's honestly like . . . well, I think it was part—well, my whole childhood. Like, my Dad's an alcoholic and I just don't trust them. I don't trust them. They're all—they're never faithful, any of them.

JL: So what—but in this—how old were you when you were assaulted by your Grandpa?

C: Nine.

JL: Okay.

C: Eight, between eight and nine.

JL: What did this teach you about men?

C: That they're just after one thing only. And even—like, you know, they just want sex from you. That's all. That's all men want.

JL: So that became a core belief.

C: Yeah, forever. So I don't . . .

JL: Even now.

C: Yeah. And I don't trust them, even when I'm in relationships and in love with them. I always think at some point they're going to fuck me over and leave me. So what I do—and I used to especially when I was drinking and using—I would just be a fucking bitch from hell to show them the whole side of me that—well, really this is who I believe I am so this is what you're going to get.

JL: Just put it out there.

C: Just fucking flee or don't.

JL: Right.

C: Run. Run now.

JL: So was that sabotage?

C: I think so.

JL: Okay.

C: I think so. And then what I got left with was, you know, men that would put up with that shit, right? So, really, what are they about?

JL: Right. What's going on with them internally?

C: Oh, big time.

JL: Right.

C: Big time.

JL: They came with their own injuries.

C: Either they could abuse me or use me or all of it . . . all of it and I would put up with it, too.

JL: Yeah.

C: Right?

JL: Yeah. Yeah.

C: So my self-worth, I guess, was destroyed mostly by that.

JL: Yeah.

C: I don't feel I'm worthy. I know I'm worthy, and my brain tells me I am.

JL: Intellectually.

C: Yeah, but . . .

JL: But not emotionally.

C: No. And then when they leave, I suffer from severe abandonment issues . . . really badly. Really bad because I'm adopted, and that's a whole different fucking scenario, too. It's always, "Well, you're just going to leave anyway or you're going to die, so what's the point?"

JL: Yeah.

C: Get rid of you now.

JL: Right, before I get in too deep.

C: Yeah. And the ones that stay,, I figure are super strong. I used to figure that. Now I just think he's as retarded as I am.

JL: Or they got issues.

C: They've got—they're just as bad as me, if not worse. So I don't. No.

JL: Okay. So think back to the period of time where things were going on with your grandfather. Is there a particular incident that you remember where you really felt violated or contaminated?

C: This is something that—I haven't told anyone this my whole life. My grandfather was down there, like, with his face, right?

JL: He was performing . . .

C: Yes.

JL: . . . some oral sex on you?

C: And my grandmother walked in and caught him doing it and said . . .

JL: Your grandma.

C: . . . nothing. Not a fucking word to me.

JL: You're kidding.

C: Nope. She just walked away.

JL: So she sees this act of sexual assault on a minor . . .

C: Yeah.

JL: . . . taking place. She's a witness.

C: Yeah.

JL: It's her husband.

C: And I was so—I was so humiliated, like . . .

JL: Why were you humiliated?

C: I have no idea, but that's what I felt and I was—because she just gave me this weird look and walked away. So I never talked to her about it. She never talked to me about it. I mean, she's dead now. I couldn't talk to her about it even if I wanted. Not that I even would

because I just figured—well, I don't know what to think about that. Like, I still don't even know what to think about that. Like, was she . . .

JL: I was going to say what do you think about it?

C: . . . so fucking horrified that . . . I don't know. Like, it blows . . . I know what I would have done. I would have fucking flipped right out . . .

JL: But as an adult, when you look back at an incident anywhere you are . . .

C: Like, that just humiliates me. Like, I cringe even when I think about that. Like, I just go . . .

JL: Shame.

C: Total, total shame. Like, I just . . . I get goose bumps. It's so awful.

JL: Even though the shame wasn't your shame. It was his shame.

C: I guess not. I don't know. Somehow I feel it is my shame for some . . .

JL: How is it your shame?

C: I don't know. Maybe I knew better. I don't know. You know what I mean? Did I really? Did I know better? Because I know it felt good. . . . I think that I felt like my body actually betrayed me from what was going on . . .

JL: Yeah.

C: It's not that you're enjoying it.

JL: No.

C: It's your body's defense against injury, right?

JL: Yeah. Yeah.C: So, yeah. So, I don't know. I mean, I still feel the shame. It's not as bad as it was, but sometimes I'll just be sitting there and I'll think about it, like in a flash in my brain. I always go, "Oh, yuck. Go away" . . . Right?

JL: Did that incident affect your later sex life? Because there are many survivors who cannot receive oral sex.

C: No, I . . . it's not. No, but I do . . . I don't know. I just . . . sometimes I just can't. I can't . . . I know for myself, I can't let go in the bedroom . . .

JL: Right.

C: Because I feel really dirty sometimes. I feel like I'm a slut. Like, "Why would you ask me to do that? That's . . ." You know what I mean? Like . . . and then I . . .

JL: You think your partner sees you in a certain light?

C: Maybe. I don't know.

JL: Okay.

C: I honestly couldn't say this is why. But I know sometimes I feel really dirty. Like, I feel like, "Well, that's not normal" in my own mind, right? . . . maybe that was normal for someone else, but that's normal for me because it makes me uncomfortable. . . .

JL: So this incident of Grandma walking in . . . we're going to call it the "Grandma Incident."

C: The incident. Yeah, okay.

JL: The "Grandma Incident." How do you think that experience affected your growing as a young woman, the person that you became? What . . .

C: I don't know. Like, I think it just made me . . .

JL: Where did that land in you?

C: Somehow . . . I don't know. Like, I've thought about it a lot because I don't really cry about it. It doesn't . . . I think that my cousin telling me those things honestly really helped me, like, to internalize it, like I'm gross, I'm shameful, I'm . . .

JL: Yeah.

C: And maybe my Grandma not reacting was a good thing. Because then what? Like, the fucking whole family—and I know my family—they would have flipped out. It would have been the people on my side and the people on their [side] . . . do you know what I mean? And it would have been a big deal and there's no gray area, right? So in a way I am grateful to her not for saying anything. And then shortly after that, it all ended anyway because after that I would not be alone with my Grandpa. . . . And the shame won't come back, right? Because I did find it shameful. Like, when Huey caught me, I was horrified . . . horrified.

JL: Was there . . . were you aware of feeling shame before?

C: Oh, yeah.

JL: But then it became public shame.

C: Then it was public shame. It was my own shame, right?

JL: Yeah. So there was private shame and public shame. And so . . . where did you put that shame in the end? Like, what did you do with it? Where does shame go?

C: I think it's always with me.

JL: Did you . . . or did you bury it?

C: Oh, probably.

JL: Okay.

C: I'm pretty good at that.

JL: Tell me about shame being buried in you.

C: Well, I was . . . I don't know. I think it's in me because I don't feel beautiful. I don't feel worthy . . .

JL: Sure . . . Would you say shame became the foundation of your adult identity?

C: Oh, yeah. Big time, yes.

JL: And something that is still there?

C: Oh, big time . . .

JL: I hear you. So think . . . I want you to think back to the Grandma Incident.

C: Okay.

JL: Which is the biggie for you. And in the here and now, think about any specific sensations or feelings, thoughts or images that pop up when you think of that door opening.

C: Oh, just like, "Oh, God."

JL: What is that face you're making do you think?

C: Oh, just like . . . Oh, it's just gross to me. Like, it's so . . . It's like . . .

JL: Revulsion?

C: Repulsiveness in myself.

JL: Oh, self-revulsion.

C: I feel repulsed. I feel repulsed. Not by her, not by him, but . . .

JL: But by you.

C: Oh, God. Why did that have to . . . I just wish a hole would open and I could fall into it and never be seen again by her. But, you know, that's funny because my Grandma and I were super close. Like, for years, especially after my mother died. I was the one that took her grocery shopping. So I never put it on her or him. It was me. If I wouldn't have done that, then this creepy feeling wouldn't be around. Like, it's because of me.

JL: And the creepy feeling is fully alive.

C: Oh, yeah.

JL: It's like . . .

C: It can come back like that.

JL: So the feelings are, like, disgust, self-revulsion. Any image go with it?

C: My Grandma looking at me.

JL: Her face.

C: Her image and then her walking away from me.

JL: Was she . . . I mean, it's years ago. Do you recall . . . did she look shocked?

C: Kind of like . . . just like . . . and then like this. Sort of put her face down and walked away like she really didn't know what to fucking do about it . . .

JL: Do you . . . thinking back to put this index . . . this event, do you think you have fully healed from what happened?

C: I'd like to think I've put it behind me. Maybe I haven't fully healed from it, but I don't . . . it's not something that . . . it's constantly on my mind.

JL: So you don't dwell on it.

C: No.

JL: But when you go back there . . .

C: Or when sexual abuse is brought up to me, then it comes forward for me.

JL: And what?

C: Because I feel the anger of how could someone do that to a little kid. How can you? How? Like, I just don't get it.

JL: I hear you.

C: I cannot wrap my fucking head around that.

JL: Yes.

C: You . . . and then I think . . . then I go off on tangents like, “Well, maybe in 500 years if we just killed all the pedophiles . . . just kill them all.” I mean, wipe them right out. Got them right the fuck out of our gene pool.

JL: How do you understand soul in the context of this trauma? How was your soul affected by this great shaming experience?

C: I think through all my experiences, the sexual abuse . . . all of it . . . it’s made my soul better, if that makes any sense to you.

JL: Tell me about that.

C: I understand the human condition better. Like, I’m not so hypocritical. I’m not so judgmental. Like, I won’t just instantly, “Well, fuck.” You know, like, I became an addict. When I became an addict, I finally understood my alcoholic father. Do you know what I mean?

JL: You walk in their shoes. You see. You get that.

C: Right. Like, I get that. Yeah. He couldn’t do things at Christmas because he was drunk. And it wasn’t that he intentionally . . . because I never intentionally fucked up my life. Like, “I think I’ll pick up a crack pipe and be a loser.” Right? Like, that was not my intent and it never, ever was even through all of it. I’m just going to do this one and one turned into a fucking billion. Right? I get it. So I think, like, being sexually abused . . . not that I’m so much for the abuser, but I sort of get them. If it happened to them, maybe that’s why they’re that way. . .

JL: You have a possible understanding of how that could have started.

C: Yeah, so I think it’s enhanced my soul in a way.

JL: Do you think that the injury of the . . . that shame that you experienced in that moment . . . was it deep enough to hurt you at a soul level?

C: Deep down I’m just not right . . . really good enough which is stupid.

JL: Is that unworthiness an injury of your soul? Is that . . .

C: Probably, probably.

JL: Okay.

C: Yeah.

JL: Because . . .

C: I've never looked at it like that, but probably.

JL: Right.

C: It must be.

JL: Well, one of the—the question—the last question that I have before we do the next piece is does the term “soul loss” resonate when you think of this experience?

C: I would say it's a wound. Yeah, it's a wound on my soul.

JL: A soul wound, yeah.

C: Yeah. Because, really, if that never happened to me . . .

JL: It got all the way in.

C: If it never happened to me, I wouldn't be . . . it would have nothing to do with me, right?

JL: Yeah.

C: So all I can say is I am who I am, and those experiences have shaped me and I think sometimes for the better.

JL: Right.

C: But, yeah, I think that maybe, yeah, that's my wound . . . my feeling of unworthiness.

JL: So the question is how deep did that ballistic missile hit, really? Did it go all the way to the core?

C: Compounded with everything, I'd say, yeah, it went to my core but it wasn't just that.

JL: So there's a bunch of other stuff.

C: Big time.

JL: Now, if you had not grown up with all the other stuff, the alcoholism . . .

C: I think it would have hurt me more. I don't know. I can't say that because pain is pain is pain, right? And, like, let's say . . . okay. I lost my Mom when I was 19. That was probably one of the most devastating things that ever happened to me because I loved her so much and we were so co-dependent. But maybe if everything was normal and that happened to me, perhaps . . . I don't know. I don't know. Maybe with me being a child of an alcoholic helped me to cope.

Mandalas. The storyteller mandala (by Cathy) and the witness mandala (by me) are shown in Figures 3 and 4. Cathy and I discussed the meaning of our artwork together.

C: That's my Nana looking at me . . . That's the feeling that comes . . . like, me apologizing . . . to her . . . and there's a part of me that's kind of like, "Well, Nana. Like, what were you doing?" You know, like, that's not cool.

JL: What stands out for me is this image of shame that is all the way in, right . . . So if we think of your conscious . . . your mind self as up here, I imagined as I was listening to you, like a spiral road going like a corkscrew down, down, down, and all the way down here . . . is where the shame lives and it bubbles up. Bubbles up here, it bubbles up there.

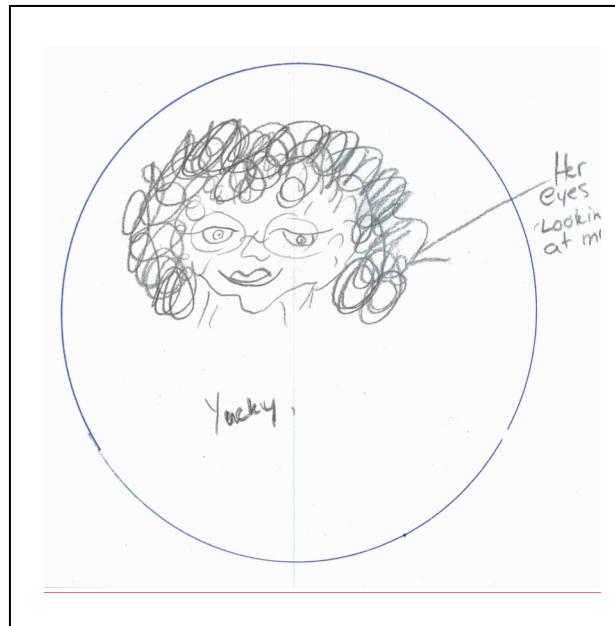


Figure 3. Cathy's mandala.

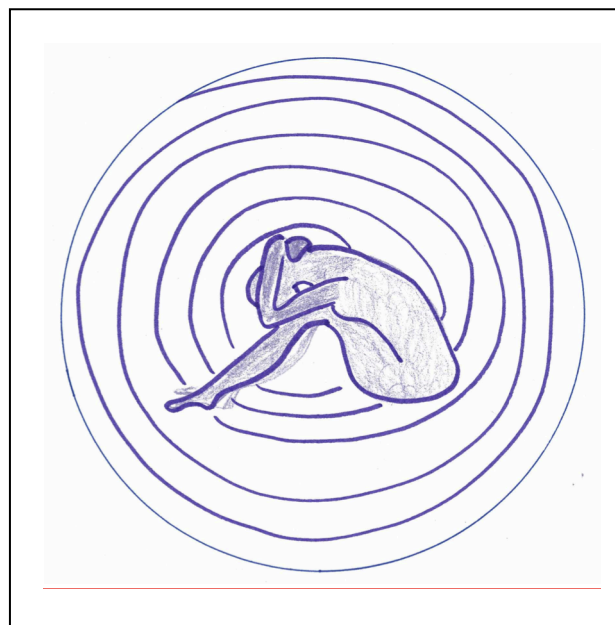


Figure 4. Jacqui's mandala (as witness to Cathy's story).

Mel's story. Mel is a successful, White, 40-year-old marketing professional and married mother of four. She was raised by a single mother who was poor and suffered from mental-health issues. Although her mother loved her, Mel does not feel she got her emotional needs sufficiently met as a child. Her grandfather was a serial pedophile and Mel was molested on numerous occasions while living in her grandparents' home. A gifted entrepreneur, she started her first company in her 20s and then went on to found a number of other successful initiatives. Mel continues to work as an advocate and educator on issues pertaining to the sexual abuse of children.

Interview. During our interview, Mel indicated that she once brought formal charges against her grandfather for the CSA. Although her case was dismissed due to lack of evidence, he was ultimately convicted of sexually assaulting a number of other children.

JL: So let's start with the first question. Do you feel that a history of sexual abuse has violated, contaminated, injured, broken, or destroyed an essential part of yourself?

M: Yep, all of them.

JL: Describe.

M: Can I have that question thing?

JL: Yes.

M: I think it's violated me because, you know, when you are little and you wake up and somebody is on top of you, it's . . . you're physically violated, your trust is violated, your heart's violated, you know. So for me, the actual offense is violation. And then I also feel really kind of emotionally violated by my family, who didn't stand up for me.

JL: Did you disclose immediately?

M: No, two years later when I got out of my grandfather's house; right?

JL: Okay. And so when I did, my mom took me to the cops, they didn't believe me. The authorities didn't believe me, like, Children's Services. And then when my mom told my relatives they didn't believe me either. So I really felt violated by that as well. So which was the greater violation, do you think, with the violation of the body or the betrayal of the security network?

M: Betrayal of the security network.

JL: Tell me about that.

M: One's an act, and you can go, well, obviously that person doesn't love me, they don't give a shit about me. But the other part's way harder. So he was my grandfather, but he wasn't—he was just an okay—he wasn't that nice of a guy, right?

JL: You weren't close to him?

M: I wasn't close to him. I always thought he was kind of creepy. But my aunts and uncles, I loved them.

JL: Right.

M: With the exception of one—I thought they were a little cuckoo—but . . . my aunt Phyllis and Mela . . . they're my aunties.

JL: Yeah.

M: And . . .

JL: Safe people.

M: They're my safe people. And they loved little Mel, right? And so when it happens, you kind of—I don't think, maybe I didn't think I was bad at the time. I knew it wasn't right, and I was scared of my grandfather; but when you tell them and then they make you feel bad, that it was your fault or you did something or you're a liar or you're dirty, then that's what

you believe . . . I got over it, like, I know that none of it was my fault and that I'm not dirty and all those things.

JL: Did you know that then or did you learn that later?

M: I think I learned it later.

JL: Yeah.

M: Yeah.

JL: In the healing process.

M: Yeah. But with the family, they're still that way. I'm still not the nice kid, that caused all the trouble, that got grandpa in trouble, like . . . You know, that's tough because I really thought they loved me. I never thought he did, so I didn't have any—I didn't really lose anything except I was scared of him. But with them, I loved them. And they still put me in danger, right? So you know I . . .

JL: And left you there.

M: Yeah.

JL: But did not intervene and did not act.

M: Did not intervene, did not—and they made me go see him, they made me sit beside him at church; they didn't protect me.

JL: Even after you had disclosed?

M: Oh, yeah.

JL: Wow.

M: I sat by them in church. I sat with them at weddings, by him at weddings, went to his house for dinner.

JL: Wow.

M: Hm-hmm [affirmative]. All to cover it up from my grandmother, so she wouldn't know.

JL: So grandma was never told?

M: Grandmother was never told. But grandmother knew. It was 1100 square foot house.

JL: Yeah?

M: Right? So . . .

JL: Did she ever see anything?

M: I think she knew, in my heart of all hearts. There was two of us when I was living in the house that were sexually abused at the same time.

JL: Okay. A cousin of yours?

M: Cousin, yeah.

JL: Okay?

M: Who was a couple of years older.

JL: Yeah. Same perpetrator?

M: Same perpetrator. But . . . his bedroom was here.

JL: Yeah.

M: My little cousin's bedroom was here.

JL: Yeah.

M: And I was sharing a room with my sister.

JL: Yeah.

M: So it's three bedrooms.

JL: Yeah.

M: And a basement. And there were boarders living in the basement.

JL: Right. So he was often gone and she never wondered where he was or what was going on?

M: And he was always in a room alone with us.

JL: Yeah.

M: Either her, either me, or either both of us.

JL: Yeah.

M: Do you know what I mean? You've got to wonder, a guy that doesn't like most kids but likes these two?

JL: Yeah.

M: And he's always around them. And he never had sex with my grandmother. Something I learned later is . . . if your husband didn't want to have sex with you for . . . all these years.

JL: What's going on?

M: What's going on?

JL: Yeah.

M: Right? So like you've got to—there's no way she could've not known.

JL: Right.

M: Yeah. You know contaminated, I don't feel that way now; but I definitely did, that something was done different to me and that it affected my whole body. That back then it made me feel not wanted, not loved, dirty, troublemaker, those types of things. But I don't—yeah. Injured? You know, injured in only the—injured isn't really a word that I would use, but the biggest thing out of everything for me is the broken word.

JL: Yes.

M: And all the . . .

M: Tell me about brokenness. What do you know about brokenness.

M: I know lots—too much about brokenness.

JL: Tell me about brokenness.

M: I know what it's like to be so broken that you want out of your life.

JL: Yeah.

M: That there's no more hope, there's no anything that—I mean, when I was 12, I had my dad's razor.

JL: Yeah

M: And I almost slit both my wrists. And when I went into the washroom at my dad's house I didn't know which way, if I had come out or if I would. Like, it was that I was absolutely so broken with not the love, not the support, and my family being not inclusive. I always felt like the kid between the—outside of the glass.

JL: So you were shut out?

M: I was shut out. You know, so broken—and even today, like . . . You know, I really believe when you squeeze people if they're—at one point I was angry . . . like, what would come out when you squeezed me I'd be angry. And now the odd time, you know, I'll see a little bit of anger; but when I really get squeezed and I really get exhausted, it's broken. Right?

JL: You go to your broken place.

M: I go to my broken place. Right? And my broken is the whole mental illness piece.

JL: Right.

M: Right? It's that my brain, because of the trauma and it not developing the right way . . .

JL: Yeah.

M: I've never been able to escape the anxiety, PTSD . . .

JL: Yeah.

M: . . . Panic attacks.

JL: Yeah.

M: And, you know, when you're broken you're like good God . . . I've healed so much, it doesn't seem—although I operate at 90 capacity, I'd say, in my life, 85-90, I used to be 30, right? So—but, you know, even when you come that far, you're like I'm still partially broken, you know. And so that's a hard thing to accept when you're not the one that did it . . .

JL: Is there a particular incident, Question Number 2

M: Yeah.

JL: A particular incident, one of the assaults, that stands out in your memory as one that broke or violated or contaminated you? There's always one for everybody.

M: Mm-hmm [affirmative].

JL: Can you tell me about that?

M: First one. First one.

JL: I hear that a lot.

M: Yeah. So my mom went out to bingo with my grandmother. My grandfather was an AA guy, traded one addiction for another. Aye. And we needed a sitter. And it was New Year's Eve. My mom said I could stay up late and watch the Dick Clark countdown. So my grandfather was so cunning, so manipulative. He came home early, because he knew my mom

and them would be past the midnight; got it? Came home, my sister went to bed, I was playing “Tip the Waiter,” so then—and I’m watching the countdown. So my first abuse was to the countdown. He started touching me . . .

JL: Wow.

M: . . . to the countdown, right, 30, 29, all that.

JL: Wow. And that first time often doesn’t go—often it’s sort of stroking. How—what was the severity?

M: Severity was he knew he had lots of time, and he’d done it like—now that I look back, he would—you know, he was grooming me, he was giving me money, he’s sitting me on his knee.

JL: So he was already grooming you.

M: Oh, yeah. And the thing is is that, for example, with the other kids, he’d be like, “You little shithead! Get—move away from the VCR. Get out of there!” He was very aggressive. “Here’s some money, Mel. Go get yourself at the store.”

JL: Ah, so you became his favorite.

M: “I’m going to take Mel.” Yep. And I was like—Oh, single mom—“Oh, really? You’re going to take me? My God. I feel special.” My mother was dating a crazy guy that was an alcoholic who didn’t like me. And so . . .

JL: Come into my parlor, says the spider to the fly.

M: Right. So my sister went to bed. He came up. And I can even remember, like, “Oh, crap.” There was a little bit of—you know what I mean? Like just, I don’t know, a feeling. So I’m sitting—so I can remember: mirror, couch, that old kind of brown and, like, cream color with all the stripes. And he always wore . . . a kind of flannel shirt and . . . those nasty kind of

khaki pants that you'd put your . . . you know, the old guys wore. And then the belt that's been worn forever, you know. So he sits down, pretends to play with me, and there was no more grooming at that point.

JL: Right.

M: Took my hand, put it in—so, all right, he pulled down his pants, took my hand, I'd pull it away, try to start, distract him, and do the game.

JL: Yeah.

M: Right?

JL: You're not sure what the hell's going on, but . . .

M: But I know I don't want to do it. I do that. He'd kind of play the game, then work in. So he would have me touch him and literally got to the point that I'm playing the game, he said, "Come and sit by me." And—because I'm like—so I'm here, his back's against the couch, and I'm playing my little game, focused on the little game. And, literally—so I guess the only grooming was that he didn't do everything right at once. But grooming's usually before. So then he literally took my head and pushed it down on him. Yeah. And so for me, it would become a life of distractions, that playing with the game. And even when he'd take me in the car and bring me somewhere, I always played with the knob, the window, or the radio . . . always, so that if I was busy maybe he'd leave me alone. But he never did.

JL: And his primary form of assault, which is often different for different perpetrators, was oral sex?

M: Yeah, or, like, touching him.

JL: Okay.

M: But a little bit about mine is that I am quite sure that I was raped, because years later—I just feel that, but there’s certain things that I don’t . . . like, I remember stuff with knives and objects. But I don’t remember . . .

JL: Fragments?

M: Yeah. But I don’t remember the whole context. So even when I went to court, I never brought those up. There’s things that I can remember happened at the beach. He was there, but how did I get there? Like—so not complete stuff.

JL: Very common; very common in trauma memory.

M: And even when I was little, I guess I told my mother I fell on my bike because she asked why there was blood on my panties.

JL: Ah.

M: And I was really young, and I hadn’t got my period.

JL: So something has happened.

M: So when they did my investigation, they’re like, “We talked to your mother, why did you tell your mother that you fell on your—did you fall on your bike and you were bleeding?”

JL: Yeah.

M: Right? So there’s all those pieces, which probably my brain is not ever . . . I don’t know if it’ll ever remember. But it also causes me anxiety; because I don’t ever want to remember them, to be very candid. I’ve got enough stuff. I don’t really want any more. I want to be done with that part of my life. So the New Year’s thing definitely was tough, because it’s kind of a trigger every year . . .

JL: Right. So let's talk about the experience. How did the experience affect your life? How did it affect Mel, Mel's development as a woman?

M: Well, I think that at that day, kind of little Mel went away and big Mel came. Right? The tough Mel, don't screw with me Mel . . .

JL: Protector.

M: I'll poke your eyes out, Mel.

JL: Protector Mel.

M: Protector. The warrior Mel.

JL: Yeah.

M: Right?

JL: Yeah.

M: That I didn't trust humans. They didn't look after me. They didn't take care of me. They violated me. And I did what I needed to do to survive. Right? And so I never got to be a kid. That night was my last piece of my childhood.

JL: Yeah.

M: And really, what do you remember from when you were one to three? So I had a childhood from, like, four to eight, five to eight. I got on—I had a hard time figuring out how do I play with my kids? Nobody played with me. I was the little object that was not welcome, right? You know, so how do you be a mother? How do you, even in a relationship, you know, not feel dirty? Like, I had to find the safest partner; and it's only—I mean, we have a great relationship, great intimacy; but it took a long, long time. Right?

JL: Yeah. Of getting safer and safer and safer.

M: Oh, yeah.

JL: Yeah.

M: Especially in that area.

JL: Yes.

M: Right?

JL: Yes. Also very common.

M: That piece, right?

JL: . . . for survivors. Yeah.

M: You know? So I think that—I mean, I didn't get to live as a childhood. It screwed up my brain; which, out of everything, that's the thing I'm most mad about.

JL: Tell me why.

M: Because I can't fix it. And I fix everything, right? If I need to . . . they tell me my cholesterol's high, guess what?

JL: You're on it.

M: I'm on it.

JL: Yeah. Biking, working out . . .

M: Tell me to start a business, 23 years old, get to some certain level, make this money, do this, do boom-boom-boom-boom.

JL: Yeah.

M: (Snaps fingers three times) I'm a get-shit-done kind of girl.

JL: Did you become an overachiever to compensate for the injury?

M: Hmm . . . Oh, I don't think I did it to compensate; I did it to survive. I wasn't . . . what was, I mean, compensating? I didn't even know what that was. It was survival, as that I had to be good at something to feel valued. So I was an unbelievable runner.

JL: Right.

M: And even my grandfather would come and watch me run. I'd be coming around the corner, and he'd be standing there. And I was like, "Motherfucker!" Do you know what I mean? And I would just go, right? I was fueled. My dad calls it rocket fuel. Right? Whether it was anger, whether—whatever it was, I will not, if I—I was never of the most talent. But I'd . . . you know, run for two hours in the morning, train for two hours at night.

JL: So in thinking about that, the betrayal, the initial violation, what sensations right now, as you're telling the story, sensations, feelings, thoughts, or images pop up for you? If any. What are you feeling in this moment?

M: Accelerator.

JL: Yeah. So, revving, your system's revving.

M: Revving. Yeah.

JL: Okay.

M: Revving, I can feel it in the back of my eyes, I can feel it in my head.

JL: Well, is this similar to your anxiety.

M: Yep.

JL: Or is it just a stress response?

M: No. It'd be similar to my anxiety.

JL: Okay.

M: But it's . . . the pills block my brain.

JL: Right.

M: But it doesn't mean I still don't rev, they don't fully block it.

JL: Yeah, it's an emergency brake.

M: It's an emergency brake.

JL: Yeah, totally. Thoughts? What's going on with your thoughts?

M: Probably flashbacks of maybe a picture of him and a picture of my grandmother and when I was describing, you know, the incident and the game; and so just images of the past, right?

JL: Is the word "jittery"? Your body feels jittery?

M: Yes, that'd actually be pretty good.

JL: Yeah.

M: Yeah, yeah.

JL: Yeah. Which is a very . . .

M: And up.

JL: Sort of deep activated. Jittery and . . .

M: Jittery and not on the ground.

JL: Dissociated? Are you floating out of your body?

M: No. I'm elevated.

JL: Oh.

M: I'm not floating out, I'm just not grounded.

JL: You're hovering.

M: Right. I'm hovering, I'm not grounded, I'm not fully in my body, I'm not connected to . . .

JL: Yeah.

M: Mother Earth spirit. I'm not where I feel at yoga. I'm not . . .

JL: Tell me about soul in relation to trauma. Tell me about how trauma has affected your soul.

M: You keep away from it. When I was broken, like really broken, what's soul? Are you kidding? I don't even know I live in a body.

JL: Yeah.

M: I just know that I wear nice clothes, have nice hair. I didn't know that I physically had a body.

JL: I'm not even here, so . . .

M: I'm not even here, so what the hell are you talking about a soul?

JL: Right.

M: Like, I was—and you know what? When I was soulless . . .

JL: Yeah.

M: . . . or not connected to my soul, I was a bitch, I was abrupt, I was angry, I was fearful, I was malicious, I was . . . no malicious isn't a fair word. I was what everybody told me I was.

JL: Which was?

M: Nothing.

JL: Ah.

M: Right?

JL: Yes.

M: I acted the way I thought of myself . . .

JL: So does the term "soul loss" resonate with your experience of sexual abuse?

M: It does in the way that I think for many years when I was really sick.

JL: Yeah.

M: . . . that I lost my soul.

JL: Yeah.

M: But not completely . . . So imagine, like, the little Mel is the soul.

JL: Yeah.

M: And little Mel can't deal with stuff.

JL: Yeah.

M: Soul gets sucked out of the body of little Mel and gets put away in a closet for many years.

JL: Okay.

M: And only comes back about six years ago.

JL: Okay. So that sounds to me like—and I don't know if it's the same for you, but that sounds like soul loss, like the whole thing was . . .

M: Removed.

Mandalas. The storyteller mandala (by Mel) and the witness mandala (by me) are shown in Figures 5 and 6. Mel and I discussed the similarities and differences between our drawings.

M: That was me before I woke up broken . . . Pre my abuse . . . That's the destination . . . I'm just in the moment, present, having fun. I don't really care if my hair is done or my clothes match or that I'm perfect, that I'm controlled, that I'm anything. I'm just me. . . innocent.

JL: The word that came up as I was drawing was "demonic," the demonic nature of the violation of Mel. And so this is like some kind of demon claw reaching in to this ball of light that is the soul and ripping it out of your body, ripping it away.



Figure 5. Mel's mandala.



Figure 6. Jacqui's mandala (as witness to Mel's story).

Jo's story. Jo is a White, 48-year-old former exotic dancer, escort, and divorced mother, with one adult son. Given up by her biological mother at birth, Jo lived in several foster homes until she was permanently adopted at age seven. She never bonded with her adoptive family, which had several other children, and described herself as feeling like a piece of furniture in the house. At one point, Jo's mother informed her that she was worth \$700 per month in government benefits to the family. While there was no abuse or addiction in Jo's home, the emotional neglect she experienced left her feeling isolated and disconnected. Jo was both molested as a child and violently gang raped as an adult.

Interview. Jo reported that she was not close to her adoptive mother, whom she did not feel truly wanted her. She did get along with her adoptive father; however, whom she noted she could emotionally manipulate

JL: So, my first question is, do you feel that a history of sexual abuse has violated, contaminated, injured, broken or destroyed an essential part of yourself?

J: Yeah, all of the above.

JL: Okay. Tell me why?

J: I had nine years of therapy with Dr. B.

JL: Hm-hmm [affirmative].

J: Who is now retired. And my history with sexual abuse and rapes were led to a mental illness called Dysthymia.

JL: Sure.

J: And I am absolutely, I don't know the answers, but I just am incapable of loving.

JL: Hm-hmm [affirmative].

J: Like really incapable of loving. Like I'm just very . . .

JL: Are you?

J: . . . cold. Yeah, I think so, yeah.

JL: Do you have kids?

J: Yeah, I have one son.

JL: And what's your relationship with him like?

J: He was sexually abused. The babysitter that I had, and I was raped the same night that my son was abused.

JL: By the same perpetrator?

J: Yeah.

JL: Okay.

J: And my son was only 18 months old, so he went to live with his dad. So we don't have a close relationship either.

JL: Right, because he grew up elsewhere.

J: Yeah.

JL: Is it a cordial relationship?

J: Yeah, we talk to each other on Facebook. . . .

JL: And when you think about him, what are there any feelings that come up in terms of your relationship to him?

J: I wish it could have been something different.

JL: Yeah.

J: Although I'm—I accept the fact that it's not.

JL: Right.

J: Right.

JL: So is that a feeling of regret?

J: No, it's just acceptance of what's happened.

JL: It is what it is.

J: It is what it is . . .

JL: Okay, so not being able to love. Is it that you feel separate from other people?

J: Yeah.

JL: Yeah. Like they're in one place and you're in another place?

J: Yeah.

JL: Right. And there's a bridge, there's a chasm that you can't cross?

J: Yeah.

JL: I've heard that before in survivors. It's not uncommon. So, thinking back to, in your case, multiple incidents of sexual abuse over a long period of time. Do you remember how old you were roughly?

J: When it started?

JL: With the guy.

J: Eight.

JL: So eight to nine?

J: Eight to twelve because then there was another man who was one of my girlfriend's brothers.

JL: Hm-hmm [affirmative].

J: John and he. Yeah, I didn't even think he would do that, but he did. So, he took me in the back room and he started like feeling me up.

JL: Touching, feeling?

J: And he was, yeah, yeah, and then.

JL: And you're pretty sure there was also an earlier incident by some person you're just not even sure who it was because you were too little?

J: I was too little, but absolutely positive, yeah.

JL: Yeah.

J: Absolutely positive.

JL: Your body knows although . . .

J: Yeah, oh, yes.

JL: . . . your mind can't remember?

J: Yeah.

JL: Okay. So thinking about, because there's multiple incidents here. Is there a particular incident that stands out in your mind as one where you felt violated or contaminated or harmed? One particular assault? . . .

J: They all do.

JL: Okay. Do you want to pick one that we can talk about particular? What he did, what he made you do?

J: Oh, yeah, he just the older man.

JL: Hm-hmm [affirmative].

J: He.

JL: The man in the house?

J: Yeah. He, he was like always sweaty and just really unkempt and unclean and he wanted, he wanted head.

JL: He wanted oral sex?

J: Oral sex mostly.

JL: Oh, you can say that.

J: Okay.

JL: You wouldn't believe the things we talk about in this office [laughter].

J: And.

JL: So you were about eight or nine or ten at the time? Do you remember what age?

J: Eight.

JL: You were eight, so this was early, early in the sequence?

J: Yes.

JL: So he tried to put his penis in your mouth?

J: Yeah lots.

JL: Okay. Did he succeed?

J: Oh, yeah . . .

JL: Okay. And as a little kid, what are you feeling when you're in this guy's? Like where did the incident take place?

J: I was just in shock. Like I just figured this is what you're to do. I was so little.

JL: Well kids don't know, right?

J: I didn't know and I'm certainly. I certainly didn't expect this man of our block like to be like that . . .

JL: How do you think that this affected your life?

J: Totally affected my life.

JL: How do you think, tell me more?

J: I don't have relationships. My relationships don't work.

- JL: Okay. Do they end too soon? What happens in your relationships?
- J: I get involved with the wrong men.
- JL: Yeah.
- J: Hm-hmm [affirmative].
- JL: Sure.
- J: Yeah.
- JL: You don't have a role model for healthy manhood.
- J: Not really. No.
- JL: You do what you know.
- J: Yeah.
- JL: Hm-hmm [affirmative].
- J: Yeah.
- JL: Yeah. So, it also sounds like there's emotional bonding issues that you have with people?
- J: Yeah I don't bond with people.
- JL: Hm-hmm [affirmative]. What do you do with your little heart?
- J: Nothing, really.
- JL: Where have you put it?
- J: I don't know, it pumps blood.
- JL: But it doesn't do the other part, which is the feeling part?
- J: Hm-hmm [affirmative].
- JL: Hm-hmm [affirmative]. What do you do for a living right now?
- J: I'm going back to school.

JL: Okay. So you're going to be a student. Do you have any kind of professional training or what have you done in terms of professional . . .

J: I have 1 year psychology.

JL: You what?

J: One year psychology.

JL: Oh, okay.

J: Only one, it's minor.

JL: Okay. And in terms of work, what have you done for work in the last, I don't know how old you are?

J: Forty-eight.

JL: Okay. Did you work . . . did you work in the sex industry? Oh, that's fine. Several women, the women in the study did.

J: Yeah, I was a . . .

JL: Okay.

J: A stripper.

JL: Okay . . . Do you think that your sex work was a result of having a body that had been violated so early that may have reinforced this emotional distancing that you're already feeling?

J: Absolutely.

JL: Tell me more about that?

J: Well, I don't think if I wouldn't have went through what I went through, like because there was even more. Like I ended up getting kicked out of the house at 13 and I was on the street at 13.

JL: How come?

J: I called my mother a fucking bitch.

JL: Told her what you really thought.

J: Yeah, and then she told my dad and he slapped me and kicked me out of the house. But he says to this day his amend to me was that he thought I was going to come back.

JL: And you never did?

J: No, I never did.

JL: So what happened to at 13, where'd you go?

J: I ended up being on the streets here, just a runaway, I was just a runaway. And then I ended up meeting people and then selling drugs in knapsack and then. I ended up in Toronto and selling drugs from East to West, hitchhiking which meant I ran into a lot of truckers, which wanted things for rides, and . . .

JL: So that's when you started, not quite street level, but more survival sex?

J: Survival.

JL: And then that leads you into escorting?

J: Absolutely.

JL: And how long did you escort for?

J: I escorted, well I was in the industry for 18 years. I escorted for two years out of that 18.

JL: Mostly you were dancing?

J: Yeah.

JL: Do you think you could have done that if you weren't already frozen?

J: No.

JL: Right. So, there's something protective about being numb?

J: Absolutely . . .

JL: Hm-hmm [affirmative]. So, how else do you think that this abuse has affected you? Separated you from the world, what else has it done?

J: Well it's made me definitely feel like I'm not worth much.

JL: Right, right. What does it teach you?

J: I'm not worth much.

JL: Yeah. That you are without value?

J: Yeah.

JL: That, does it teach you that you are unlovable?

J: Absolutely.

JL: Hm-hmm [affirmative]. Okay, in your opinion, was the sexual abuse worse from the rejection from your family? Or was the family rejection worse than the sexual abuse, or were they the same level of pain?

J: Hmm. I never thought of it. I don't think there is a level of pain, I think it's just painful all the way around.

JL: Yeah. So, would it be, would it be that they are equally?

J: Yeah.

JL: Just as painful?

J: As . . . yeah.

JL: Yeah. So, out of the 12 women in the study, I'm sorry, I just realized I have another, another person coming in, so you're person number 11. So, of the 11 interviews I've done, nine of them have said the family betrayal was worse than being molested. And that, no

actually, eight of them have said that and three have said it was as bad as. So far nobody, which is interesting, has said that the family abandonment didn't matter.

J: Of course it matters.

JL: Of course it matters.

J: That's where it starts.

JL: You bet. You bet.

J: Yeah.

JL: Do you think if your family had been safe, if you had felt welcomed and loved, if they had believed you that things would have turned out different?

J: Absolutely.

JL: Tell me why?

J: Because I'm an awesome person.

JL: Hm-hmm [affirmative]. You know that here?

J: Yeah.

JL: You know that in your head?

J: Yeah, oh, yes.

JL: Do you know it in your guts, or is where you carry shame and your hurt in your guts?

J: I don't know yet . . .

JL: Okay. Tell me about as we're talking about this now, if you can, if you're able to, you might be able to. Access any sensations, feelings, thoughts or images related to the sexual abuse? What comes into your mind?

J: Hmm. Pretty scared.

JL: Yeah.

J: Sad after.

JL: You bet.

J: Very sad after.

JL: You bet.

J: I don't know if it was shame or if it was just feel sorry. I felt really, I felt really why me sort of thing.

JL: Hm-hmm [affirmative]. Confusion?

J: Yeah, as to why does this keep on happening.

JL: Where are they coming from?

J: All these sick people.

JL: They're coming out of the woodwork.

J: Yeah. And it interferes in my sexual pleasure.

JL: Sure.

J: Because I don't have any sexual pleasure at all.

JL: Yes.

J: I haven't yet . . .

JL: Was.

J: . . . to this day.

JL: Was that from before you got into . . . before you started working or did the sex work sort of exacerbate the injury?

J: Exacerbated it.

JL: Okay, so it started and just gotten, because the more sex becomes a commodity, when you're, when you're in the business, right? And so separating out sex for work and sex for love is very hard. It all gets all sort of snarled in together.

J: Yeah, I don't, I have not had sex with love ever.

JL: Okay. And that . . .

J: I can honestly say that.

JL: Do you think that that was the result of that initial violation early, early on in your life?

J: I would have to say there no other explanation for it.

JL: Okay.

J: Not from what I hear other women talk of, yeah, no. I would have to say, yeah.

JL: Yeah. It comes from back there somehow?

J: Hm-hmm [affirmative].

JL: Okay. In terms of your healing, do you think that you have fully healed from your sexual abuse experience?

J: No.

JL: How do you know?

J: Hmm. I'm not happy yet.

JL: Right.

J: That's the only answer I can give, I'm not happy yet.

JL: Yeah.

J: So no, I don't think so.

JL: Yeah. There's still something that is perhaps broken? Do you know what that something is?

J: My soul I think has been broken.

JL: Okay. So tell me about how—when I think of soul, I imagine the self as a bicycle wheel.

J: Hm-hmm [affirmative].

JL: And the public self is the outer ring, and the soul is the hub that holds it altogether. Does that work for you as . . .

J: That works for me.

JL: Okay. What is broken?

J: The whole damn thing.

JL: The whole damn thing?

J: The whole hub is broken.

JL: Yeah. I'm hearing this . . .

J: Cracks and cracks and cracks . . .

JL: I'm hearing this over and over.

J: . . . and cracks.

JL: So, do you think that the term soul loss resonates in terms in the depth of that injury?

J: Absolutely.

JL: Okay. What I've learned in the study, which I'm surprised at. So what I know about soul loss, is I used to think it was just a dot and everybody had a similar experience. You know, the soul is broken, how many ways can it be broken? It turns out there's a ton.

J: Hm-hmm [affirmative].

JL: So, what women have said to me, has ranged—it turns out it's a spectrum from soul wound where the soul is bleeding. Soul flight where the soul has actually run out of the body to a safe place. Soul dislocation where the soul has been ripped out of the body by somebody else, and the perpetrator has the soul in his cupboard in the basement. Soul fragmentation, where pieces of the soul have been broken off. So a part of the soul is still there, but there's big chunks of holes. And then there is when the soul is actually murdered. And that there is . . . it's not a cracked hub or a broken hub, the hub just ain't there.

J: Hm-hmm [affirmative].

JL: There's nothing there. It's just an empty hole. Where are you on that spectrum of injury?

J: Well I like the, I like the snatching, the soul snatching one.

JL: Right, where it was pulled out of you?

J: That would probably make sense to me.

JL: Okay. So it feels like you . . .

J: When I see the hub wheel I just see events right?

JL: Events?

J: Like events that have taken place?

JL: Yes.

J: Sexually, sexually?

JL: Right.

J: Events?

JL: Right.

J: So that's why I mean it's like when I picture the wheel, it's cracked like that.

JL: Yeah.

J: It's how I picture it.

JL: So, when you vibe it, it feels like pieces have been torn away? Is there still anything in the hub?

J: I don't think so.

JL: The whole thing is gone?

J: I'm pretty sure.

JL: Okay. Has it died completely?

J: No.

JL: Okay, it's just elsewhere, it's other? So the mission is to reclaim it, not to resurrect it as some people feel they have to do?

J: Reclaiming it would probably be the best way to go.

Mandalas. The storyteller mandala (by Jo) and the witness mandala (by me) are shown in Figures 7 and 8. Both Jo's and my mandalas focused on having something taken away.

J: This is all the colors like that's been taken from me . . . And this is the soul now. This is how it used to be . . . Because all the lightness was taken. The hand is everyone's hand that's touched me.

JL: What I found most striking was this idea that it was like a fish hook. So I didn't use a hand, I used a fishhook. Had sort of reached right into the core and hooked it and just yanked it (soul) out . . . It went all the way through the defense system grabbed that inner self and tore it.

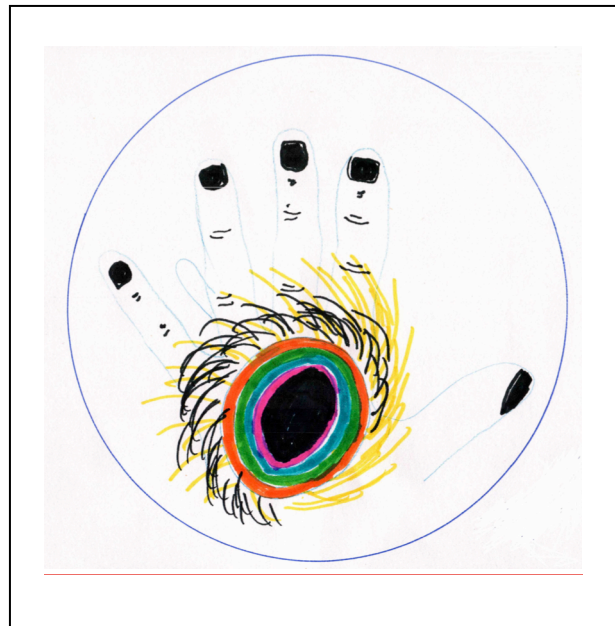


Figure 7. Jo's mandala.



Figure 8. Jacqui's mandala (as witness to Jo's story).

Blanche's story. Blanche is a 52-year-old, White, mother of seven currently residing on a farm in rural Alberta. She was physically assaulted by her first husband prior to marriage and then endured years of mental cruelty from him until they divorced. Blanche eventually remarried and is still with her second husband. She has an extensive history of sexual violation starting with her great uncle when she was four or five years old. Blanche was subsequently molested by a female and a male cousin between the ages of 8 and 10 and then raped at ages 14 and 17 by two additional perpetrators. Although she disclosed the CSA to her parents, she was not believed. Blanche subsequently re-enacted her abuse by offending against her siblings. She struggled with mental-health issues throughout her life and was eventually both physically and emotionally abusive to her children.

Interview. Blanche reported that her CSA experience left her deeply injured. However, she regarded her family's failure to support her disclosure as more damaging than the molestation itself.

JL: So just to start, do you have a history of sexual abuse, or do you feel that a history of sexual abuse has violated, contaminated, injured, broken, or destroyed an essential part of yourself?

B: All of the above.

JL: Okay. Please describe. In what way?

B: Um, violation.

JL: Tell me a bit about your background. Who the perpetrator was.

B: Okay. Well, violation would be physical violation, including rape, molestation, and . . .

JL: How long a period of molestation?

B: Well, it was with different people. So we're starting at five years old from a great uncle, which was—and then about eight or nine years old from a female cousin, who was four or five years older. And then just shortly after that was a male cousin, which would have been another, probably your sexual rape. Like . . .

JL: Intercourse?

B: Yep. But that is blocked. Then 14 to 16, a year and a half when I was groomed by older men, you know, until I was about 16. And then sexual intercourse. That was the age of consent at the time. The older man being 19 and me being 14. So there was that age group, but that was his purpose. And then it was a date rape at 17 from a fellow I was dating, which I didn't want to sleep with, but I got really drunk that night. And then I remember that . . .

JL: So when you think about, given that there are so many incidents. So you had multiple perpetrators and you had multiple assaults. Some of them were greater severity than others typically. So when you think about the assaults, does one, is there one that stands out in your mind as most distressing, most harmful? Typically with the people that I've interviewed so far, they immediately have an image of what they would consider to be one of the most violating assaults. Is there, in childhood. Not in later life. Because many of the people in the study also have sexual trauma in adulthood. But the focus is right now for childhood. So is there one that stands out for you? A particular perpetrator, a particular incident?

B: Two things. The one with the longest ramifications—not with that person, but with my family. I guess they didn't believe me—was the cousin, who was 15 and I would have been eight or nine.

JL: Okay. The male cousin. Not the female cousin.

B: The male cousin. That has the most years of trauma because of the disbelief of my parents and the refusal, the denial of it of myself. And then the total not even acknowledging it of my family.

JL: So in your estimation, because I do want to talk about a particular incident. But in your estimation, how harming was the family's lack of support?

B: 100%.

JL: Would you say it was more or less harming than the actual assault?

B: More.

JL: Uh-huh. I hear that a lot. So many people in this study have actually said that it was the family's abandonment, not the actual sexual assault that was the most injurious.

B: Yes.

JL: Can you tell me a bit about that?

B: Well, I can. The other, the two of them that stand out. Like you say, there's one. That one for that reason. Because that assault I can't fully remember. What I do remember was acting it out on my sisters. Okay? So I stripped my sisters naked and I did the things to them that he did to me. So that's as far as that mind goes. But the other one, the 17-year-old date rape was where I gave up. Okay? So when I was in with my own psychologist, I gave up trying to be good. I gave up thinking that I was. So there's two different things that happened there. As you, an answer to your question.

JL: In terms of sexual abuse incidences in childhood prior to the age of consent, is there any other assault that stands out in your mind? Or does it all just?

B: Yeah, they're all . . .

JL: Fold into one another.

B: Yeah. They all fold into one. But I guess the one where the family did not believe me would have caused the most trauma. The other ones I can deal with.

JL: Okay. How did you, how do you think that your experience of child sexual abuse affected your life and the person that you became?

B: Well, that's, it took away who I was. You know? Typically we can, I think we can remember who we are before the abuse started.

JL: Do you remember? Because yours started very early.

B: Well, that one, I was very young. And so the fear started then. The fear. Because I've always been very brave. And I've had to figure things out on my own. Okay? So I had abandonment from my own mother and father from before that. I had no emotional connection with my mother. You know, God bless her. She is who she is. But unfortunately, I've had to figure things out on my own.

JL: Was there abuse or neglect in that family?

B: Just neglect.

JL: Neglect. So they were otherwise engaged.

B: And rejection. Rejection. Yeah.

JL: Because of their own mental-health issues? Or because they were working too hard to busy all the time?

B: No. They were farmers. I was raised on a farm. But I rocked the boat with the abuse. I messed up the system. The family equilibrium. And there's favoritism with other sisters who pander to them, who do everything that they want it the way that they do. And I've never wanted that for my kids. I want them to live their life. I'm a Christian, a Roman Catholic. I want

them to live their lives, not pander to me. So because I didn't fit into that. But anyway, going back to your question. I'm sorry. I forgot it again. You asked about?

JL: So in, how, how did the experience affect you?

B: Oh, yeah. Well, the, when you say like your whole life, fear. The fear started. So just to give you an example, my marriage was abusive. I met a man who didn't treat me well. In fact, who hit me before I married him, which I just assumed was okay.

JL: How things were done.

B: In 1983. I married him in [19]85.

JL: Was there battery between your parents? Did your father ever hit your mother?

B: No.

JL: Okay. So you had not seen that before, but somehow it was okay?

B: No. It was, I didn't. Yeah. I just thought that's how I should be treated. I didn't deserve any. I didn't deserve any more. So when I, the thing was, I'm a lab and x-ray tech from [19]78. For my 30-year high school reunion, I got together with those girls who were, prior to that man, who were in my life and who I was before I married that man. And it was tremendous healing to go back to those relationships who were, who were healthy, and who were good.

JL: And re-remember.

B: And be who I was. They reflected and reciprocated back to me who I was before I married this abusive man. You see? Because by the end of the marriage, 21 years, I was, I was destroyed. And so there you go. You go back a little bit. And then relationships can be restored. But, yeah . . . that's where the fear started. So that was a big thing. I had to overcome a lot of fears.

JL: So fear. And it sounds also like low self-esteem. Like you entering into the marriage where you being injured—and I assume that the abuse continued throughout the 21 years?

B: Just, not physical abuse, but mental cruelty and financial and religious abuse.

JL: All kinds of stuff.

B: You know? He wasn't Catholic and he, that sort of thing. But . . .

JL: And, and you didn't, it sounds like you didn't feel that you deserved better. Is that true?

B: Yeah, like I don't like the term self-esteem. You know? It's almost like you can get a mark for it in school now, but it's not something you can give anybody. They have to earn it. I would say, I suffered from severe emotional deprivation is what I was told in the diagnosis, and abandonment syndrome, attachment syndrome. . . . I don't have, I didn't have any sense of value or worth. I put myself through physically demanding things. I never really took pleasure in life. Legitimate pleasures in life. I never allowed myself that.

JL: You hadn't stopped and smelled the roses along the way.

B: No. I had to really learn that. I had to really learn to appreciate, to enjoy things just for their own good, their own sake, other than always working or doing things. I had a problem with codependency, too . . . So?

JL: Sure. Okay. So thinking of the incident, the injury that you've been, the incident that stands out for you is the one where you weren't believed. Thinking back to that, the actual incident and then the aftermath, so just to clarify. So when you re-enacted with your sisters, did you tell the family? Did they tell the family?

B: They told the family.

JL: They told. And that's how the family found out what was going on.

B: Yeah. My other, one of my sisters told my parents what Jack had done. And my parents—well, they kicked him out.

JL: So your sisters knew, even though you didn't remember all the details. And then your sister also told that you had performed on them.

B: Yep.

JL: Okay. And your parents say what to all this?

B: Yeah. Yeah. There was a big blow up in the kitchen. My mother wanted to call the police.

JL: Against Jack?

B: Yep. The reason he was there was my aunt had been widowed and she had three kids. And she couldn't handle him. So she asked my dad to take him in. They put a temporary bedroom for him downstairs.

JL: Right . . . never imagining that he would offend.

B: I don't know. And they, they refuse to talk about any of that. I'm sure they knew what my Uncle Leo was doing and, and I'm sure they knew what my cousin had done. But nobody . . .

JL: What makes you think they knew?

B: There were others.

JL: There were other incidents or other people who were?

B: My cousins. Yeah. There was a hired hand on their farm that abused those girls, and that's where I was almost abused again. She tried to get me into the hired hand, the bunk shed, they called it.

JL: So it's not like people didn't know this was going on.

B: Yeah. It's typical of that generation. It's just all kept hush hush and nobody deals with it. But the child bears that terrible guilt, and that's what I always remember that it was my fault. And I know what Jack did through counseling and stuff. I know he said your mom will never, they'll never believe you and they won't love you anymore.

JL: Right . . . of course.

B: And that's, that's what happened there.

JL: And they didn't believe you.

B: No.

JL: He was correct in that particular incident. Do they believe you now?

B: No. No.

JL: Still?

B: They still refuse to admit that . . . I think it's their own blind, their own guilt. They refuse to admit. Because they carried on a relationship with him. You know?

JL: Even though your mother wanted to call the police initially.

B: Yep. Initially she did. He was kicked out. And they went fishing with him every June to his fishing lodge in Northwest Territories. So while he was, had been fucking me, they were fishing with him. That's how I make that comparison. And they went fishing with him when he was an adult and kept a relationship. He kept up a good relationship. And my dad always, you know, liked Jack and, you know, they always talked about him. And it was just like, "Now, don't you dare say anything against him."

JL: Right. How many incidences of sexual assault did you experience with Jack?

B: I don't know. I've yet to get those answers. I need to know how long he was there. I have yet to confront him and my Aunt Evelyn. They live in Evington and I have yet to do that, but I'm very close to doing that.

JL: Yeah. But your feeling is that it was more than once.

B: Oh, yeah.

JL: Okay.

B: Yeah.

JL: Okay. So thinking about that piece of your abuse history, what sensations, feelings, thoughts or images come up for you now as you're remembering? What are you feeling in this moment?

B: Well . . . I'm . . . rage. Rage. It's still in me. A lot of anger has disappeared through therapy. But every once in a while something will trigger it. It's usually a lack of respect. It could be anything—someone who doesn't respect me. And it flares up.

JL: Sure.

B: And, whoa. You know? Where did that come from? The raging. And then I can figure it out and get a grip on it. But . . .

JL: Yeah. So now you're feeling rage. Do you have any thoughts or images that are associated now with this?

B: Well, the same from acting out on my sisters. That's the number one image that comes to mind, because I went to great, elaborate plans, probably the same as he did. Put curtains around the bunk beds and to lure them down there and to, you know, take their clothes off and do all the things to them. So very elaborate. Now two of them, only two of them—I have four sisters. I'm the oldest of five girls and one boy. I'm the oldest and he's the youngest. So I

did a little bit of acting out on David, the boy, but not much. So the shame around acting out it and being guilty of that again, you see, compounded that. And further rejection of my mother. And also in my nightmares, I'm sometimes the man. I'm raping a woman.

JL: Yeah. Yeah.

B: And sometimes I'm the woman. And so there's, that goes back and forth. But I haven't had that for a long time . . .

JL: Okay. So do you believe that you have fully healed from this experience?

B: No. No.

JL: Describe.

B: A lot of it has. There's collateral damage in my children because I hurt them.

JL: How?

B: Physically and emotionally.

JL: Do you feel you were physically abusive?

B: I was . . . from the anger and the rage. Again, at my mother. My mother was very critical of me all my life. And did not respect me. So as an example, I had six children in 7½ years. Didn't receive any help from her to come and stay or anything like that. And so I would get off the phone with her on the phone, and she would typically dump on me. That was her pattern. She would dump her problems or her anger. Or she would find fault with me, okay. And then I'd get off the phone and go and yell at the kids or slap them around or . . .

JL: So it rolled, it rolled downhill.

B: So abuse. And so I would, you know, my one son, I think he was probably seven, maybe five to seven. Somewhere in there. The oldest. I got so mad at him I threw him down to the floor and he had a bloody nose. And my daughter, who's 25 now, I grabbed her by the neck

and pushed her against the wall and choked her. You know? So these, that's all collateral damage that I have unfortunately caused . . .

JL: In your estimation, how was your soul, that core self affected by your sexual abuse history? The deepest part of you?

B: I didn't come to understand it until I read *Theology of the Body* by the great Pope John Paul II. And it's actually a real, good study on the effect of this type of abuse on the person, because my soul is invisible to people. But my body is who I am. And so the sexual abuse destroys who I am because the boundaries are gone. Boundaries, I had no boundaries after that. And the soul or the person, the person has to remake themselves.

JL: Right. So did the abuse, if we think of the abuse as a ballistic missile, did it get all the way into the core of you? Did it hurt you at the soul level?

B: Yes.

JL: In what way?

B: Well, a depth of pain that is, that is so deep. For one thing, it never goes away. We cover it up with alcohol, which is what I did. I experimented with some drugs. I experimented with all kinds of distractions. Promiscuity, I guess. I think the sexual abuse, the physical violation of a woman's body, we try to get it back by having more men. You know? Which . . . makes it worse. But we try to validate who we are by more sexual promiscuity. So it's twisted.

JL: So in this context, so the reason I'm doing this study is because one of the critiques I have as a trauma specialist of the research that we do, is we focused, so far, only on the mind . . . so, cognitive distortions. And we focus on the feeling, grief work. And if you're really out there as a therapist, you might do body work. The sort of alterations to the nervous

system, because the fight-flight response works too hard in survivors, because they're always looking out for danger. Like there's a pedophile under every tree.

B: Yes.

JL: But one of the things, in my opinion, that literature does not do well is address the spiritual level of the injury. So does the term "soul loss" resonate in terms of your soul injury as you've just described it? Or is there a better term that describes what happened at the soul level for you in this trauma?

B: Yeah. There's loss there. But the soul is never lost . . .

B: That it leaks and leaks and leaks. And it bleeds and bleeds and bleeds. And the anesthetic of whatever people choose, however their addictions—because the mind, of course, addictions.

JL: One of the things that I'm learning in this study—the term "soul loss" actually comes from the anthropology world. And there's a whole body of literature in anthropology that talks about soul loss. And before I began the study, I thought of soul loss as a dot. And I'm learning that it's actually a line. It's a continuum. And so other participants have said that soul, the term soul loss does not resonate. What resonates is soul murder. One person has said "soul flight."

B: I would agree with murder.

JL: Murder. So in your case . . . what I want to know in terms of your injury is where are you on the spectrum? . . . Is it soul wound, soul flight, soul dislocation, soul murder, soul annihilation? Does any of that feel true in terms of your deepest knowing?

B: Well, I would say it starts with the wound. And in my case, because maybe a child who just has one incident, and it's a wound. But when it's spread out over time and it's

different people, by the time I got to 17, I gave up. It was crushed then. But with the abuse of marriage, it was annihilated. So on that continuum, there's different spots where it can happen.

JL: So slowly but . . . and one person . . .

B: And I am experiencing a resurrection.

JL: Uh-huh. So it really was a fundamental dying of the deepest part of you.

B: Yep. Yep.

JL: Okay, over time.

B: Over time. And it depends, I would say, on, like, the type of abuse, how long it, you know, if it's once or 10 times or however that is. There is a, yeah. But at this time in my life, the wound is still there, not because of the abuse, but because of my parents and my family's unbelief. So the wound is still, you know, it's bleeding and stuff. But as far as the soul, there's a resurrection coming.

Mandalas. The storyteller mandala (by Blanche) and the witness mandala (by me) are shown in Figures 9 and 10. Blanche and I debriefed on the themes contained within our drawings.

B: I have a core being that's very private . . . a shield . . . that's my safety . . . and I guess that's the emptiness in my family. Like I feel there's such a missing part of my life with my sisters and mom and dad . . . It's very fragile there for sure. So I have to be very guarded . . . That's my, my pain. The red, that's blood . . . The yellow is my faith. My hope.

JL: What struck me most about your story is a very powerful image of two hands crushing the light, crushing the light . . . if this was the "hub of the wheel" that is your soul, I would want all of this to be filled with yellow. But it's not filled with yellow because the hands have sort of smooshed it down and down and down and down.



Figure 9. Blanche's mandala.



Figure 10. Jacqui's mandala (as witness to Blanche's story).

Katnis' story. Katnis is a White, 51-year-old, separated mother with three adult children. Her father was a minister and community leader and she described herself as a *good kid* who did not cause trouble. Katnis' brother was her primary perpetrator. At one point, during the period he was offending against her, Katnis' brother told their parents she was sexually active with men she was meeting. Katnis reported that her parents believed this unfounded allegation. In addition to the sexual assaults by her brother, Katnis was raped as a teenager by other perpetrators. These assaults had an extensive impact on her psychological well-being.

Interview. Katnis was both sexually abused by her only sibling and emotionally neglected by her parents. During our interview, she noted that her parents' failure to protect her from her brother was as damaging as the CSA itself.

JL: So question number one—do you feel that a history of sexual abuse has violated, contaminated, injured, broken, or destroyed an essential part of you?

K: Yes.

JL: Tell me why.

K: It effects . . . (long pause) . . . loving somebody else.

JL: Mm-hmm.

K: And . . .

JL: You mean romantically or sexually?

K: Both.

JL: Okay. Mm-hmm.

K: And . . . also inwards where . . . you don't feel that you're you. Like there's always a part of you missing.

JL: Mm-hmm. Mm-hmm. A deep part.

K: Yeah.

JL: Okay. Is there any part of you that was not affected by this abuse?

K: No.

JL: So all—full, right throughout the system.

K: Throughout. Yeah.

JL: Can you tell me briefly . . . who was your offender, what happened, and what was going on in the family—or family of origin?

K: I had different abusers.

JL: So multiple perpetrators?

K: Yes.

JL: Mm-hmm.

K: One was my brother.

JL: Mm-hmm.

K: (Long pause) . . . and it . . . affects our relationship to this day.

JL: He's still in your life?

K: Yeah.

JL: Okay. And was he a multiple—? Was the perpetration multiple times with him?

K: Yes.

JL: Okay. And what happened?

K: It started when I was real young—

JL: Yeah.

K: And . . . I guess to cut down on costs . . . my mom and dad put us in the same bedroom.

JL: Uh-huh.

K: And . . . I guess it started when my brother was trying to smother me with the pillow.

JL: Why was—? Were you having a fight?

K: He wanted to do things to me and I didn't want him to.

JL: Okay.

K: And he just . . . that's the way it ended up. It just . . . and he was . . . trying to get underneath my nightclothes.

JL: Mm-hmm.

K: And . . . (long pause) . . . I guess his . . . can I say the "P word?"

JL: Mm-hmm. Oh, yes.

K: I could say it. Okay . . . he was trying to get his penis in me.

JL: Mm-hmm.

K: And it was small (chuckles). So . . .

JL: His penis was small?

K: Yep.

JL: Okay.

K: So it didn't really do very much—

JL: Mm-hmm.

K: But, just the thought . . .

JL: Mm-hmm.

K: You know?

JL: Mm-hmm.

K: Like . . . another time when I was . . . sleeping . . .

JL: Mm-hmm.

K: Um, I woke up and he was in my bed.

JL: Mm-hmm.

K: And . . . he wanted me to . . . do things with his . . . private parts. His penis.

JL: Mm-hmm. He wanted you to touch him—?

K: Yeah.

JL: Or to—? Okay, physically touch?

K: Yeah.

JL: So was there oral sex involved?

K: Yeah.

JL: Okay. You performing—?

K: And . . .

JL: On him and . . .

K: Yup.

JL: Him on you? Both?

K: No. Just him . . . he wanted me to do oral sex on . . .

JL: On him.

K: On him.

JL: Okay.

K: And . . . it . . . (long pause) . . . I kept on wetting the bed until I was...really old.

JL: Mm-hmm.

K: Old and, you know? Like . . . I just—I couldn't help it.

JL: Mm-hmm.

K: And it would be during the night . . .

JL: When he'd be crawling in?

K: Yeah. I just . . . I couldn't . . . I couldn't stop . . . I couldn't fight him off because he was older than me.

JL: How much older?

K: Two years.

JL: Okay. And he would put his penis in your mouth?

K: Yes.

JL: Mm-hmm. And was there rape? Did he try to put his—again, later on—his penis in your vagina?

K: Yes.

JL: And he succeeded?

K: Yes.

JL: Okay. And so did your parents ever find out?

K: One day when, um, my parents were out—this was when I was older—um, he was chasing me around the house. And he ripped the phone off the wall after I notified one of my friends . . . I told her—I gave her the number, and I asked her to phone him—or phone my parents—and ask them to come home right away, immediately; that there was trouble. And . . . I found out at a later date that she had done that. Like, she had phoned my parents.

JL: Mm-hmm.

K: But my parents didn't come home until a lot—a lot later.

JL: So they were told trouble was at home and they didn't come anyway?

K: No.

JL: And what happened to you that day when they didn't come for you?

K: My brother chased me around . . . the townhouse. From top to bottom.

And, I was on—I was in the basement. And I was on the freezer. And I grabbed anything and everything that I could to fight him off with. To hit him, to . . .

JL: Mm-hmm. Mm-hmm.

K: Just . . . poke him with. To . . . do whatever I could.

JL: Mm-hmm.

K: You know? So that he'd stop.

JL: Mm-hmm.

K: Hurting me.

JL: Mm-hmm.

K: You know?

JL: Mm-hmm.

K: And so . . . in the struggles, like chasing around the house, I got my clothes ripped.

JL: Mm-hmm.

K: And torn. I . . . (long pause) . . . I was trying to hide.

JL: Mm-hmm.

K: Behind things.

JL: Mm-hmm.

K: Trying to go the other way. When he would go one way . . .

JL: Mm-hmm.

K: I'd go another . . . I tried to go outside.

JL: Mm-hmm.

K: And . . . that became not an option.

JL: Mm-hmm.

K: Or out a window even.

JL: Mm-hmm.

K: I was thinking about breaking the window and . . . and then, I don't know, I decided not to I guess. Just . . . and . . . I went upstairs because I knew my parents had a lock on their door.

JL: Mm-hmm.

K: On their . . . bedroom door. So I went up. I went up there, and before I got the door closed . . . he barreled in. And he had sex with me on the bed.

JL: He raped you?

K: Yes.

JL: Mm-hmm.

K: I kept on telling him to stop, to stop. It hurts, it hurts. And . . .

JL: And he didn't stop?

K: No.

JL: And your parents did not come back for a very long time, even though you called for help?

K: Yes.

JL: And what did that feel like? That they didn't come for you?

K: Betrayal . . . I guess I got really fed up, and I told my mom and dad.

JL: Mm-hmm.

K: What happened with my brother.

JL: Mm-hmm.

K: And all the incidences. I went from the time I remember to . . . the time that I left.

JL: Mm-hmm.

K: And . . . they said, "Oh, he's . . . he's hurt. He's . . . he won't do it again. He won't." And I mean, I remember exactly where I was standing, I remember exactly where my mom and dad were standing . . .

JL: Mm-hmm.

K: And, I couldn't . . . I couldn't believe it. I couldn't believe what was coming out of their mouths.

JL: So their only reply was he won't do it again?

K: Yeah.

JL: And you understood . . .

K: It kept on.

JL: And you understood that to mean what?

K: That they were going to talk to him. They were going to, you know, make sure that . . . I was safe.

JL: Mm-hmm.

K: Um . . . that he wouldn't do it again.

JL: So they believed you?

K: So . . . I don't . . . I have no idea.

JL: Hm.

K: You know? Because it happened again.

JL: Oh, it did happen again even though they talked to him?

K: Yeah, and . . .

JL: Another rape?

K: Yeah. And I knew . . . at this point, I knew . . . (long pause) . . . I knew there was rifles in the house . . . Yeah, and . . . I was so distraught . . . so out of my mind . . . I thought about using them on my brother.

JL: You considered murder?

K: Well, I mean . . . I didn't know what he was capable of . . . of doing.

JL: Mm-hmm.

K: You know? He just kept on hurting me

JL: Mm-hmm.

K: And hurting me.

JL: Mm-hmm.

K: And . . . it wasn't stopping. It wasn't—like, no matter what I said—

JL: Mm-hmm.

K: To my mom and dad. It's like . . . it was like he was a puppy dog or something.

“*Ohhh . . .*” you know?

JL: Right. So did . . . your parents look angry or shocked on your behalf? or . . .

K: No.

JL: Outraged?

K: No.

JL: So is that what you couldn't believe?

K: No . . . they were calm. They were just . . . like . . . it was just . . . you know, somebody came over and had coffee with them . . .

JL: How do you think this experience of being abused by your brother affected your life?

K: It affected my . . . my (choked up) marriage.

JL: Mm-hmm. In what way?

K: Sexually. Like . . . just brings back memories.

JL: Sure, of course.

K: (Choked up) . . . and I'm not with my husband right now.

JL: Mm-hmm.

K: Because of it.

JL: Mm-hmm. How else has it affected you?

K: (Crying lightly) Just having relationships . . . with guys.

JL: Mm-hmm.

K: Like, just friendships.

JL: So it affected your sexuality, but it also affected you emotionally?

K: Yes.

JL: In what way?

K: Um . . . wondering what more . . . what more did they want from me?

JL: Mm-hmm. Mm-hmm.

K: Um . . .

JL: So trust?

K: Trust.

JL: It damaged your ability to trust?

K: Yeah . . . also the, like, ability to create . . . I'm very artistic.

JL: Mm-hmm.

K: But . . . (long pause while crying) . . . Sorry.

JL: It's okay.

K: Thank you.

JL: You're welcome.

K: (Long pause) I guess not being able to . . . create things, like paintings.

I love to paint.

JL: Mm-hmm.

K: I just . . . feel like I'm not worth . . . the mud on somebody's shoe.

JL: Mmm. Mmm. So it affected your self-worth? Your sense of self-worth?

K: Yup.

JL: Yeah. That's huge.

K: (Sighs heavily).

JL: That's huge.

K: I remember one time . . . after my brother got married . . . or actually before he got married, I took his wife-to-be in the basement, and she was doing laundry.

JL: Mm-hmm.

K: And I took her aside, and I told her what happened to me.

JL: Mm-hmm.

K: I didn't really say anything . . . not too much . . . then after . . . after she was married to my brother, she took me aside . . . and she said, "Do you remember the time that we talked in the basement before I married your brother?" . . . and I said, "Oh, yes."

JL: Mm-hmm.

K: She looked me straight in the eye (whispers) and she said, "I believe you."

JL: Mmm.

K: "I believe you."

JL: Mm-hmm. Mm-hmm. How did that feel to be believed?

K: Relieved.

JL: Yeah.

K: Really good.

JL: Yeah. Do you feel shame in relation to what was done to you?

K: (Long pause) . . . I don't know.

JL: Okay.

K: I'd imagine so.

JL: Well the image of this mud on somebody's shoe is very powerful. And I wonder if . . . shame causes you to feel like the mud on somebody's shoe?

K: Probably.

JL: Okay. When you think about this whole situation what, if any, sensations in your body or feelings, thoughts, or images come up for you right now?

K: (Long pause) . . . the images of . . . being raped.

JL: Mm-hmm. Pop into your head?

K: Yes.

JL: And are there feelings or sensations that go with that?

K: Sometimes.

JL: Mm-hmm.

K: Sometimes it's . . . I feel like I'm right there in the same room.

JL: Mm-hmm.

K: You know? In the same place.

JL: Mm-hmm.

K: That I was when I was . . . when I was raped.

JL: It's a flashback?

K: Yep.

JL: And now, as you're talking about it, what's the feeling that comes up?

K: (Long pause) . . . Anxiety.

JL: Mm-hmm. That makes sense to me.

K: Like not feeling . . . appreciated or . . . like the self-worth.

JL: Yeah. Is very low?

K: Very.

JL: Does it exist at all? Or is it non-existent? Your self-worth?

K: I'm . . . (long pause) . . . I'd like to say that there is some.

JL: Mm-hmm.

K: But I have good days and I have bad days.

JL: Absolutely.

K: (Very choked up) . . . and then I got really bad days.

JL: Mm-hmm.

K: Where it just takes over my mind, and it . . .

JL: Mm-hmm.

K: I feel like I'm in another world.

JL: Mm-hmm.

K: Another planet.

JL: Mm-hmm.

K: I can't remember things . . .

JL: Mm-hmm.

K: I want to yell and scream . . .

JL: Mm-hmm.

K: Um . . . (long pause while crying).

JL: So it ebbs and flows for you? Some days are better than others?

K: Yeah.

JL: Do you feel that you have fully healed . . .

K: No.

JL: From this experience?

K: No.

JL: Tell me why . . . (Silence) . . . Why not?

K: Because I still have . . . memories . . . (long pause) . . . and the feelings that come with it. And they overpower me.

JL: Right.

K: And I think if I was healed, you know, that . . . (long pause) . . . I'd look at it as an experience that I had.

JL: Mm-hmm.

K: And . . . but I could still live with . . .

JL: Like something behind you almost?

K: Yes. Yes.

JL: But instead, what happens?

K: It overpowers. It just . . . it takes over your life.

JL: Mm-hmm. Mm-hmm.

K: It just does. (Crying)

JL: Your whole life. What takes over?

K: (Takes a deep breath) . . . the images.

JL: Yup. The memories?

K: Yeah.

JL: Mm-hmm.

K: Memories . . . sometimes what they say . . . you know? What they said to me when they were doing things to me.

JL: Mm-hmm.

K: (Long pause with deep breath) . . . Just so many things.

JL: Mm-hmm. Crowd in. They just crowd into your mind. Yeah. When you think of everything that you're talking about, how do you understand soul in the context of your trauma? How did your trauma affect your soul?

K: It ate my soul.

JL: It ate your soul? Tell me about that.

K: (Long pause) It's like . . . you can see something, like, in front of you . . .

JL: Mm-hmm.

K: Right? Let's take a heart . . .

JL: Mm-hmm.

K: Okay? Because it's almost like what it is. You know? You picture . . . you have a heart in front of you, right? And . . . pieces of it are torn or ripped.

JL: Mm-hmm.

K: Or blasted, or . . .

JL: Mm-hmm.

K: Until there's nothing left.

JL: Mm-hmm. Shredded even?

K: Yeah.

JL: Mm-hmm. And so does the term "soul loss" resonate for you?

K: Yeah.

JL: In terms of your injury? Soul loss?

K: Yeah. And I've been to, um, the college psychiatrist . . .

JL: Mm-hmm.

K: Just . . . my . . . regular GP.

JL: Mm-hmm.

K: I went to . . . the sexual assault center.

JL: Mm-hmm.

K: I had a very bad, um, thing with them.

JL: Mm-hmm.

K: And I never went back.

JL: Mm-hmm.

K: It just . . . seemed like I went on and on to find peace . . .

JL: Mm-hmm.

K: To find comfort . . .

JL: Mm-hmm.

K: To find . . . something.

JL: Mm-hmm. Mm-hmm. So the image that I have of soul versus self, if the self is like a bicycle wheel, and the soul is the hub.

K: Yeah.

JL: Does that work for you in terms of . . .

K: Yeah.

JL: Soul as core? So right now, if we're thinking of this idea of the hub . . . What is the state of the hub within you today? Like, is it absent totally? Are there pieces hanging on? Is it empty in there? What is the state of your soul loss?

K: Well that nut, or that . . .

JL: Hub.

K: Hub. Like, that's totally gone.

JL: Ah-ha.

K: And there's spokes, I guess, going every which way—

JL: Just sort of waffling—right.

K: Some are missing.

JL: Makes sense. So one of the people in this study said she . . . she said it was more than soul loss, it was soul murder.

K: Yes. Exactly.

JL: Ah-ha.

K: Bingo. Yup.

JL: Soul murder. And so healing, in that case, requires actual resurrection.

The bringing back to life that which has died. Is that the depth?

K: If you can't find it, how . . . ?

JL: Yeah. Is that the depth of your injury?

K: Yeah.

JL: Do you believe your soul has died?

K: Yes.

Mandalas. The storyteller mandala (by Katnis) and the witness mandala (by me) are shown in Figures 11 and 12. Katnis and I discussed the themes expressed within our mandalas.

K: It's a bullet blast . . . with bleeding hearts . . . To show it this way, you've got to show the line of the bullet going . . . in here (points to heart).

JL: What I'm most aware of in our discussion is the idea of soul murder. That a fundamental element of the self, the architecture of the self, was slain and has not yet been resurrected . . . I also heard you talk about your creative gifts . . . So it seemed important to me to acknowledge the death, but also to acknowledge that creativity, in its very definition, is life-giving.

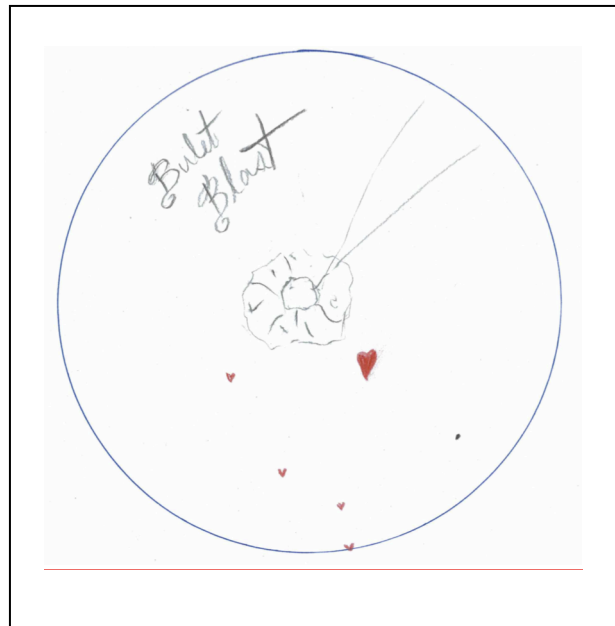


Figure 11. Katnis' mandala.



Figure 12. Jacqui's mandala (as witness to Katnis' story).

Suzy's story. Suzy is a 40-year-old Metis widow, former sex worker, drug user, and mother of three adult children. In the past, she also worked as an aide to senior citizens. Suzy's parents were alcoholics and her brother was her offender. Although she got along well with her father, her relationship with her mother was emotionally strained. Suzy described life in her family of origin as chaotic because her parents and siblings were all chronic substances abusers.

Interview. As a child, Suzy felt deeply isolated within her family. For this reason, she spent most of her time visiting other people's homes in an effort to find a safe place.

JL: Okay. So let's move on to question number one for the study: Do you feel that a history of sexual abuse has violated, contaminated, injured, broken, or destroyed an essential part of you?

S: I would say all of them.

JL: Okay.

S: Because after . . .

JL: Tell me.

S: After the fact, I just basically didn't really care about myself. You know, it was—I was very promiscuous, obviously, you know. So it was easier for me to sleep with a guy and just kind of walk away from it afterwards and—instead of, like, actually dealing with my problems growing up.

JL: Were you looking for love, or did you just think your body wasn't valuable?

S: I don't think I was very valuable.

JL: A-ha.

S: Yeah.

JL: So you didn't really care one way or the other?

S: No, I didn't care one way or another. It was just like I'd go to a party or I'd go hang out with friends; and if they had a cute cousin, well, 99% of the time I slept with that cute cousin.

JL: Yeah.

S: You know? Or just like parties, I would—it was guaranteed that I was sleeping with somebody. So it was constants.

JL: Do you think that you were re-enacting something, as opposed to looking for love? I mean, why sleep with anybody at all? Why not just go home and—like, what was the get? Did it give you power? Did you feel desired? Did it . . .

S: Yeah, because it was . . .

JL: Attention?

S: I think it was the desire, because it was more or less a simple fact that I knew I was being noticed.

JL: Right. Where, at home . . .

S: I wasn't.

JL: Right. . . . So it's the—somehow, promiscuity, whatever, sleeping with people, having sex with people, offering your body to people allowed you to become visible; where in other parts of your life you were totally invisible.

S: Yeah.

JL: Right? Like you . . .

S: Totally, completely.

JL: Who knew it if you came or went or—and really, who cared in your house, right?

S: Yeah.

JL: So—but when you had a lover who—I mean, even if it was a casual lover—they at least saw you.

S: Yeah. You know, like we would spend a few hours together and then bang, right?

JL: Yeah.

S: But then it was like afterwards I would feel cheap.

JL: A-ha. Yeah.

S: You know? Like I shouldn't have did that.

JL: Mm-hmm [affirmative].

S: You know, like . . .

JL: Guilty.

S: Yeah.

JL: What about ashamed?

S: Oh, very; very. I still do . . .

JL: Right. So let's go to that question. Question number two is: Can you think of a specific incident of child sexual abuse that stands out for you in terms of feeling broken, violated, and contaminated? Typically, for—survivors have a really clear memory of one, of, you know—always there are multiple incidents. And then there's one that stands out. Do you have one that stands out?

S: Yeah . . . this one time my mom and dad went drinking, of course. And they left me and my brother at home. And he, like, literally locked me in the bedroom and told me that I couldn't leave the room until I had sex with him.

JL: And he meant full-blown intercourse.

S: Yeah, full-blown.

JL: Not fondling or anything else.

S: I didn't know anything of sex or anything about it.

JL: Was this the first—was this the first attack? Was this the first time?

S: Uh, yeah.

JL: A-ha. Several people in the study, they've gone immediately to the first assault.

S: Yeah.

JL: As the most powerful memory. So up until then he hadn't bothered you?

S: No. He never bothered me at all; never, no sexual—nothing.

JL: No innuendo?

S: No.

JL: Had he been grooming you and telling you about sex or—nothing?

S: No, nothing.

JL: So this comes out of outer space.

S: Yeah. He was watch—I was the only one at the house with him alone.

JL: How old was he?

S: 12, 13.

JL: Okay; so going into adolescence. And you were about eight. So he was about four years older than you.

S: Yeah.

JL: Okay.

S: Give or take.

JL: And so he decides, he gets it into his mind, here you are all by yourself; he's in charge; Mom and Dad are AWOL, and he's going to make you have sex with him.

S: Yeah.

JL: What do you do? Here you are locked in the room. What do you do?

S: I was scared. I thought that, like, if—and he told me that if I didn't do it he was going to Mom and Dad I didn't listen to him.

JL: Uh-huh.

S: So . . .

JL: Uh-huh. Did you even know what sex was?

S: No.

JL: Okay.

S: I had no idea what sex was.

JL: Okay.

S: I knew, like, kissing and hugging, but . . .

JL: Yeah.

S: You know, to me, to an 8-year-old, that was sex, right?

JL: Yeah, yeah, yeah.

S: So I was like, you know . . . I agreed.

JL: Okay.

S: Because I didn't want to get in trouble from my mom and dad.

JL: Sure.

S: . . . or more so my mom.

JL: Yeah.

S: So, then he made me take my clothes off. So I did. And then I just kind of laid there.

JL: Uh-huh.

S: And then he did what he did.

JL: Because you don't know what to do.

S: I had no idea what to do.

JL: And so did he insert his penis into your vagina and . . .

S: Yes.

JL: . . . rape you at that time?

S: Yes.

JL: So he was old enough to have an erection and know what to do with it.

S: He knew exactly what he was doing . . .

JL: And then what happened after? What did you do? At some point you—he gets up.

S: I went in my—I went in my room.

JL: Yeah.

S: He let me out of the room, and then I went to my room.

JL: Yeah.

S: And I cried.

JL: Yeah. Why did you cry?

S: Because I was scared and it hurt.

JL: Yeah.

S: You know? And then I wanted to tell somebody. But then I thought I was going to get in trouble if I said anything. And then he did it a few more times after that.

JL: He raped you multiple times, then.

S: Oh, yeah.

JL: So every time, it wasn't just oral sex or fondling; it was full penetration.

S: Full-blown sex.

JL: Full-blown intercourse.

S: Yep.

JL: Okay. How many—do you have a sense of how long this went on?

S: About two years.

JL: Wow. Okay, so he would've been—you would've been approaching 10, and he is approaching . . .

S: About 15, 16.

JL: 16. So then—yeah, like sort of knowing a lot more about sex and . . .

S: Yeah.

JL: . . . at that stage of his development.

S: Yeah. And I was starting to kind of learn about it a little bit more, too. But I was still scared to tell anybody.

JL: Yeah.

S: Like I tried talking to my mom about it, and she just kind of shooed me away.

JL: So she didn't—you tried to tell her something was going on.

S: Yeah.

JL: And she didn't stop and turn to you . . .

S: She didn't . . .

JL: . . . and say, "Tell me everything."

S: No. She didn't.

JL: What did you learn when she shooed you away?

S: I learned never to go to my mom. And I never did after that.

JL: No safe place.

S: Yeah. It was . . .

JL: How come you didn't go to your dad?

S: Because my dad was gone already.

JL: By then he was already passed.

S: Yeah.

JL: So he passed just a couple of years after the assault. So by the time you drummed up the courage to tell somebody.

S: He was gone already.

JL: . . . he was already gone.

S: Yeah.

JL: And you have nowhere to turn.

S: No.

JL: And so multiple incidences of rape. What are you feeling in your heart when all of this stuff is going on in the background?

S: I felt no love. I felt like I was just a cheap little toy for him.

JL: Right.

S: You know. I felt very violated, still.

JL: Yeah.

S: You know, and there was . . . if I left it . . .

JL: Did you feel . . .

S: There was . . .

JL: Did you feel dirty?

S: Oh, of course I did.

JL: Yeah.

S: You know? And it was like that was the only thing that I knew how to do.

That's what it felt like . . .

JL: Yes. And even now, does your mother know?

S: I've tried to tell my mom.

JL: Yeah.

S: But she's one of those ladies that just kind of, "I don't believe it." You know?

JL: Right.

S: It was always about the boys, the boys, the boys, the boys, the boys.

JL: Right.

S: Never so much about us girls.

JL: Right.

S: So . . .

JL: And so what do you think not being believed did to you?

S: It made me resort to something that would believe in me. You know, I just learned how to stuff all my feelings. And I started drinking, started doing drugs, started having sex with random guys, started breaking the law; you name it, I did it. Anything that would be like, "Oh, you should've have did that;" but at least she was saying something to me. You know?

JL: . . . Okay. So here you are. You're carrying all of this stuff on your—in the inside. When you look back at this incident, the very first incident, being locked in the room; how do you think that the experience of being multiply raped by your brother affected your life?

S: It gave me no self-esteem.

JL: Ah.

S: I have really low confidence. Like, you know, to me it's just like, if I want to get noticed by somebody, it's like, should I put it out there? Or should I be me without being judged?

JL: You're not sure.

S: No. I have no idea.

JL: Right.

S: So . . .

JL: So would it be safe to say you don't actually know your own value as a person?

S: I have no idea.

JL: Yeah.

S: None whatsoever . . .

JL: Got it. Okay. So as we're talking about this now and we're thinking about this first incident and all the multiple incidents after, what, if any, specific sensations, feelings, thoughts, or images are coming up for you right now? What's—what are you feeling as you're talking about it?

S: Honestly, I feel like throwing up.

JL: Yeah.

S: Yeah. I'm not feeling the greatest. I feel really overwhelmed right now.

JL: Yeah. So is it in your chest or in your tummy that you're feeling it?

S: In my tummy.

JL: So it's anxiety.

S: Yeah . . .

JL: So for you, its anxiety, it's distress, it's in your tummy—is there an image that comes up when you think about it?

S: Not overly, no . . . just the . . .

JL: Okay. It's all of the body.

S: Yeah.

JL: An uncomfortable kind of feeling.

S: Yeah. Yeah.

JL: Like, whoa, this is kind of freaky.

S: Makes me want to just keep looking out that door, to be honest with you.

JL: Yeah. Wanting to dash out . . .

JL: Okay. So, do you feel that you have fully healed from your sexual abuse?

S: No.

JL: Why not? How do you know?

S: Because I still kind of put myself out there.

JL: Okay. Do you still—you still use your body as a way to be visible in the world?

S: Yeah.

JL: Okay. Where else are you still injured, do you think?

S: Knowing the fact that I wasn't—I didn't have the chance to be a kid.

JL: Yeah. Yeah.

S: You know? And so now, like 32 years later, I find myself being, like, kind of retarded some days but in a good way, you know?

JL: Tell me what you mean by that.

S: Well, I live with three other women; and I'm the only one that can make any of them laugh.

JL: (Laughs)

S: You know? It's just that some of the things I say or some of the things that I do that, you know, it's like, okay, well, how come I wasn't doing this when I was nine?

JL: So humor is one of the things that helps you keep going.

S: Yeah.

JL: It's a lifesaver for you.

S: Oh, yeah. If I didn't have my sense of humor . . .

JL: Yeah.

S: I would definitely not be sitting here today.

JL: Yeah. Do you think that underneath your humor there is grief?

S: Oh, there's a lot.

JL: Yeah.

S: Yeah, because like when I have my alone time . . .

JL: Yeah.

S: Which I try not to have too much of . . .

JL: Yeah?

S: . . . you know?

JL: Stuff comes up.

S: Yeah. Oh, yeah. It comes right up. And then I'm bawling, and then I'm mad, and then I'm this and I'm that; and . . .

JL: Right.

S: I'm just not somebody I want to be around . . .

JL: Okay. Good. You're doing great so far. So would you say the sexual abuse hurt you at a soul level?

S: Yes.

JL: Tell me more about that. How do you know that?

S: Because I don't think I could—I was never really a go-getter.

JL: Okay.

S: You know? Like, I didn't have big dreams, you know? My biggest dream for the weekend was which party am I going to go to? You know? Or who am I going to go smoke a joint with? Or who am I going to go and sex with? Or who am I going to go . . . you know?

Nothing—nothing positive.

JL: No dreams?

S: No dreams.

JL: No hopes for the future?

S: No.

JL: And you take that to mean that at your deepest level something was really wrong.

S: Yeah.

JL: Had you not been sexually assaulted so many times and then abandoned on top of it, what do you think your life would look like now?

S: Honestly, I probably wouldn't be sitting here talking with you.

JL: Tell me where you'd be.

S: I'd probably be at work.

JL: Yeah, yeah. One of my, the ladies that I interviewed, said, “I would’ve been a university professor; instead, I’m on AISH.” Right?

S: Yeah.

JL: So for you, do you think that you would’ve had hopes and aspirations of some kind?

S: Yeah, because I’ve always wanted to go into the medical field.

JL: Oh, cool.

S: You know, there was—it was either be a paramedic or . . .

JL: Fabulous.

S: Yeah. So . . .

JL: Or nursing or something like that?

S: Yeah, something like that, you know. And now, I don’t know if I could do it.

JL: Yeah.

S: I want to, but . . .

JL: Yeah.

S: You know . . . Until I find me.

JL: Yeah.

S: . . . then, yeah.

JL: Yeah. So do you think in the place where your soul was injured, that it was a small injury or a big one?

S: A big one, because it’s never really recovered.

JL: Okay. I hear that from every single person I’ve interviewed so far. So, does the term—this is the last question before we do our artwork—does the term “soul loss” resonate with

you, in terms of the depth of injury you experienced? Does that term make sense, “soul loss”?

Or is there a different term, different word, that would better describe that injury?

S: I would say “soul loss” is pretty much bang on.

JL: Okay.

S: You know, I just—I don’t feel like I could be the person I should be.

JL: Right.

S: Or the person that I want to be.

JL: Right, because there’s something not right at that hub.

S: Yeah.

JL: In the core.

S: It’s like there’s something missing inside of me . . . I feel like a part of me died.

Mandalas. The storyteller mandala (by Suzy) and the witness mandala (by me) are shown in Figures 13 and 14. Suzy and I debriefed on our artwork.

S: This is a dead little girl . . . I felt abandoned, scared, violated, lost, confused, lonely . . . he told me if I told, then I’d be in trouble . . . I believed him, because he was my brother . . . I didn’t think that I could trust my mom and I didn’t want my dad to get mad at me.

JL: What is most striking, what resonates most when you’re talking, is the emptiness . . . or hole where your soul should be . . . this reminds me of your very thick defense mechanism. People see you . . . but they don’t really know that you are dead inside.



Figure 13. Suzy's mandala.

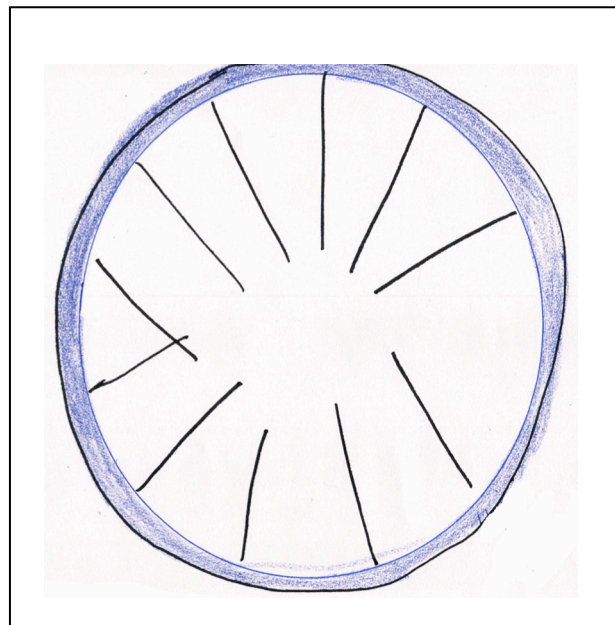


Figure 14. Jacqui's mandala (as witness to Suzy's story).

Penelope's story. Penelope is a White, 49-year-old, former sex worker, and mother of five, who was herself the oldest of five children. Her father was in prison for several years when Penelope was a child and her mother worked multiple jobs in order to make ends meet. As a result of her mother's work schedule, Penelope was frequently left in the care of babysitters. Several of these sitters molested Penelope, convincing her that if she did not remain silent, her siblings would be targeted. Penelope's virulent history of abuse continued into adulthood where she was raped and battered multiple times. Although she is now clean and sober, she struggled with homelessness and addiction for many years, losing her children to child protection services as a result.

Interview. During our interview, Penelope reported experiencing multiple forms of sexual violence. Despite extensive trauma in her adult life, however, she cited her early childhood experiences as the cause of her soul murder.

JL: This is the question—do you feel that a history of sexual abuse has violated, contaminated, injured, broken, or destroyed an essential part of you?

P: All of that. No, well it did before, absolutely did before.

JL: Before, yeah, not now, but in the past.

P: But God has healed what all that stuff has done. I've allowed God into my life, I know that, I don't have the same hatred that I used to carry over those people that hurt me. I used to plan wicked ways to kill them and wicked ways that they should die, and I don't think about that anymore, not at all.

JL: So before your healing experience—

P: Before my healing experience I was poison.

JL: if you— can you think of a particular— because you were assaulted multiple times, in childhood, a particular child sexual abuse incident that stands out in your mind?

P: The first time.

JL: Tell me about the first time.

P: The first time—being sodomized by my cousin. I don't remember the actual particular— actually being sodomized. It was, for me I still have trouble going to the doctor. That doctor was doing something to my butt. I was on my stomach; I don't know exactly what.

JL: He might not have been stitching you up.

P: He was doing something there and screaming at my mother and my—and all I could see was my mother just like, you know melting into, you know a—just a shabby little semblance of what she actually was. My mother's an incredibly strong woman who in fact kept all of us kids out of the (child protection) system, who raised us all while in poverty, and all of us are clean, healthy individuals today. My mother's an amazing woman. But, you know, as a little child I did not know that then. All I saw was that she was getting yelled at, I was in . . . I was hurt and I was involved in this somehow and she was getting yelled at.

JL: And you're not even sure.

P: . . . I don't know what's really going on, yeah.

JL: Because you're only 4.

P: Yeah. My strongest thing is never, never, never again. Never— this is never going to happen again. So going to the doctors, all my life has been a trauma for me. I have a very difficult time . . . I do force myself, it's a lot easier today and I have a good family doctor now, but I never had . . . I never, ever, ever . . .

JL: But you had medical trauma on top of the sexual assault, because the doctor is a stranger and here he is, sort of poking about your bum.

P: Screaming at my mother.

JL: In this horrific situation, so multiple traumas.

P: Yeah.

JL: So when you're thinking back to the sexual abuse in particular, separate from the adult sexual assaults, of which you have several.

P: Yes.

JL: How do you think the child sexual abuse affected you?

P: Childhood sex abuse made me grow up feeling very much like I was faulty, dysfunction—I was faulty, I was wired wrong, people could . . .

JL: Broken.

P: Very broken. People could see written on me immediately upon just looking at me, that I was less than. I was not even on a human level, that's how I believed I was. And so that made me not only angry . . . my self-esteem was zero, but I was enraged because, you know, it wasn't fair. And throughout the different babysitters, more, like more than a half of them were female babysitters, and they were vicious to me, just pinching me, pinching my butt, pinching my vagina, pinching my breasts that were just starting to, you know, bud or whatever, just vicious. Punching me right in the center of my bare breast when I was . . . they were just like the tenderest things. Oh my God, I still feel the pain of that. You know, but yeah, and then laughing when I would cry. And just being verbally—and the thing is, for me, as a result of that, and I know it's as a result of that, I've continuously chosen men throughout my life who would give me what I felt I deserved. And so all of my relationships have been verbal—have been verbally

abusive, physically abusive, sexually abusive, financially abusive, and always controlling. At the same time, in a passive-aggressive, and/or aggressive way, I've always managed to hold my own so to speak and you know, as ridiculous as that sounds.

JL: But, mom, who was busy working, trying to keep a roof over everybody's heads—did you tell her, did you feel safe enough, did you trust her enough to tell her what was being done to you?

P: She was never around. She had no power in my life because she was never there. She was only work—all she was, all she was working constantly.

JL: So now as we're talking about it, the first sodomy is the most powerful memory. How many years of various babysitter nefarious stuff? How long did the sexual abuse last in terms of all the perps?

P: Until I was 13, when I started running away from home.

JL: Wow, so a good 10 years?

P: Yeah.

JL: What does that leave you to . . . lead you to believe about people?

P: That people all have an agenda. They're all mother fuckers that lie and they say that they're all sweetness and light, those are the ones to really watch out for man. Seriously those are the real freaks.

JL: Sketchy.

P: They are, they're, they're, they're—they all have their own agenda and even if it's as—a simple thing, they all want something from you.

JL: And so what is— tell me about your ability to trust other people.

P: I hated people. Hated, not-not only because I wasn't able to trust people. I hated people who had less than me, because they were stupid. I hated people who had more than me because they were smart. I hated people who, who had the same amount as me because they were close to me, breathing my freaking air. I just hated people, I really, really did.

JL: You were just a little ball of rage and hatred!

P: I, well I was, but at the same time, I had this, you know, this well ingrained—also this social veneer where I want—needed to be, you know, you know, nice Patti, good little girl, nice girl, whatever.

JL: Charming, friendly, funny.

P: Exactly. I accepted, you know, whatever, right. So, at the same time hating them, I'm also courting them.

JL: Yes, makes sense to me. In some ways is—it's the two aspects of self, right?
The public face.

P: Masks, masks for sure.

JL: The public face and the private face, right?

P: Absolutely.

JL: Which is very similar to the perpetrators who offended on you, who also had a public and a private face.

P: Exactly.

JL: And you were the only one who saw the private face.

P: Right.

JL: So what, if any, specific sensations, feelings, thoughts or images are coming up right now as we're having this conversation?

P: Powerlessness, helplessness, basically— still that old rage. I still sometimes feel a little bit of rage and I don't . . . I'm not happy about that. Like I—for the most part—the guys, the guys that ran me over even, if I ran into them on the street, I would probably feel fear, I'm sure I would feel fear, but I wouldn't want to run them over. You know what I mean?

JL: Yeah. So you don't need revenge at this point in your recovery?

P: I don't— the—my cousin, if I ran into him today—but at the same time I still sometimes get enraged, especially when I see other people that are marginalized in the world still being marginalized. Especially when I see—I don't know, just—when I see that society is so trying to change some of it's, some of its aspects or some of its limitations, I mean exclusivity being one of its limitations, right. So when, when they're trying to involve more people and be more open-minded and fair and draw people from all different backgrounds into the same sort of social or whatever or—I don't know, It just—when things don't go right, when things don't go a certain way that I haven't set in my mind I get rage, it just comes out.

JL: So is this when you see injustice?

P: When I see injustice . . . or even if it's something crazy and stupid and small. Like say, for instance I drop my glasses, and then I dropped them again, and then five times in that day I drop my glasses they're never the— say maybe not the fifth time, maybe not the eighth time, but the tenth time I drop my glasses, I will kill my glasses. They've pissed me off now. Do you know what I mean? It's crazy, I get that a lot. It's like . . . sometimes it's . . . it's totally valid like, you know, rage against the machine of society or something, you know, all intellectual, and sometimes it's completely stupid.

JL: But the rage is still there.

P: The rage is still there. And I still get all emotional and crazy about things.

Even though I'm trying to live more in acceptance, trying to live more in the moment.

JL: But there's still rage because . . .

P: There's still rage and it can pop like that.

JL: The injustice has occurred. And how does it sit with you that everybody got away with it? Everybody got away with it.

P: I don't think they did. I think when you do something like that . . . I think you pay a price. I don't think.

JL: Karmically

P: It's not—on your soul, yeah, absolutely. I'm—I think it's God. Personally I think that means you're basically—until you repent, until you find some way, you're shut out as far as I'm concerned. But, I think that anything can be forgiven and if I happen to be in heaven sometime in 20 million years or something and I run into my cousin, I would embrace him, I really hope so anyway. I would like to think so. At the same time, in the flesh, if I saw the guy that ran me over, I'm sure I would not give him a hug. I would not run him over, but I'm sure I would not give him a hug. I have a little more self-preservation bones in me than that. You know, because who knows, right?

JL: And I wonder, is it necessary to forgive or is it necessary to accept?

P: I think it's—I think both. That's because I've done a lot of bad-ass shit in my career as a person, so far.

JL: And you would like to be forgiven?

P: I would like to be forgiven. You know? So, yeah, if I would like to be forgiven then I really kind of have to work on forgiving people that have hurt me. And I've looked at—

you know how in the 12 steps they say that no matter what has happened to you, you have your responsibility there?

JL: Yeah.

P: And I'm thinking to myself, "Yeah right, you fucking assholes. How . . . am I at 4 years old, sound asleep, responsible for anything?" I mean, come on, give me a break, right? I've thought about it, I've prayed about it, I've meditated about it, believe me, I've given it a lot of consideration and the only thing that I've come to is that I am a human being, even at four years old, I'm born with the capacity to sin. God knows that at some point in my life I'm going to sin, no matter happens I'm going to, that's our, that's part of our nature, right? . . . and I'm not Jesus so obviously I'm going to sin at some point, that's my responsibility in that. I'm a human being.

JL: So original sin.

P: I'm a human being and I'm a child and I'm pretty innocent, but I'm still a human being, so original sin can take its toll. We all have choice, right. So those people that hurt me, they had their choice. They chose what they chose, they will pay their price for that one way or another. If it's in their lifetime, great, and if it's not in their lifetime, worse for them as far as I'm concerned . . . I really honestly do think I pray for them to deal with it in their lifetime. But, some, they get no control over it whatsoever.

JL: In terms of—given that you have a sense that ultimately justice will be done.

P: Ultimately, justice will be done. Either they will totally with their whole heart—and I believe that God knows our whole heart, he knows.

JL: Do you see your children as some of the people that when you do Step Four (of the 12-Step Program) . . . I don't know if you've done it yet, you will need to make amends to?

P: I've made amends to all the children that I can.

JL: Okay.

P: And then I make a living amends to all of them that I can't.

JL: The ones you can't access because you don't know where they are.

P: Yeah. My amends to them is staying clean and to growing and evolving in my life; doing whatever I need to do. And it's a lot I've done in the last couple years. But doing whatever I need to do to stay in a forward momentum. That's my amends to them, whether they know it or not, because some of them I can't, there's no way. I don't know where the hell they are. My youngest one—I was two weeks into treatment after the incident that happened to . . . so two weeks into treatment my sister calls and says “Oh yes, by the way, when— years ago” or whatever, “I adopted your daughter and, me and my husband adopted your daughter, so she's with us. And now that you're on the road to healing—she says “We're happy to have you in her life.” So you know, I've seen her, I've gone back to Ontario and spent 10 days over Christmas 2011. Yeah and that, so . . .

JL: So you were able to connect.

P: I was able to connect—reconnect with my family.

JL: How was that?

P: It was very scary, very frightening. But, again, I'm willing to do whatever . . . and it's God working in my life, right. I gave my life over to God, got a place for three, two and a half years; I'm reconnected with my family and my daughter, my youngest daughter. I go back to school, I got 79 in English 30-1 . . . I don't needed a 60 . . . I get a \$2,500 bursary so that I can afford to go now to Toronto from going back to school; I spent six months and I did a Hep C treatment, I'm now Hep C free. Every single thing . . . I got my, I decided in January I'm going

to get my teeth done now, gone to see dentist and I had freaking 12 fillings, four root canals, two extractions and I have got the cleanest teeth on the face of the earth right now.

JL: So you're literally cleaning one thing up after the next.

P: I'm rebuilding the temple baby, rebuilding the temple. . . .

JL: What do you think still needs healing?

P: I think that my life is—I think that I'm vulnerable because for the rest of my life I need to maintain what I've worked very hard to achieve, and that is kind of like a balance of—I'm able to do things one step at a time . . . now if I suddenly took that out of my program, I would suffer, right. I'm able to do things today that, like going to church . . . if anything changed in my whole program that I built for myself over these last three years, if anything changed drastically without me having a chance to know about it or whatever, I would, it would scare me, it really would. I don't ever want to go back to where I was, I do not want to go back to living in alleyways again ever, ever, ever . . . and so, I just need to maintain, I know I get a little upset over things sometimes, or I get, I don't know, I have a very hard . . . okay, so I've been in recovery for three years now, in all—and I started trying to get into recovery since 2009, so slightly longer, in all that time, I have never been able to connect with a sponsor. But you can ask any of my sponsees (people Penelope mentors in her 12-Step Program), any single one of them, I've got so much of a success rate, and all of my sponsees love me and say I do it so well, but I've never, ever had or been able to have a sponsor for myself.

JL: So you've struggled in your ability to find somebody to watch over you.

P: Is impaired, it's totally impaired. I don't have a relationship with the guy that's, like a mutually supportive relationship that some people tell me exists, you know.

JL: Right, it does. It's out there.

P: (Laughs) . . . hooray, well, I'm just still waiting, yeah.

JL: Like unicorns!

P: I'm still waiting to see that. Like unicorns and fuzzy-fuzzy pink buffalos.

JL: So do you think that the trauma that you experienced affected you at the soul level, not just at the outer ring, but at the core, and that—a piece that's not yet healed is that core piece.

P: I know that, for a fact that I was—I was damaged core deep, so soul deep. I know I was damaged soul deep. I'd like to think that I'm . . . definitely I'm healing, but I know I'm a worker, I don't . . . yeah you're right, I don't think . . .

JL: It's a work in progress.

P: I'm a work in progress and I think when I'm going to be absolutely healed is when I'm going to be sitting beside my Jesus, you know what I mean? That's when I'll be completely healed and until then I'm just on a path to try and, you know, get as much healing as I can and again, keep that forward, keep going forward, not making the same mistakes over and over again, and just basically learning self acceptance and self love, that's all.

JL: Yeah. And in light of the abuse that you experienced, do you think . . . the term soul loss fits in terms of the depth of that injury?

P: Absolutely.

JL: How deep did that hit go?

P: Each time it's like you're . . . like a piece of my soul was being cut away.

JL: So where do you think you are on the soul loss spectrum?

P: I think that I was completely soul empty when I got smashed up . . . my soul was empty.

JL: So would you say that . . . would you agree then with soul murder, like there was just nothing in there?

P: There was nothing in there.

JL: And so, healing for you looks like a resurrection.

P: A complete resurrection.

JL: Not a reclaiming.

P: Yeah.

JL: Right. So a whole new . . . almost like a whole new soul is being born with the new life and the new lifestyle and the new teeth and the new everything.

P: Based on the fact that I did one thing right and I obeyed, so I still have a life here to give him.

JL: Right. But there is a soul that actually— if I'm hearing you correctly—actually didn't make it.

P: I think so.

JL: And a new soul is emerging.

P: Yeah.

JL: With the help, with the grace of God.

P: With the grace of God, with the help of all of the supports that God has been able to revive for me . . . I've been able to lower my ego and ask for help from, which is, really was a big, big thing. I had no, I had . . . when I was out there on the streets I had self-esteem like zero . . . In treatment, I was in the ceremony room twice a day and all of this stuff and throughout that, I did a lot of calling all of my soul back to me, and I never went to places of . . . or old places or anything like that, I just called myself back to myself with, you know, with God's permission—

do you know what I mean? . . . I called back my spirit, but when I was laying in the hospital, I know—this is what I was going to say, God did major work to me. . . . I laid there for three months. That's a long time to be laying around, doing nothing but thinking. And I, and I felt completely like I was a total lump of clay, totally mish-mashed and horrible and hideous looking, and I totally felt that God was creating me all brand new again, even then.

JL: You were being re-made.

P: Even then at that time I was like a lump . . . lumpy little piece of, you know. And God was smoothing out all that and making me the way that—that month that I laid there in the hospital I had some crazy hallucinations . . .

JL: Hm-hmm.

P: . . . in this hallucination this woman is telling me that this is how she's repairing my bones. And I'm like okay, that's beautiful.

JL: While you're higher than a kite on morphine.

P: She's not even a real doctor . . . that was a total hallucination. I think she's a spiritual doctor personally.

JL: Right.

P: But, you know.

JL: Rebuilding you.

P: Rebuilding me, because I had all these broken bones, right. But rebuilding—but I—but rebuilt now, I never, ever, ever liked people enough to be tolerant to them or forgiving to them or-or anything like that. I always blamed people for everything. I didn't take any responsibility or accountability, ever. That was not in my psychological make up previous to, you know, leg being smashed up and laying—for a month completely out of it. God did some

major, major work on me, and I never had the capacity to be—I could be kind occasionally, but it was always with some kind of an end in mind, myself. Because I figured I would be like everybody else, right.

JL: Yeah, hustle.

P: Everybody has an angle, everybody's got a hustle, everybody's got an agenda, so I had my own of course, and that was, that was right because that's what—that's what everyone else was like, so that's the way I should be too, right?

JL: Sure, okay.

P: Then God showed me the great way, the greater way anyway.

Mandalas. The storyteller mandala (by Penelope) and the witness mandala (by me) are shown in Figures 15 and 16. Penelope and I explored the meaning of the images in our drawings.

P: This is yin— yin and yang—basically, it's about how good balances with evil and that—or bad, whatever. White and . . . dark color versus white color, that there's an even balance somehow in between. And . . . these are scales, and they're balanced. You can see there's not one higher than the other, they're balanced right now. And, so basically I think it just reflects my feeling of . . . today, feeling basically balanced, more so than I've really felt in my life . . . It means that I've come to acceptance that there is evil in the world, that I'm not responsible for it, and I've also come to the acceptance that there is good in the world . . .

JL: What struck me about your story is the crucifixion experience. And so, my image is of the crucified self, where the pieces of you are here, but they're not all stitched together tightly. Right? So it's not that they're completely blown apart, it's not like you're missing arms and legs. Right, but you've done some work and there's been some pay off and . . . but we want them to be stitched tightly, so it's kind of like a doll that's not quite mended . . .

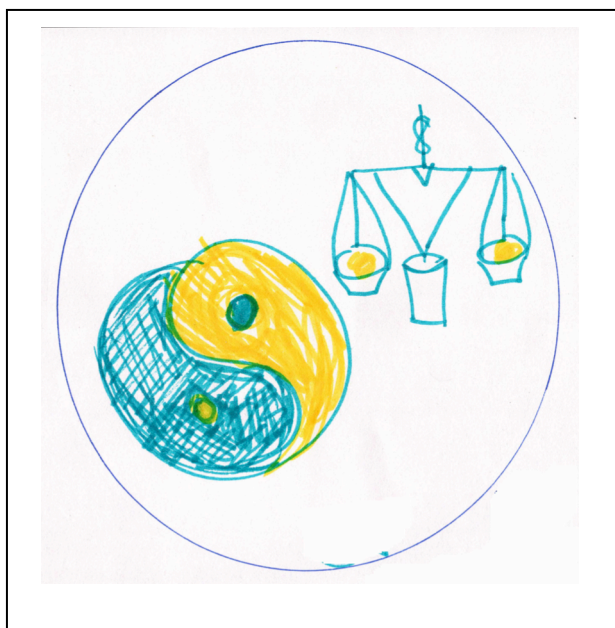


Figure 15. Penelope's mandala.

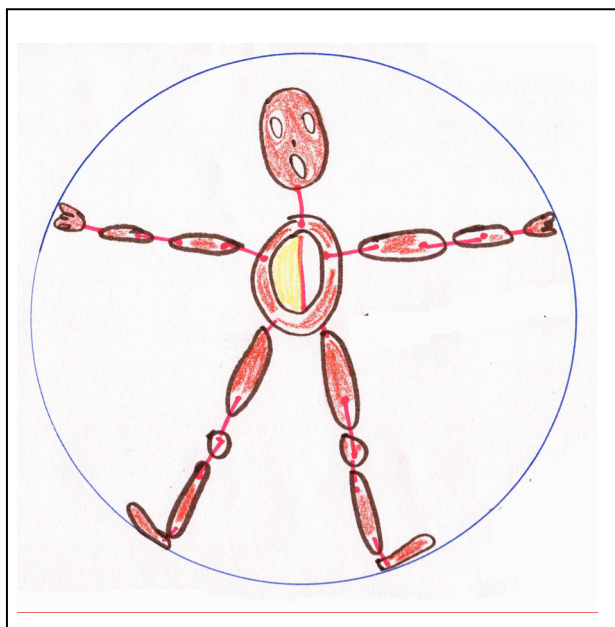


Figure 16. Jacqui's mandala (as witness to Penelope's story).

Trish's story. Trish is a 56-year-old, White, former sex worker with one adult daughter. She is a highly articulate woman who believes she would have become a university professor had she not been sexually abused. Before her entry into the commercial sex industry, Trish was a respected manager for a national airline. When financial pressures forced her into escorting, however, she noted that she adapted easily to the work because she had been well groomed by her father. In addition to being molested, Trish was physically battered by her father while her mother sat back and watched. Her trauma continued unabated into adulthood where Trish was repeatedly beaten and raped during the course of her work.

Interview. Trish described a family culture of virulent sexual, emotional, and physical abuse. Central to her trauma narrative was her betrayal by a mother who failed to protect her.

JL: So I'll start with, do you have a, do you feel that a history of sexual abuse has violated, contaminated, injured, broken or destroyed an essential part of yourself? And if yes, please describe.

T: I think of it as though the very first time that my father violated me.

JL: Hm-hmm [affirmative].

T: It derailed my life forever.

JL: Tell me more.

T: And just with that very first time it just derailed my life.

JL: Hm-hmm [affirmative].

T: And . . . I totally believe that my life would have been totally different had I not been abused. And the other thing that comes with that is I've never felt safe in my entire life.

JL: Hm-hmm [affirmative].

T: Still to this day.

- JL: Hm-hmm [affirmative].
- T: I can't ever get safe.
- JL: Hm-hmm [affirmative].
- T: I can't . . .
- JL: Emotionally.
- T: Yeah. Yeah.
- JL: So when you think about . . .
- T: Even physically.
- JL: Even physically? Interesting . . . it makes sense right? If you're very first, one of your . . .
- T: Well he would beat me too.
- JL: Right.
- T: He used to beat me until I pissed my pants, yeah.
- JL: Right, right. Can you think of a particular incident where you remember feeling the violation, the contamination, the injury, the brokenness . . . one that stands out in your mind, for whatever reason.
- T: The . . . (sigh).
- JL: A biggie.
- T: This is huge (Laughs) . . . huge for me anyway. He used to perform oral sex on me.
- JL: Hm-hmm [affirmative].

T: And I can't have a guy go down on me without, without believing that it's my father down there. So I've never been able to have oral sex without a huge traumatic event happening.

JL: Yeah.

T: So I avoid it but in all of reality that's pretty much the only way a female can come.

JL: Uh-huh [Affirmative].

T: Other than masturbating.

JL: Yeah.

T: So, and that's a pretty intimate thing in a relationship.

JL: Hm-hmm [affirmative].

T: Because you don't do it at work (in the commercial sex industry), right?

JL: Hm-hmm [affirmative].

T: There's things you keep here at home.

JL: Hm-hmm [affirmative].

T: So being unable to allow my partner to go down on me...

JL: Hm-hmm [affirmative].

T: Sort of violates . . . his rights as partner.

JL: Hm-hmm [affirmative].

T: And then the guilt that he felt afterwards.

JL: Hm-hmm [affirmative].

T: For putting me through that traumatic effect is because he was trying to please me sort of like a . . .

JL: It's mixed up.

T: Yeah, it's fucked up.

JL: What's supposed to be pleasurable and . . . rich and gorgeous is not.

T: Is . . .

JL: It becomes something else.

T: It's not, it's, my whole body just you know . . .

JL: Goes into that shock stage.

T: Yeah.

JL: Is there a particular incident, a particular assault that you remember, just today, popping into your head, as one that stands out on the landscape of abuse?

T: The very first time. It started off with . . . me, supposedly constantly having a cold, and he would take me upstairs to bed and rub my chest with Vicks or whatever.

JL: Hm-hmm [affirmative].

T: And at first, I can remember thinking that wasn't very strange.

JL: That's your daddy.

T: Right. But I don't ever remember my mom putting Vicks on me.

JL: Hm-hmm [affirmative].

T: Ever.

JL: Hm-hmm [affirmative].

T: And then that went from, with the Vicks slowly worked his way down and became lubricant.

JL: Ahhhhh, so the . . .

T: And burning 'cause it's Vicks on your mucus membrane right?

JL: Right. So then the message starts on your chest . . .

T: Well at first it was just putting on the-the, the Vicks and it slowly worked into . . .

JL: Over multiple . . .

T: Right.

JL: Instances.

T: And I think that he beat me . . . because in his head he believed it was my fault that I was making him sin.

JL: Ah hm-hmm [affirmative]. So you were scapegoated.

T: Hm-hmm [affirmative].

JL: So this burning in the vagina, which is at some point some kind of digital finger penetration had to have taken place.

T: Yeah.

JL: Right? That's what stands out as the first violation?

T: Well . . . everything seemed uncomfortable up until he actually fucked me.

JL: Hm-hmm [affirmative].

T: (Sigh) . . . and . . . I haven't been the same since (sobbing).

JL: Hm-hmm [affirmative]. So you were raped. Do you remember how old you were?

T: I think four, four and a half.

JL: Yeah, yeah.

T: The pain that very first time . . .

JL: Hm-hmm [affirmative].

T: And it hurt every time but just that very first time.

JL: Hm-hmm [affirmative]. There's tissue there hon.

T: (Sobbing) . . . sorry.

JL: It's okay.

T: God you think you've dealt with all this already and it's still an emotional sore spot.

JL: How does one deal with this?

T: Yeah.

JL: Like ever.

T: Exactly.

JL: How does one ever deal with this? So there you are and you're being raped by your father. How did that change you?

T: I didn't know what I did wrong.

JL: Hm-hmm [affirmative].

T: And . . . his hand would go over my mouth so I couldn't scream.

JL: Hm.

T: I mean . . . I'm a mother and I know damn well that if my husband was upstairs with the kids . . .

JL: Hm-hmm [affirmative].

T: For as long as he was putting me to bed . . .

JL: Hm-hmm [affirmative].

T: I'd be coming upstairs kicking the fucking door in wondering what was going on . . . and he would put his knees on my hands. I'm lying this way, his knees would be on my hands and his cock would be down my throat.

JL: When? When he was orally raping you?

T: No, when he wanted me to suck his dick.

JL: Hm-hmm [affirmative]. Why do you think he knelt on your hands?

T: So I couldn't push him off . . . and if he was going down on me where he couldn't put his hand on my mouth, I'd have a pair of socks in my mouth.

JL: Yeah. Yeah. He would put the socks there?

T: Hm-hmm [affirmative].

JL: To stop you from making noise? Right, and all of this going on . . .

T: And I'm crying silently.

JL: Right. All of this . . .

T: Every single time. Just . . .

JL: Tears.

T: Fucked into tears but no weeping . . .

JL: So when you're thinking about the memories now looking back, which is always hard, I don't think it ever stops being hard, what thoughts, any sensations, or feelings, or images come up for you now, when you think back? What comes into your body or your mind?

T: Rage.

JL: Rage. Tell me about rage.

T: I think if my father had been alive when . . . the dam broke, I would have shot him, I would have killed him. And I'd be in jail.

JL: Yeah.

T: I wouldn't have thought twice. I can't even explain to you when those memories started coming, it crippled me.

JL: Hm-hmm [affirmative]. Were you crippled with rage, with shame?

T: Everything . . .

JL: With pain?

T: All of it.

JL: All of it?

T: Oh the shame is huge.

JL: Yeah. Tell me about the shame of being victimized in this way.

T: He convinced me as a young child that I was the one that wanted this.

JL: Right.

T: And that daddy's tickling you in a good way because I was having orgasms right?

JL: Hm-hmm [affirmative].

T: But they were really, I didn't know what it was.

JL: Hm-hmm [affirmative].

T: And it was uncomfortable but it was, there's the shame in the pleasure there.

JL: Sure.

T: Do you know what I'm talking about?

JL: Absolutely.

T: And that really fucks your head up because...

JL: Well it makes you complicit in the crime.

T: Exactly.

JL: Hm-hmm [affirmative].

T: And that's where the shame comes in because there's a certain pleasure element to the whole thing.

JL: Hm-hmm [affirmative].

T: And then of course when I was in prostitution, I use to like hand cuffing my clients and shit like that to make them like I was.

JL: So . . . them being dominated. You wanted to be the dominator?

T: Oh absolutely.

JL: Yeah. What did that get you, that you didn't have?

T: It was always my dad.

JL: Yeah.

T: It was always me having to re-do what happened to me with my father, I'm seeing this in retrospect.

JL: Hm-hmm [affirmative].

T: But me having to have them tied up or cuffed or whatever put them in the same position I was in when my father fucking me and raping me.

JL: And kneeling on your hands.

T: And kneeling on my hands.

JL: Right.

T: So I was basically re-enacting it the opposite way.

JL: Right. Do you think that you have fully healed from the experience of being molested by your dad?

T: I think I'm very close to closure.

JL: Yeah.

T: But no you don't ever heal.

JL: Tell me about the difference between . . .

T: It's a raw wound.

JL: Tell me about the difference between closure and healing.

T: Closure I think puts me into a place where I can make decisions based on, where I can choose in my life now.

JL: Hm-hmm [affirmative].

T: To make conscious decisions that don't reflect my abuse.

JL: Okay.

T: Do you understand that?

JL: Yeah, it's almost like closure suggests putting, making peace with.

T: Yeah making peace with and also the most important thing to me is all of the decisions I made, drug use, everything, alcoholism, all of it, I was just doing it blind.

JL: Right.

T: I didn't understand what was going on or . . . now, like for instance if I'm going to get into a relationship, I will vet that person out to the nth degree to make sure.

JL: Max. Yeah.

T: That I'm making a step in the right direction rather than falling back on the old cycle.

JL: Pattern.

T: Right . . . pattern.

JL: So closure in some sense, not-not, I don't know if it's making, the word I'm, that makes up for me is coming into acceptance.

T: Yeah, exactly.

JL: It was what it was.

T: Yeah, that's right.

JL: Right? Which is not the same as I feel okay with it being what it was.

I acknowledge . . .

T: Hm-hmm [affirmative].

JL: It was what it was, but I'm not okay with it and I never will be.

T: No I will never be.

JL: Is that . . . is that the difference between closure and healing?

T: Yeah, yeah that's . . . healing to me represents being able to put your life back the way it would have been had you not been abused.

JL: Ah-haaa [Affirmative].

T: And that's never going to happen.

JL: Ah-haaa [Affirmative]. Right. Have you made peace with your past? Are you at peace? If not healed.

T: I'm getting there, not healed though.

JL: Yeah.

T: It's a long process.

JL: Sure, of course. Oh my God, so was the abuse.

T: Hm-hmm [affirmative].

JL: It went on for years, right? Yeah. In all of this how do you understand soul in the context of this devastating pain.

T: Soul?

JL: Soul . . . how was your soul affected?

T: My soul is much wiser than I am.

JL: Ah!

T: And I believe that my soul understands why that happened.

JL: Ah-haaa [Affirmative].

T: It could be karmic, but me, in my current incarnation as Trish or whoever..

JL: Hm-hmm [affirmative].

T: What I'm trying to say is I think that my soul because it might understand why that happened to me, with that particular other soul, that my soul would just accept it as being part of the path to your later energy.

JL: Okay almost like a karmic event?

T: Right . . . and I believe that the soul's purpose is to guide us through these events while we eventually get back to God or whatever, cause I believe that once, I think that we were originally created as spiritual beings.

JL: Hm-hmm [affirmative].

T: And when we made the choice as spiritual beings to become physical to experience the senses and sex and orgasms and all of that, the physical senses that we reduced our energy level to such a low vibe that because we have a physical being where as you're just pure energy when you're a soul or a spirit or . . .

JL: Hm-hmm [affirmative].

T: Do you know what I'm saying?

JL: I totally know what you're saying.

T: Hm-hmm [affirmative].

JL: So in the context of your abuse, do you think the term, does the terms soul loss resonate for you when you think of the depth of the injury? Was this violation a soul violation and did you experience soul loss as a result of what was done to you?

T: No not in the concept of what I see as the soul.

JL: Okay.

T: No it didn't affect my soul.

JL: So tell me, tell me first was the violation a soul level violation or a body level only?

T: Oh! I never thought of it like that.

JL: How deep did the wound go?

T: No you know what, that would have been a soul level.

JL: It's a soul level violation. Okay. So it went all the way in.

T: It fractured my entire being.

JL: Yes, yes . . . is being fractured, is the . . . fracturing of your core, let's say the soul is your core, let's just agree to . . .

T: Yeah, okay.

JL: So soul is core, so for sure it sounds like the injury went so deep that it fractured that core that we both chose to call soul, in some cultures when injuries of that nature take place they say the soul flies away from the body, or a piece of the soul breaks off. When you sort of just sit with that awareness did a part of your soul die? Was it slain? Was it injured? Was it wounded? There seems to be a spectrum of injury that child sexual abuse can cause at the deepest level of the human psyche. What was the injury that happened to you? What happened in your case? Was your soul lost?

T: You see because of my religious beliefs . . .

JL: Yes.

T: What you might call a soul isn't what I would call a soul.

JL: Okay.

T: Necessarily.

JL: Good tell me.

T: So . . . what we're, we're not, we're talking apples and oranges.

JL: Okay.

T: Okay. I cannot even explain to you the depth of that fracture.

JL: Yes, yeah.

T: I would have episodes on the bus where I thought everybody was laughing at me when I was coming home from junior high.

JL: Yeah.

T: And I would be shaking so bad.

JL: Yeah.

T: I can't even explain how many times that happened to me.

JL: Hm-hmm [affirmative]. Hm-hmm [affirmative]. I understand deeply myself how profound the fracture can be. For me the term soul loss is meaningful. But not for everyone because it really depends on how your whole being absorbed the hit, really.

T: Okay, if we want to talk in terms of the spirit that came with me into this life, for this one life, oh it shattered and fell on the floor.

JL: Would you say some have used, I've read, the term soul murder, as opposed . . .

T: Oh absolutely.

JL: As opposed to soul loss.

T: Yeah.

JL: And others have used the term soul wound, which is different from soul loss and different from soul murder.

T: No I would say murder.

JL: So for you it was a death at the very core of the self?

T: Yes absolutely.

JL: Did anything survive? Anything essential and sacred within the self survive?
Or did it have to be reborn through a human journey? Resurrected?

T: Resurrected.

JL: So in your case it was soul murder?

T: To be honest with you Jacqui, I wish that he had just killed me.

JL: Ah-haaa [Affirmative]. Because?

T: To murder a life like that, he may as well just completed the task because what was left after he tossed me aside was just a human body without anything.

JL: A shell.

T: A shell.

JL: With nothing.

T: A broken, fractured, fucked up, with absolutely no capacity to affect anything that happened in my life, to make, it fucked up all my decision making processes, from that time period on I've never been happy, ever. I don't think I even know what that is.

JL: Would it be fair to say that you were annihilated?

T: Absolutely.

JL: At the deepest level of your existence.

T: Like, I was left for dead.

JL: Psychologically.

T: Physically, psychologically, emotionally, everything . . . I was left for dead and the only thing he didn't do was unplug me. He left me breathing.

JL: Hm-hmm [affirmative]. Everything else . . .

T: And I resent him for that. I wish . . .

JL: Everything else was gone.

T: Cause I've had to carry on with my life without any life.

JL: And you had to resurrect something.

T: Yeah.

JL: To carry on.

T: And I can't even describe to you how hard it is to just wake up every day.

Mandalas. The storyteller mandala (by Trish) and the witness mandala (by me) are shown in Figures 17 and 18. Trish and I discussed the resonance between our two images.

T: That's my entire being. Whoever I was before the assaults, was erased . . . that's my soul . . . the way we were talking about it. Without any thought of what he was doing to his child. He maliciously murdered me. Absolutely, right to the moral fiber, just right down to the bone.

JL: It's interesting, these jagged lines here remind me of your jagged lines. And what I have in my mind is this fundamental . . . breaking of the core of a woman. . . . where the self is utterly, annihilated . . . and then all that is left is resurrection.

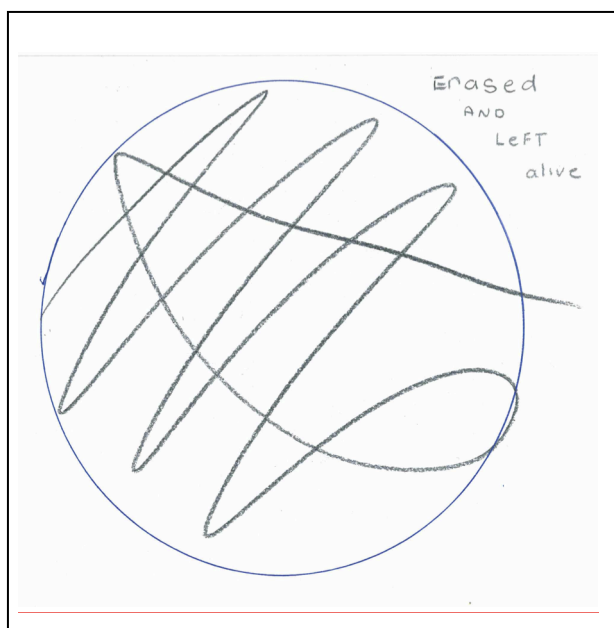


Figure 17. Trish's mandala.



Figure 18. Jacqui's mandala (as witness to Trish's story).

Yvonne's story. Yvonne is a White, 52-year-old mother of five who worked in the commercial sex industry for approximately 35 years. She grew up with three siblings and described her family of origin as highly dysfunctional. Throughout her childhood and adolescence, Yvonne reported that her parents never hugged her, told her they loved her, or celebrated her birthday. While there was no abuse or addiction within the family, Yvonne experienced severe emotional neglect and abandonment. She described her mother as someone not meant to have children. Yvonne's offender was a male cousin who began molesting her in second grade. The abuse lasted for approximately three years.

Interview. During our interview, Yvonne reported an extensive history of sexual and physical abuse. This pattern eventually culminated in domestic battery at the hands of her former husband.

JL: Oh, good. Thank you, awesome, all right. So we're going to ask, we're going to start unpacking it and let's see where we end up. So question number one. Do you feel that a history of sexual abuse has violated, contaminated, injured, broken or destroyed an essential part of yourself?

Y: Oh, big time. For sure.

JL: Tell me why. How do you know that?

Y: Because of how it makes you feel so wrong. And it, you know, and because you're so scared to tell anybody, you live with that for so long, and it affects other things. You know? Then, you know, you're nervous all the time. You're this and you're scared.

JL: Because you're watching.

Y: Exactly. You know? So it, yeah. And it just carries on and on and on. And then you're too scared to tell anybody because, oh, they're going to think it's your fault. Or they're going to think you're lying. You know?

JL: Do you think that, did you, did you experience shame at the beginning when you were first being harmed?

Y: I felt it right away.

JL: A lot of survivors say that. So one of the things they say is not just that they think they'd be believed, or they thought they'd be blamed, but they were so ashamed about what had happened that they didn't want to be publicly shamed by telling people.

Y: Yeah. Oh, definitely. Yeah.

JL: Was that also your experience?

Y: I, I was more, I think, just dam—more. Yeah. I guess more afraid that they wouldn't believe me and, you know, I would be just, you know.

JL: Judged?

Y: Yeah, yeah.

JL: Or blamed?

Y: Made to look ugly and, you know, just, yeah.

JL: Mm-hmm. Okay. Good. So think back. So it sounds like there's between two and four years that, minimum maybe, of abuse that took place over a period of time, early childhood. Can you think of a specific incident that—look at you. It pops right into your head. Every person I've interviewed so, so far, exactly, they immediately know what that incident was. What was yours?

Y: Okay. I remember my mom just painted our room. Me and my sister's room, and we got brand new bedspreads. And I can remember that he, I was standing by the bed and, or right in front of the bed, at the foot of the bed, he takes me by my arms and he lays me down.

JL: On your tummy or on your back?

Y: No. Always on my back. Yeah. And he always laid on top of me. And he was always, he was very fat. I could never breathe. You know? And it's like, like when I'm talking about it like this, I can taste it, smell it, feel it.

JL: It's so strong, the memory.

Y: Yeah. Yeah. Yeah.

JL: So he pushes you down. He's on top of you.

Y: Yeah. No. Well, he takes his dink and he's like rubbing it on my pussy and he's like, "Oh, doesn't this feel good?" And, you know. And then he tries putting it in. And then I would black out right there. But he would always just say, you know, and then, you know, "This isn't nothing wrong. You know? It's, you know."

JL: So he's trying to explain to you that it's all okay.

Y: Yeah. Yeah.

JL: Right. Did you know he was lying?

Y: I felt it. I felt like he was. Because to me I felt, "This isn't right." You know?

JL: How did you know?

Y: I was just, I don't, I don't know how I knew. I just felt it was, felt.

JL: People tell me they knew because it was just yucky somehow. There was something yucky about it.

Y: Yeah, always. It was always just, I felt dirty.

JL: Yeah, yeah, yeah . . . like bleh.

Y: Yeah, yeah.

JL: So there he is. He's trying to insert his penis. And is that, I mean, does he have intercourse at this point?

Y: He tries.

JL: He tries. You can't, you can't remember?

Y: I don't remember. It will end right there then.

JL: But you know that he was certainly making his best effort.

Y: Oh, yeah. Oh, you bet. Because I don't know if a dink can go in a, can it, can it go in?

JL: That small? In a vagina that small?

Y: Yeah.

JL: A grown, a grown penis, probably not without doing damage. But it can probably push in to the, yeah.

Y: I imagine a little bit of it's going to. And that's where I would black out. And I know sometimes I was pushing him off like, "No. No. Don't. You know? That would hurt." And, you know, and I couldn't breathe.

JL: Yeah, because of his body weight.

Y: Yeah.

JL: Right. He was about at least a decade older than you at that point, or something like that. Okay, so the . . . experience. Thinking back to this specific memory and the whole experience of sexual abuse and feeling dirty and feeling violated and not being able to tell, how did that affect your life?

Y: It made me very withdrawn. Very shy. Always feeling not good enough. And if I had to do anything, it had to be done perfect, if not better.

JL: Were you compensating? Were you trying to make yourself better in the eyes of the world, that it felt?

Y: That's what I wanted to do. But I always just, I just went, withdrew, drew, drew, drew. But, yeah, excelled in sports. You know? I was, because I knew I was good at that volleyball. And, you know, so that's what I did. But I found.

JL: So you focused on what you were good at.

Y: Yeah, and then, and I remember, though, any relationships, I always felt sex to be part of it. Like then, to make, to be, for me to be accepted.

JL: So you were, do you think that you learned early that sex was a commodity of some kind? Like to pay the bill?

Y: Yeah. To be accepted and, you know, in a relationship I had to do this. And even though most of it, 99.9%, I didn't . . . I hated it . . . but I would do it anyway.

JL: Yeah, did you, was your sexuality not—I don't mean when you were working (in the sex industry), but when you were with partners, boyfriends, or husbands, was your sexuality affected or in any way harmed by the sexual abuse?

Y: Oh definitely. I think so.

JL: In what way?

Y: I would always, it would always bring me back sort of there. You know? And I, it just, sometimes I would be doing it because, and I wouldn't want to be, you know, doing it with the boy, the guy, the boyfriend, whatever . . . but it just, it made me really want to just do it and get it over with.

JL: So you couldn't enjoy it.

Y: Yeah. I never let myself enjoy it. I did it for him. That was it . . .

JL: Do you think, do you think that you had a tolerance in terms of having your body made into an object?

Y: Oh, yeah.

JL: Because of your sexual abuse?

Y: Yeah, yeah . . .

JL: So thinking about all of this, when you're thinking about particularly that first memory with the bedspread and him pushing you down, which is the one that pops right into your mind. Was that the first incident? Or was it just something . . . why was that a special memory for you? What was it about that day?

Y: I think it was because it was supposed to be a new room maybe.

JL: Ah.

Y: And that was my new bedspread. Yeah.

JL: Right. What did you learn when you were assaulted in your new room?

Y: It's like nothing mattered. You know?

JL: Yeah . . . and how did it feel? Well, you didn't, there's a part of the memory that you don't have.

Y: I know, from what I can remember, there's a part of me that I felt good.

JL: But you were pushing . . . pushing.

Y: Yeah . . . like that, yeah. That I was trying my best, you know, to—but still, I had to be very quiet. You know? But it was like, “This is going to end, this is it. I cannot do it, you know? I'm sick of this, feeling like this.”

JL: Did it ever occur to you to scream in that moment?

Y: Never.

JL: Right. So you were still holding the silence, the secret. Why do you think it never occurred to you—because you were at a place where you were done and you were having no more? But that's not the same as telling.

Y: Still too scared because then they know I'm going to look dirty and, you know, "What are you guys doing?"

JL: They're going to blame you.

Y: Exactly, yeah. It will be ugly . . . because by then anyway, I had no love in my family. I've never, never had nothing. You know? Never a birthday cake or, like, nothing.

JL: So you didn't trust that your family would keep you safe?

Y: No. And when I did tell my dad when I was telling you when I was in jail, first I wrote a letter. Then I ripped it up. Whatever. And then I phoned him. And I was like, "Hi, Dad. I'm in jail. Yeah, whatever." Like I had never been in there very much. So, you know. It wasn't like, "Oh, here I am again." But I said, "I have something to tell you that I've been wanting to tell you for a long time." And he was like, "Oh, yeah. What is it, Jo-Jo?" And I said, "Well, remember all those times when Uncle Larry and Aunt Audrey used to come play cards at our house on Friday night?" "Yeah." "And me and Ron would be gone all the time?" "Yeah." "Well, he was molesting me upstairs in my room." And my dad didn't say nothing. And he's like, "Why do you want to stir up old things and try and cause trouble?"

JL: So your instinct was right.

Y: Oh, yeah. I knew. Mm-hmm.

JL: His first response wasn't, "Oh, my God. I'll kill that son of a bitch."

Y: Yeah.

JL: “Why are you making trouble for the family by speaking the truth?”

How did that feel?

Y: Well—

JL: I mean, after all this you risked telling, you risked breaking the silence.

Y: I just did it. That, that broke my heart, you know?

JL: Abandonment.

Y: Yeah . . .

JL: Yeah, and tell me about the pain of that, which is so alive right now?

Y: You just, I got used to it and would ignore, bury it, that’s all, and try to focus on or right away just do something different.

JL: Yeah.

Y: You know? . . . and because I’d been so used to it all, and that’s how my family was, you know, I would, I was lucky I found a really good family that that’s where I spent all my time . . . a couple of my best friends during school lived down the block . . . that’s where I spent all my holidays. And they’d set, always would set a plate out for dinner—

JL: To welcome you?

Y: Oh, yeah. Because I probably spent, I spent $\frac{3}{4}$ of my life there. My parents didn’t even ask why. Christmases and stuff, I’m over there having dinner, and they don’t even ask, they don’t acknowledge nothing.

JL: Right? Okay. So thinking back to the abuse—not the family neglect, because that’s a huge injury. But specifically around the molestation, is there any particular feeling or

thought or image that pops into your mind right now in relation to your cousin and that incident and all the incidents before?

Y: Whenever I think of, think of him, I always just remember being on that bed and having him there. And, you know.

JL: Having him on you. You mentioned that you had, like, almost a body memory of the weight of him. Is that something that, does that pop up spontaneously when you think about him?

Y: Sometimes it will just come up on its own. Like when I have a hard time breathing sometimes, right?

JL: Interesting.

Y: You know? That'll come to my head.

JL: When you say you have a hard time breathing, do you have asthma? Or is that because you're so anxious?

Y: No, when I get angry I've got major anxiety.

JL: Yeah, very common . . . very common.

Y: And I can be, you know, I can be just eating dinner and all of a sudden it will pop into my head. You know? And I can, I feel that. The weight.

JL: The pressure, the pressure—yeah, literally squeezing you.

Y: I wonder if that's why sometimes I get out of breath.

JL: Okay. Like the squeezing of the chest is almost a simulation of the feeling of your chest being pressed down on by that, by him, by his heavy body on top of you. And when you think about the squeezing of the chest and that panicked feeling, does any picture, any image pop into your head?

Y: No.

JL: Just full body memory?

Y: Yeah, yeah.

JL: All right. So let's go a little bit deeper. How do you, in the context of this violation by your cousin, how do you understand soul. How is your soul, the deepest part of you, affected? Was your soul affected? Maybe it wasn't affected. Do you think your soul was affected?

Y: Oh, I think that having been done to anybody that young, it's going to affect all of you. And it just, it keeps everything, I don't know, more, more withdrawn. More, I keep things more guarded. You know? My soul, I think, is the only thing that kept me going.

JL: Okay. And so I want to ask—when, when you think about soul, what do you think about? What does soul mean to you? It means different things to different people.

Y: It means, okay. My soul, that's my whole being, you know? My God like.

JL: Deep, deepness. Core.

Y: Yeah. And that's, and because I believe in Jesus Christ and everything. And that's my soul. It belongs to Jesus Christ. You know?

JL: So you said your soul kept you going. Tell me about that?

Y: Oh, at my worst, I would always—well, okay. When I was getting beat by my husband, that's when I would, you know, just, you know, my soul would keep me going. You know? Like I'm not, you know, I would just, I don't know how to explain it.

JL: Almost withdraw all the way in.

A: Yeah, exactly . . . and then just, God gave me the strength to survive this, you know, for 5 more minutes. . . . I'm a good person and I would tell that to myself and stuff.

JL: Yeah. Was your soul a safe place?

Y: Yeah. Oh, yeah.

JL: Like your, the place where you retreated to for safety kind of pulled in all the way into yourself as far as you could get.

Y: Yes. Yep.

JL: That place you pulled into—which we'll call soul. I think of it as your, the core or like the hub of the bicycle wheel. It's the thing that pulls everything together. That point where everything meets. Was that place, even though it was a sanctuary, was it injured in anyway by the sexual abuse? Did, if you think of the sexual abuse as a missile that's going to, you know, hit some level of you, did the missile get all the way into your core?

Y: Oh, for me, yeah, it did because it's affected me. It's affected me from the first time on. And it still does. Like, you know, how I look at things, how I think of things and how I don't trust. And, you know.

JL: Yeah, yeah . . . totally. So then let me ask the next question. Does the term "soul loss" describe what you experienced? Does it resonate? Or is there a different description of the injury at the level?

Y: I don't think it, my soul—because that's what I think I would try to protect. So there'd be some part of me to, like, go from. And—

JL: So not "soul loss," because the soul didn't go away. So different people, so one person said, "It was worse than soul loss. It was soul murder," one person said. Somebody else said, "No, my soul wasn't lost, but it was wounded." Somebody else said, "My soul wasn't destroyed, but it was pulled out of me and put in a cupboard somewhere. And then I had to go

back and find it.” And one person said, “It was like a piece of my soul broke off.” So it feels like there’s a spectrum. Where, where are you on the spectrum?

Y: Mine just got more, more withdrawn. More, more—

JL: Shrinking?

Y: Yeah, more tighter . . . more.

JL: Is it—oh, okay. More tighter. So is like your soul was a big fire and then the light got smaller and smaller and smaller?

Y: Yeah, yeah, yeah.

JL: So then it was like—

Y: Yeah, it got more dimmer and dimmer and colder.

JL: Dimmer, colder. That makes sense to me. Is that a form of the light going out within?

Y: Yeah. Oh, yeah.

JL: So when the light is going out within, is your soul dying?

Y: Part of you dies. Yeah.

JL: Part of you dies. Not everything, because there was still something, some little spark.

Y: Yeah. And that’s where I believe God was fighting for me, my spirit. You know?

JL: It kept the little, weeny spark alive. So it’s almost like you started out with a big bonfire, and then it gets smaller and smaller and smaller until it’s like a little lighter flame. So—

Y: Yeah, and that, because if that little bit went out, then I would cease to exist.

JL: Right, right, right. But you did not cease to exist.

Y: No.

JL: You survived.

Y: And I thank God that I did. You know? I tried to kill myself a couple of times. And I'm glad it didn't work.

JL: Yeah. What, how old were you when you had your suicide attempts?

Y: I was, I think, 20 when I did my first one. And maybe 21 when I did the second.

JL: Okay . . . and then, but somehow that teeny, weeny light stayed lit.

Y: Yeah.

JL: And got you through. So if we were to ask now, "What is the state of your soul? And do you feel like you have fully healed from your experience with sexual abuse?"

Y: Oh, no. I've never—oh, I might have healed—well, I probably have not healed when I, from it, because I've never, like I haven't really gone and done anything about it . . . I did a bit and it worked okay for a couple of things. But really just very lightly just touched, just touched stuff . . . It depends, you know, on the day. It really much depends on the day. And right now I'd say it's (soul) like a candle. You know?

Mandalas. The storyteller mandala (by Yvonne) and the witness mandala (by me) are shown in Figures 19 and 20. Yvonne and I discussed the images in our drawings.

Y: I just have a house with a garden, and . . . this is something that I would like, you know . . . my whole life I've never had a bedroom that was a bedroom . . . I tried to garden on my balcony . . . I like flowers. I don't like little flower petals. I like the ones that are big, you know, and bright.

JL: What stands out for me is your little candle that's burning against all odds, and there's something about your plants and, I mean, there's lots going on and life is tough . . . and whatever. But still little green things grow.

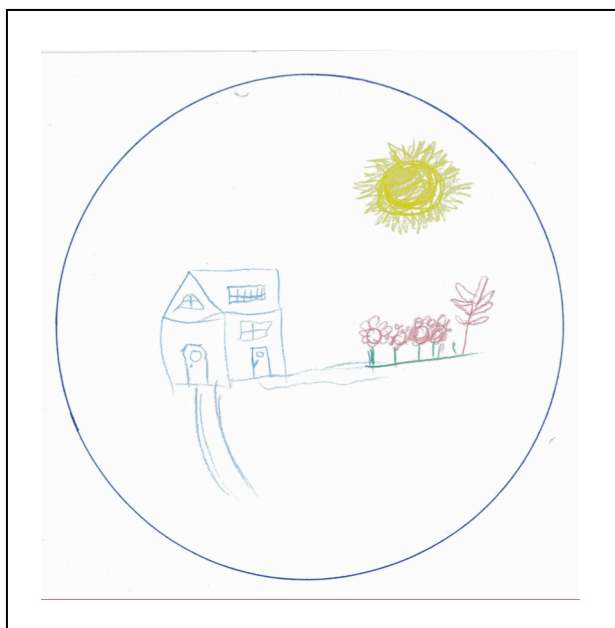


Figure 19. Yvonne's mandala.



Figure 20. Jacqui's mandala (as witness to Yvonne's story).

Sepi's story. Sepi is a single, 47-year-old woman of Persian descent who has worked in non-governmental organizations; she is also a yoga instructor. During our interview, she identified her very first experience of CSA as the most significant in terms of impact on her well-being. Sepi spent her childhood in Tehran, Iran, until the age of 10. Because her mother was a single parent, she lived with her grandparents until age six when her mother witnessed her being physically abused. When Sepi was 10 years old, her mother took her to England and placed her in a boarding school there. This practice was common enough among Iranian families who wanted their children to get an education abroad. However, Sepi believes her mother's regular use of alcohol and opium contributed to the decision to send her away. At the age of 35, Sepi left England permanently and moved to Canada to be with her spiritual teacher in Edmonton, Alberta.

Interview. During our interview, Sepi reported that she never had a safe adult to confide in as a child. She was molested by at least five different family members along with others outside the family.

JL: So I'm going to go through the series of questions. They're standard questions, and I'll probably do, like, "Tell me more," follow-up comments on this or that and see what happens. So question number one is do you feel that a history of sexual abuse has violated, contaminated, injured, broken or destroyed an essential part of yourself? If yes, please describe.

S: Wow. It's like every word has its own story.

JL: Okay.

S: So injured. I'm violated but not destroyed.

JL: Okay.

S: Nothing that was essential in me got destroyed.

JL: Okay, but definitely . . .

S: . . . wounded.

JL: Something essential in you was wounded.

S: Yeah.

JL: What was that essential thing?

S: It wasn't the deepest that I am. It wasn't the core of me, but it was close to that, yeah.

JL: Okay. Can you think about a specific incident—a specific CSA, Child Sexual Abuse, event or assault that stands out in your memory as something that is connected with this feeling of injury and describe the particular event?

S: Mm-hmm [affirmative]. The one that comes to mind is the very first one, and it's one that I was on a meditation retreat, a 10-day silent retreat and this memory came up through my body and it was quite shocking to my system. . . . And I started to see, and it was very, very faint. It's not that there were colors. It's not . . . it wasn't . . . it was just really subtle, very easy to miss. But the memory was of myself as a baby and that . . . I would say a man touched me. And I can't say how he touched me . . . he touched me. But I knew he touched me enough to create a shock to my system . . .

JL: Protection?

S: Protection? Kind of going in and cutting off. And then within that . . . it's like the slightest movement inside. So many beliefs and decisions were kind of imprinted.

JL: Yeah, yeah.

S: And affected.

JL: So the first wound upon which other incidences stood. Is this the “worst” wound?

S: You know, if I had to choose between the worst or not the worst . . .

JL: Yeah.

S: I would say yes, the worst because as a baby we are the most vulnerable and fragile. It's like everything is absorbed. There's no filters.

JL: Yes.

S: There's no comprehension.

JL: Yes.

S: There's no understanding. It's just . . .

JL: And no defense.

S: No defense.

JL: Right.

S: Yeah.

JL: So everything then is potentially ingested.

S: Yeah.

JL: Is that . . . was that true for you that the wound somehow became a part of you?

S: It's like it became a part of me to the point . . . to the extent that I identified with it growing up without consciously knowing that I identified with it. So that, in a way, I was living, I was seeing life. I was seeing love, seeing men through that filter of . . .

JL: Yeah.

S: . . . sexual abuse.

JL: Would that function, do you think, like a post-trauma lens almost like the color of your glasses was fundamentally altered in that moment?

S: Mm-hmm [affirmative]. It's more like that I closed my eyes.

JL: Oh, okay. Tell me about that. What were you closing your eyes from? Against?

S: It was unbearable to see. I think it was shocking to see. So it was just natural.

That's it.

JL: To refuse to see.

S: Yeah.

JL: Protected to refuse to see?

S: It's more than that.

JL: Tell me.

S: It's like the protective is one level, but there's something that's deeper, and what's deeper is that on one level it goes against everything. It goes against goodness. And as beings, that's what we are. As a baby, that's what we know and that's how we see.

JL: Yep.

S: So when something . . . it could have been miniscule. It could have been just a few moments but something fundamentally not right. When that's carried out, it's like it shatters something.

JL: What does it shatter?

S: It doesn't shatter the goodness that one is, but it shatters just something just above it.

JL: Yeah, so close to the core.

S: Very close. It's like it's . . . like the human is goodness, and then there's a distance, and that distance is how the human sees itself and sees the other. It's something in that distance got shattered.

JL: Good, okay. In terms of the experience, you've talked about something very deep in the self being shattered. How else did this experience affect you?

S: Oh, many ways because this experience is like . . . almost like one thread and then there's the other threads that . . . or like a root and then the others kind of come from it or even like a foundation where my sexuality was built on growing up.

JL: Do you have an image? Do you have a visual? What image? What metaphor would capture that?

S: There's different images. It's like the thread and then there's the roots of a tree.

JL: Okay.

S: Maybe roots of a flower.

JL: Something foundational it seems like.

S: Yeah.

JL: Okay, yeah.

S: So in terms, in my childhood, I feel the way it affected me was that something . . . as a child, we have a really clear sense of what is appropriate and what isn't. We have that intrinsic . . . children . . .

JL: It's amazing, but it's there.

S: It's there.

JL: Yeah.

S: Children know. They know their "yes." They know their "no." And so that functionality which is kind of intrinsic . . . it got wounded to the point where when I look back as a child, it's like I had no . . . I just would . . . I couldn't . . . I didn't say no.

JL: Right.

S: I couldn't say no. I didn't know that I could say no.

JL: Right. So was "no" stolen from you or was it never installed?

S: That's a good question. If I had to choose, I would go with stolen or lost because it probably was still inside, but it got kind of closed off.

JL: Somehow.

S: Yeah.

JL: So maybe not lost but lost access to?

S: Yes, and the voice of "no" because no voice. I don't know the verb.

JL: Suppressed?

S: It's a softer word. It's like diminished. It just . . . it's like when you turn the light out. That's what happened to know the light went out.

JL: Right. But there's still light potential. Like, there's still no potential because you could turn the light on again.

S: Yes.

JL: But it's the "no". . . it becomes latent.

S: Yes.

JL: As opposed to manifest.

S: Yeah, and also it's like it goes to sleep.

JL: Modern technology would say it went offline.

S: Mm-hmm [affirmative]. Yeah . . . so as an adult it turned into fear of sexual intimacy.

JL: Of course.

S: And closeness and having also no good barriers . . . no sense of “is this appropriate?” “Is this not?” Not knowing my own “yes” or “no.”

JL: Right.

S: . . . in my body, not knowing it.

JL: Right.

S: So that was as I was kind of in my 20s and 30s.

JL: Did that come from the original wound, do you think? I’m just going to check the timer. We’re over. Did it come from the original wound or multiple wounding in the same place or of the same nature? If the single wound . . . the original seminal wound had been the only one would know . . . have gone to sleep or did it require multiple violations piled on top of that first deep wound to take your “no” away?

S: My sense is that the “no” went away then.

JL: Immediately.

S: It went away in that . . .

JL: That first . . .

S: Yep.

JL: That first wound.

S: Because when I sense back or look . . . because memories of as I was growing up and where there were instances, different forms of abuse, yeah, there was no “no.”

JL: Anyway.

S: No.

JL: Right. So “no” had departed at the beginning.

S: Yep.

JL: And then was it just a reinforcement of not having a “no” in the subsequent incidences?

S: It was a reinforcement of a few things, I think. It could . . . a possibility of a reinforcement of “I have no right to a no” . . . it’s very unspoken.

JL: Yeah.

S: With my senses. And then in reinforcement of a sense of being a victim. Again, that word wouldn’t be what a child would use, but it’s a sense of having no power.

JL: Yeah, okay. What, if any, specific sensations, feelings, thoughts or images are associated with that first experience in the here and now?

S: In the here and now, I feel, it’s a mix of queasy, which I associated with fear, and this is kind of just . . . there’s a sense of nausea. There’s a touch of nausea. You have a sense of the image of the baby, but what’s most “feel-able” is what’s in my belly right now.

JL: Right. Interestingly, in some traditions, your second chakra is the power center of your sexuality.

S: Yeah. . . . There’s a sense of sadness, yeah.

JL: Right.

S: It’s very subtle.

JL: Yes. Have you finished your grieving?

S: Not completely, and I’ll tell you a little bit later why I feel I haven’t.

JL: Yeah, good. Okay, do you think that you have fully healed from this experience?

S: Yes and no.

JL: Okay.

S: The “yes” is that . . . it seems like circles of healing and one is complete.

JL: Yes.

S: And the completion of that shows itself through an ability now to speak about it. . . . To be a mother to it, take care of myself in it, and to have a certain compassion for men in it. So it's all part of that sphere and to love, yeah. The second sphere where it's not complete is that I've been celibate all of my life.

JL: As a result of?

S: Partly as a result of. There's another thread to it because I've come to this life with a knowing of what sacred sexuality is.

JL: Yes.

S: And because of that, I've known to not . . .

JL: Engage in profane sexuality?

S: To not let a man into me and to not go . . . not go for sex. Yeah, so there is two threads. One looks like the result or . . .

JL: One is part of the wound . . .

S: Yes.

JL: And one is not part of the wound.

S: Yeah.

JL: Is there space to engage in sacred sexuality with the right partner?

S: There is now.

JL: You're arriving at a place now where if sexuality could manifest in the sacred nature that you understand it to be . . .

S: Yeah.

JL: Then that is something you're willing to engage it.

S: It's not that I'm arriving. It's that I have arrived.

JL: Okay. So you do now have a lover.

S: In my heart I know who the lover is.

JL: Okay.

S: Not simply the lover but the man.

JL: Yes, yes, yes.

S: And this is not where we've gone to.

JL: Yeah.

S: But this is where I see it with him.

JL: Yeah. If it's going to manifest on this plane, this is the partner.

S: It is going to manifest on this plane.

JL: Okay.

S: And that's not something that I'm wishing for. You know, I'm not . . . it's not that kind of a thing. It's like a deep knowing.

JL: Deep knowing.

S: That this is my life partner and this is a man I trust and that there are touches of the wound in my body. And recently I actually, through Family Systems Consolation, looked at how to address certain aspects of my sexuality, which is on a physical level wounded. And so there are different possibilities. I was going to a medical doctor and exploring this therapy. And then there was this . . . I named them, and then there was this other, which was something else.

JL: Yeah.

S: And it was the unknown for me. So I sat and I was just being with these different . . . the people representing these different possibilities for healing.

JL: Yeah.

S: And nothing resonated. When I came to the something other, I knew inside, even though I couldn't give word to it, what the something other was and it was the love of a man, which is sensitive and gracious.

JL: In terms of this particular original incident, the next question is how do you understand soul in the context of the trauma you have just described?

S: I love the word soul.

JL: Why? You smiled immediately when you said that. Why?

S: Just . . . it's hard to give words to it. I just . . . when I hear the word, it's like it touches my soul, and that . . . on a level that's not tangible. I know what soul is and I know what soul of another is.

JL: Is there an image or do you conceptualize soul in the religious context? A spiritual one? . . . when you just think of soul, what pops into your head?

S: The eyes of a human being.

JL: They say the eyes are the windows to the soul.

S: They do say that.

JL: Yes. Yes. What is it about the eyes? What do the eyes reveal to you?

S: They capture the essence of the soul.

JL: So there's a connection between essence and soul for you. Are they the same? Are they different?

S: In some ways essence seems somewhat deeper . . .

JL: Okay.

S: . . . or more pointy, more kind of smaller than soul. Maybe it's a point.

JL: Any picture, thought, painting, landscape, color?

S: Just point.

JL: Okay, for soul, not for essence.

S: Oh, for soul?

JL: Yeah.

S: Space?

JL: Space. Beautiful.

S: Yeah.

JL: Big space or little space?

S: Unending space.

JL: Unending space. An inner universe?

S: I don't know.

JL: Okay.

S: And love . . . love is . . . it comes through like right now as we're speaking.

JL: Yeah.

S: I'm knowing the touch of love.

JL: Yeah.

S: Within that.

JL: Yeah, wonderful. Okay. Does the term "soul loss" resonate with the experience?

That initial wound that you described? And if yes, why? If no, why not?

S: Not soul lost . . .

JL: Okay.

S: . . . but a sense, maybe a sense of it.

JL: Okay. Can you elaborate on that? Soul something. Is there a word that's more true to your experience? If not soul lost, then what?

S: So if I go back to that original.

JL: Yeah.

S: And what occurred, I wonder if there was as human consciousness or . . . I don't know what the right word is, but as something intangible that we are, whether there was a drawing away from the soul . . . away from the soul. I'm wondering. And whether that drawing away was . . . it's like leaving . . . it's like leaving something which never leaves you.

JL: Yes.

S: But you believe that it has . . . it left you because this was able to happen.

JL: Right. So not a loss because the soul itself remains, but some kind of split, some kind of divide?

S: Yeah.

JL: Does soul split?

S: Soul itself?

JL: Yeah.

S: I don't know.

JL: Or does the soul itself remain intact and another layer of the self is sundered from the whole soul that remains, as opposed to the whole soul itself being divided or lost completely? Does that feel right?

S: Yeah, the latter has more resonance to it.

JL: Okay. So what, if we were looking for a term, we can throw out some words . . . abandonment? division? separation? leaving? sundering?

S: I don't know what sundering means.

JL: The splitting of something into two.

S: Like wood?

JL: More like sundering a garment.

S: Okay.

JL: So I have a coat or a shirt and it's an interwoven thing—a whole thing and I sunder one piece from the other.

S: Okay.

JL: And I may keep both pieces, but they're no longer integrated. It's no longer an integrated whole. So there is some kind of rupture, some kind of split in the integrated web itself. Doesn't mean that soul loss suggests that at least one piece is then away, potentially never to be found again, where as sundering speaks only to the ripping of the thing into two. Does that feel more your experience or other words?

S: Well, the words you used like abandonment, separation . . . those are words that have been alive in me as I was growing up and into my adulthood.

JL: Yeah.

S: So it's like these different words have life, a validity on different levels. So taking one doesn't take away from the other.

JL: Right.

S: Because it's like they're . . . like your fabric that's woven. It's like there's different threads of words.

JL: So there's different resonances of meaning.

S: Yeah.

JL: Different layers of consciousness because the wound sort of bubbles up through different levels of consciousness. But if we were going to try and find terminology for the essential . . . the core injury, would it be abandonment? Would it be a tearing? A soul tearing or something else?

S: I'll just . . . there's an experience that comes to mind. I was at a workshop two years ago in a group, and there was a point where I knew that I was frozen. And in this particular part of the workshop, we each had to get up and we had to say something or do something. And you could volunteer anytime, and everybody went and I was the only one left. So I got up. I had to get up. As I stood there, I experienced my body's completely frozen and I saw that . . . and I knew I was young. And then I saw . . . it's like a tiny . . . almost like a point of light. It's so tiny. Again, really easy to miss. This literally kind of had gone out, and I've read and heard that.

JL: Departed.

S: Yeah.

JL: Something had departed.

S: Yeah.

JL: What was that thing that had departed?

S: And I've come across things that I've read where when abuse happens, a part of you. It's like you space out or zone out whatever that "you" is. It's like I saw it. I saw how I did that.

JL: Was that thing that went away . . . was that a piece of your soul?

S: It could be.

JL: Okay.

S: It was intangible, and it was tiny and it's as if it had light.

JL: Yeah. So in some cultures they talk about trauma fracturing the soul, and so “soul loss” can describe either the whole soul being lost or pieces of the soul being lost. And in these cultures there are many rituals and strategies around soul retrieval work where you go and you gather up the fragments of one’s soul that have been lost along the way and bring them back to self and re-integrate them so that the soul becomes whole again. So would you say from that that a fragment of your soul was lost? You became aware . . .

S: Yeah.

JL: . . . of the fragment of your soul had been lost.

S: It could be.

JL: Yeah.

S: I don’t have a sense that it’s possible for the whole soul to be lost.

JL: Right.

S: I don’t believe that.

JL: Right, but perhaps a piece.

S: Just like a tiny piece, yes.

JL: Yes. That actually is an alignment with the teachings of some indigenous traditions. So it’s not all that is gone.

S: Yep.

JL: Although some people will say the injury was so absolute, the whole soul left and others will say that pieces of the soul were torn away from me, and that my healing is around reclaiming those fragments. Does that sound . . . does that resonate better?

S: I can’t believe that the whole soul . . . that a human can be alive without the soul.

JL: Okay.

S: So the first one doesn't . . . I can't relate to it.

JL: Doesn't fit.

S: But the other fragments of the soul.

JL: Yeah.

S: Yeah, that...

JL: Yeah. Does that sit well?

S: It's like it has a quality of resonance to it.

JL: Good.

S: Yeah.

Mandalas. The storyteller mandala (by Cathy) and the witness mandala (by me) are shown in Figures 21 and 22. Sepi and I discussed the resonance between our mandalas.

S: That's my belly, and I started out down here with grays and browns and blacks, kind of these, like, little waves inside . . . and as you just come deeper, that kind of is like little waves of residue. And it's the queasiness, the certain energy that's distorted sexual energy of kind of having ingested . . . I knew that yellow was light space. It's like where there has been healing, and the pink is love. I associate green with healing.

J: I don't know why I picked green, but it was clear that green needed to be in the picture. So interesting that you should resonate with green as a healing color . . . but there was some kind of . . . shaking up of the system . . . the injury in your case seemed to be the rupture of the soul's place within the self.



Figure 21. Sepi's mandala.

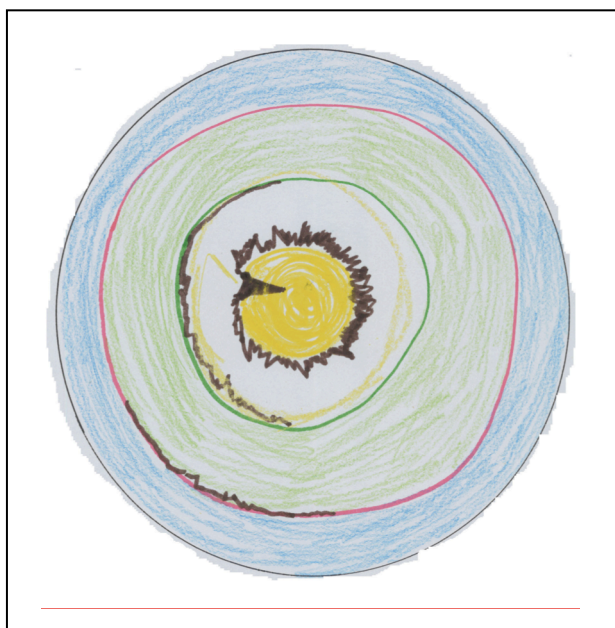


Figure 22. Jacqui's mandala (as witness to Sepi's story).

Emily's story. Emily is a White, 31-year-old woman with no children and an extensive history of physical, emotional, and sexual abuse. As an infant, she was adopted into a family she does not believe truly wanted her. Emily's perpetrators included her father, brother, and an assortment of male acquaintances. As a result of her abuse, she struggled with a range of mental-health issues including bipolar disorder, PTSD, dissociation, and addiction. Emily has a gift for working with children and broad experience as a caregiver. She has a strong religious background and at one point worked as an administrative assistant in her church. She continues to be active within her church community and recently married an old friend.

Interview. Emily's trauma narrative involved dual betrayals by both mother and father. Although she eventually told her mother about her father's abuse, the disclosure was ignored and never spoken of again.

JL: So, let's start with do you feel—question number one, do you feel that a history of sexual abuse has violated, contaminated, injured, broken, or destroyed an essential part of yourse

E: I'd say all of the above.

JL: Why? Describe . . . in what ways?

E: Okay . . . for me . . . there's a part of me that's never going to be the same. Like, that's completely shattered the innocence in myself, has been shattered, and there's no—there's no getting that back . . . as much as I can try . . . it's gone. And, trust, like trust is huge. That, because of the sexual abuse, and because of being assaulted so many times, there's just this huge lack of trust within myself, and within other people—like, for other people. Because, I don't even trust me.

JL: Let alone . . .

E: Yes.

JL: . . . anybody else.

E: Exactly. I'm like, I'm engaged to be married, and I'm just like, "AAHH" . . . because this intimacy is going to be back into my life again, and I don't know how to do it in a healthy way. Yeah.

JL: So . . . in your case, sexual abuse was chronic and long-term.

E: Yes.

JL: A particular incident—one particular assault, where that feeling of brokenness, and contamination, violation, really stands out on the horizon of all the abuse.

E: Oh my, I can think of a couple. But, the one in particular, was being assaulted by three men at the same time. And . . .

JL: This is an . . . an adult assault that you're talking about? I'm thinking about this . . . the child abuse, more specifically.

E: Um, well, my, uh, my dad, right, like . . . Just violating that safety net that you're supposed to have and like, not taking ownership for it, either . . . just kind of brushing it under the rug . . . it's like, "No, you're crazy" . . . It . . .

JL: . . . never happened.

E: . . . never happened.

JL: All in your mind.

E: Yes.

JL: Is there a particular incident with your father that you remember?

E: The one I remember is like him getting basically caught red-handed in it, too.

My mom walked in out of the bath tub—she was in the bath tub. And he was massaging me on the bed.

JL: Vaginally?

E: No. He was massaging my back . . . and then . . . it just perspired [*sic*] where he was massaging my bottom, and then he was massaging my breasts, and then she walked in.

JL: Oh . . . and so she witnessed him touching you inappropriately.

E: Yes, yes.

JL: What did she do?

E: Nothing.

JL: Huh.

E: Absolutely nothing. Even when I went to her when they separated and told her that this had happened . . . she did nothing. She took him back.

JL: How did it feel to have your mother witness him touching you? Had he molested you before this incident?

E: Not that I can prove . . . because I believe he was in my room at night, and stuff like that, but I can't . . .

JL: You don't have specific memories?

E: Yes, yes . . . a lot of my memory is gone now.

JL: Yes, very normal . . . actually, very normal, with trauma.

E: Yes. So, just feeling like, is this going to stop? And, like, what are you going to do?

JL: What are you, Mommy, going to do?

E: Yes . . . do I matter?

JL: Yes.

E: Like this is the tell-all. Like, I know I don't matter before this, but this . . . is your opportunity to say whether I matter, or not. And, I didn't matter.

JL: Because she walked away.

E: Yes.

JL: So, in the moment, where he's touching your breasts, and he's rubbing your back, what are you feeling? Is it yucky? Is it yummy? In sexual abuse, it can be both.

E: It's uncomfortable.

JL: So you're feeling uncomfortable.

E: I'm feeling uncomfortable. And I'm in pain, because that's why he started rubbing my back, was because I had hurt myself.

JL: Okay.

E: And, I'm so, I'm in pain, but, I'm feeling uncomfortable, and like, this is icky. This isn't . . . right.

JL: Hm-hmm [affirmative]. Your body just actually went like, "blah"—like revulsion.

E: Yes.

JL: So there was something "blah" about that whole thing. And then he slides his hand under your shirt . . .

E: Yes.

JL: . . . and starts rubbing your breasts.

E: Yes.

JL: And, when Mom walks out . . .

E: Yes.

JL: Well, when she walks in, what did you feel, in that moment?

E: Just complete vulnerable . . .

JL: Yes.

E: . . . and bare. Like, just completely bare.

JL: Yes . . . was there any shame? Did you feel shame?

E: I think I felt shame when she left, because then, I was like (sigh) this is my . . .

JL: Lot.

E: Yes.

JL: Right. And so, she walks out, and what happens next?

E: I leave.

JL: Okay. So you get up and get out.

E: Yes . . . I get up and get out.

JL: And, never spoken of? Never addressed?

E: No.

JL: And, then more-more experiences of abuse after?

E: Yes.

JL: Any other memory that is big for you, in terms of the sexual abuse, with him.

E: No.

JL: That was the big one.

E: That was the big one.

JL: What do you think it is about that memory that stands out?

E: Just having . . . being abandoned by both parents—being violated and abandoned
by both.

JL: I've had numerous people in this study tell me that the greatest injury was not the sexual abuse . . .

E: No.

JL: . . . but the abandonment of those who were supposed to protect you from it.

E: Yes.

JL: Was that your truth, as well?

E: Yes, very true.

JL: Yes . . . several, several participants in the study have said that.

E: Yes, very true.

JL: And that . . . so much of the damage was in the abandonment, not the violation.

E: Yes.

JL: Do you think that being abandoned is worse than being molested?

E: Yes.

JL: Tell me why.

E: Because I was abandoned right off the hop, like, as an infant, right? Like left, adopted by parents who didn't want, really want another child, but took me in. Left to my own devices. Abused by my older brother. And, like physically abused, right? And verbally and emotionally, right? And, so, it's just like, yeah, that abandonment is huge in my life, because then I always either leave, or people leave.

JL: Hm-hmm [affirmative].

E: So, it's taken a lot to stay in one city for as long as I've been in one city.

JL: And stay in a relationship.

E: Yes.

JL: Not just in the location, but in the . . .

E: Relationship.

JL: . . . energetic space of a relationship.

E: Yes.

JL: Okay. So how, would you say, that the experience of being sexually abused by your father affected your development, your life? What was the impact?

E: (Sigh) . . . well, it started off that whole train of trust, right? And put me in positions where I became vulnerable to other men. So, um, like I ran . . . from home—home wasn't safe or fun anymore. But where I ran wasn't safe or fun, either.

JL: Where you went to?

E: Yes.

JL: Yes.

E: Yes . . . so, it just . . . and it started that-that trap, that cycle of abuse, that just continued and got worse and worse, every time.

JL: So when you're running from a monster, it's easy to run to a monster.

E: Yes, and, like, you get someone who will just listen to you, or talk to you, or pay attention to you, and then all of the sudden, the tides turn and they want something.

JL: Hm-hmm [affirmative].

E: And you've got to give them what they want . . .

JL: Because?

E: Or you feel . . . like, I just felt like I had to . . . like I had no choice.

JL: Like you owed them?

E: Yes.

JL: You were indebted? Because they had what? Given you their time or . . . ?

E: Yes, or attention or . . . one was, he would let me get cigarettes, and stuff like that.

And so, I felt like I owed him. And he made it that way. He made it so that I always owed him.

JL: Yes. So love has a price?

E: Yes.

JL: That's . . . that's the lesson.

E: Yes.

JL: How high is the price?

E: Yes.

JL: How high is the price, of love?

E: High, really high.

JL: Is it high, still?

E: I don't feel like it is. I feel like . . . I feel like I have . . . I feel grateful that I didn't lose my ability to love. And that it's not as high a price because I have a God in my life. Without that, I don't know where I'd be. Because at least there, I know, I can find out what is real, and what is not. And what is real love look like? What is . . . the proper object of parent and father and mother and . . .

JL: Hm-hmm [affirmative].

E: Yes.

JL: So it's a . . . your relationship with Christ is, in some ways, a model, of healthy relationship, that you didn't find in the world.

E: Yes.

JL: Have you found it in the world—healthy relationships?

E: Yes.

JL: Where have you found it?

E: With friends and . . . within my core, I found lots of good, healthy relationships. And, with my fiancée. I mean, we started off 5 years ago in a really good relationship. But, there were limitations to that. And, uh, to break up and remain friends, and to not hold each other, like, to any standard or any resentment—to not have any resentment. And then to come across and be like, no, let's take . . . this and let's . . .

JL: Fall in love again.

E: Fall in love again. And . . . it's been good. It's been wild. And . . . such a slow process, which is good, because I don't want to rush things this time. I don't want to jump in with both feet and be like, "Okay, I'm all in" . . . so . . .

JL: So new? There's something . . . you're changing the way you do things . . .

E: Hm-hmm [affirmative].

JL: . . . in relation to everything else that's going on.

E: Yes.

JL: Trying new patterns. Good. So, as you're talking about this memory of the abuse, and Mom walking in, and the two-fold injury of violation and abandonment, what specific sensations, feelings, thoughts, or images come up and are associated with this?

E: (Sighs)

JL: Sensations, feelings, thoughts, or images.

E: Like, I get a sickness in my gut.

JL: Ah!

E: I get a sickness in my gut, and it . . . hasn't gone away. And it's towards both of them. Like, just that sick feeling, in my gut, that's just like, this is not okay. And what happened to me was not okay. And . . . I think I can look . . . the image I get is just me lying there, right? And thinking that this is just not—this is surreal. Like, how can this be happening?

JL: Hm-hmm [affirmative]. And yet, it is, and it did.

E: Yes.

JL: And nobody seemed to care.

E: Yes.

JL: Do you think that you have fully healed from your sexual abuse?

E: No, I don't. I feel like I've worked really hard to heal. And, I don't know that I will every fully heal from it.

JL: Tell me about that. Why not?

E: Because, it's like, it's that part of me that is broken. That, I mean, I could try to mend it, in different ways. But, to fully heal it—to fully allow it to, basically, re-form. And, it just seems impossible.

JL: Hm-hmm [affirmative]. Because the injury is so deep?

E: Yes, and then because there was just so much more that came after that, right?

JL: Right.

E: And that reinforced everything.

JL: Just reinforcing. So not just the original injury, but all the sexual assaults that came subsequent to . . .

E: Yes.

JL: Right? Okay. When you think about the trauma—the childhood trauma, in specific . . . how do you understand the impact of this on your soul, whatever soul means to you? How did the sexual abuse affect you at the soul level? Or did it?

E: Definitely. I would definitely . . . because I'm a feeler. So, because the injury was more felt deeper than . . .

JL: All the way.

E: The physical . . . yes.

JL: All the way in.

E: Yes.

JL: Hm-hmm [affirmative].

E: And so, it's just . . . it effects, and has affected, every part of me, because of that.

JL: So does the term soul loss resonate for you, in relation to you abuse?

E: Yes . . . totally.

JL: Yes.

E: Yes.

JL: Tell about your soul loss.

E: And I learned how to detach, right? Like, there's . . . an area where, it just stopped—the connection just stops. And . . . I can shut it off. And that's my power of my control, is I can shut it off, and detach. But every time, it just cuts a little deeper, and a little deeper.

JL: Hm-hmm [affirmative]. If we think of the Self, with soul—if we think of the soul as the hub of the Self.

E: Yes.

JL: Like a bicycle wheel is the Self, and the hub is the soul, what happened, in your mind's eye? What happened to your soul as a result of this abuse?

E: Oh, my soul was injured, deeply—deeply cut . . . and . . . lost, like lost.

JL: Like, taken away from you?

E: Yes.

JL: There seems to be a spectrum of what the injury at that level can look like. Which is it for you?

E: I feel like my soul, like, my soul left, and didn't return.

JL: So flight? Soul flight?

E: Yes.

JL: Was your soul torn out, or did it fly away?

E: It flew away.

JL: Tell me about that—soul flight.

E: Just . . . it went to a safer place, and just, it's like, it can't—I can't deal with this. And so, it's like, gone. And I'm not the same person. And, to get that back, has been a lot of work. And I don't know how to stop it from flying again. You know what I mean?

JL: Hm-hmm [affirmative].

E: Life would get good, and so, I'd feel like I'm intact again. I'm whole again. And then (makes swooshing sound) gone.

JL: Hm-hmm [affirmative]. So, it's almost like . . . one of the things, the sexual abuse and, likely, concurrently, the abandonment—because in your case, they're so tightly wrapped.

E: Yes.

JL: [Has] it unanchored your soul from its moorings. So rather than having your soul like plugged in, like the spokes of the bicycle wheel are bored in to the core, so they can't—it doesn't flop around. It's almost like, somehow, the soul became unhinged from the rest of the system. And when your system is under pressure, the soul, even now, flies away.

E: Yes.

JL: Does it fly back?

E: It does. I believe, like it's, I believe that it came back, but was so easily scared off, after that . . .

JL: Yes.

E: . . . that, you know, its presence was never fully intact, again.

JL: It was never fully anchored back in to its moorings.

E: No.

JL: Almost, like it was sitting in the docking station, but not really plugged in.

E: Yes.

JL: And so, with any kind of pressure (makes swooshing sound), "I'm out of here."

E: Gone, yes.

JL: Got it. And that's still happening now?

E: Yes.

JL: What is it in your life, in the world, that will cause soul flight for you?

E: When I'm feeling low—like, really low. And when I'm feeling . . . when my senses are like, danger, danger. It's easy to fly. It just takes off.

JL: Hm-hmm [affirmative]. Where does it go?

E: I don't know. I don't know. I'd like to say that there's a place, like there's a place that I always end up going to, as a child, as I think about it. Like, I was a teenager, and there's just this place in the woods that I just loved. And it's like it goes and plays, you know?

Like it's . . .

JL: Away.

E: Away.

JL: Some away place. And then it comes back, on its own, over time . . .

E: Yes.

JL: . . . it sounds like. It reminds me of a homing pigeon, right?

E: Yes.

JL: At some point, it always comes home.

E: Yes.

Mandalas. The storyteller mandala (by Emily) and the witness mandala (by me) are shown in Figures 23 and 24. Emily and I debriefed on our shared artwork.

E: So here's my soul, up here somewhere, where it's nicer. This is the darkness, and this is the shaky ground underneath. And it's like I can't be on solid ground. I don't know how to find that . . . And the rest is like open space. . . . I'm hollow So, like there's . . . nothing to me . . . no substance . . . I'm afraid of the ground. Like, I won't—I don't want to go near it, because it's so shaky and so unstable that I'd rather be above it than on it.

JL: I see your soul as plumper than you do . . . but I see it as not with you, right? So, what struck me about this was you're . . . talking about soul flight as an active, repetitive thing . . . you almost want to just grab it when it gets here next time around and lock it down so it can't get out again.

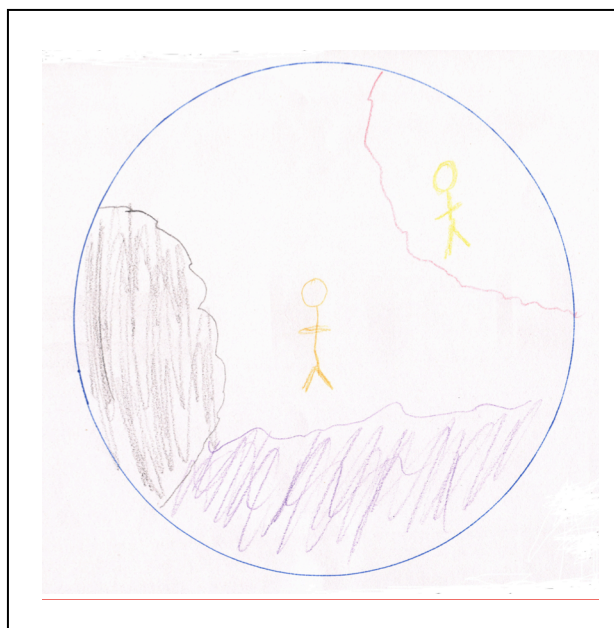


Figure 23. Emily's mandala.

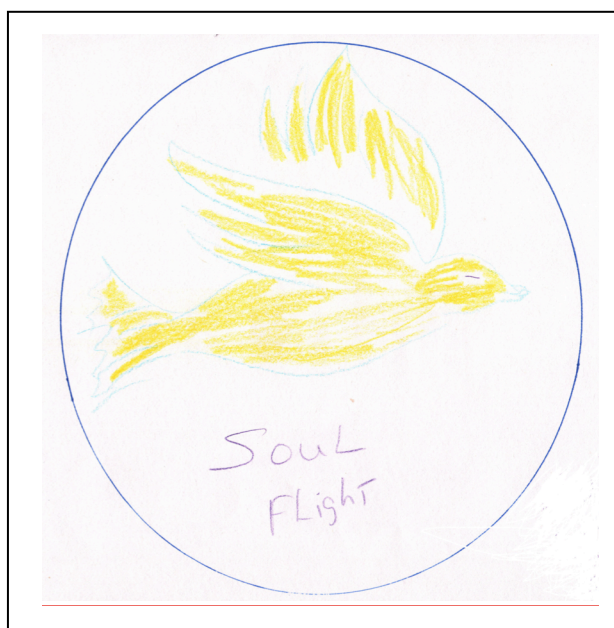


Figure 24. Jacqui's mandala (as witness to Emily's story).

Cycle 4—Data Analysis

All participants in this study reported that their history of CSA contaminated, injured, broken, or destroyed an essential part of themselves. While their index traumas or defining traumatic events were each unique, similar themes of psychological distress were evident throughout the data. The analysis that follows is my attempt to draw meaning and coherence from three streams of data including transcripts, artwork, and embodied writing. Although I analyzed the transcripts and embodied writing independently, analysis of the artwork was done in collaboration with Dorit Netzer, a transpersonal scholar and art therapist from Sofia University. Braud and Anderson (1998) stress the importance of peer review as one means of increasing the validity of qualitative data analysis. In two conference calls over a 4-hour period, I consulted with Netzer on my interpretations of the 24 mandalas in the data set. Her insights proved invaluable in helping to deepen my understanding of the psychospiritual impact of CSA.

Participants' descriptions of soul wounding. Soul wounding involves a discrete injury to the most essential level of the survivor's being. This form of psychospiritual trauma creates a sense that a core part of the self has been maimed but not destroyed.

Nora's analysis. Nora's story of soul wounding was a narrative of profound loss. A semi-structured interview, expressive art, and embodied writing were used to explore her experience.

Interview. Nora's interview was filled with themes of violation, abandonment, rage, shame, low self-esteem, resilience, and traumatic bonding. Molested by her father from an early age, violation of body and soul was the only existence she knew. The traumatic bonding with her perpetrator was so profound as a child that she became enraged with police and physically attacked them when they arrested her father for raping her sister. For Nora, the man that others viewed as a criminal and pedophile was, in fact, the man she loved. As such, the police whose

job it was to help protect Nora and her siblings quickly came to be viewed as enemies. During our interview, Nora acknowledged the unhealthy nature of her early bond with her father but added that she had forgiven him for his crimes and loves him to this day.

Although several other children reported that Nora's father had molested them, Nora's mother did not believe her CSA disclosure. When she was ostracized by her family for reporting the abuse, Nora learned that she was essentially alone in the world. This experience helped facilitate her entry into the commercial sex industry where she remained for 28 years. Her family's collective shaming of her with statements such as *you're just like your dad*, appear to have reinforced Nora's identification with her abuser. Interestingly, although Nora habituated to her abuse and considered it normal, the same did not hold true when it came to her sister.

Nora reported that she attempted to protect her sister from CSA by physically shielding her when their father spied on them during bath time. This suggests that her normalization of the abuse was more related to feelings of low self worth than the belief that CSA was, itself, acceptable. The ongoing emotional abuse in Nora's family of origin strengthened her bond with her perpetrator. Rejected by her mother, Nora's father became her primary source of emotional nourishment and she believed CSA to be an expression of that affection. For Nora, then, her father's abuse was a manifestation of love in a family where there was little enough love to be found.

In my view, one of the most striking aspects of Nora's story was the enormous resilience she displayed in the face of violation and betrayal. In addition to her CSA, Nora was raped and battered multiple times in her role as a professional sex worker. Although she described her family of origin as a Nazi war camp, she also remembered being told as a child that the women in her family were strong and capable. This narrative of strength may have served a protective

function in helping prevent Nora from succumbing to despair. Nora is also a woman of deep faith and repeatedly attributed her healing from CSA to the salvation of Jesus Christ.

Mandalas. When invited to draw an image that reflected her experience of our interview, Nora drew a flower reminiscent of a stylized lily. This life-affirming image filled the circle completely with lush green leaves and a stalk crowded by plump, colorful petals. One of my reasons for including mandalas in this intuitive inquiry was to discover whether the researcher and participant would use similar colors, images, and/or themes to reflect their shared experience of the interview. Although Nora's and my mandalas focused on dramatically different themes, similarities in our use of color, line, and space created a strong resonance between our images.

My drawing showed a broken heart intersected by a cross and surrounded by light. For me, this image reflected both Nora's lifelong struggle in the face of oppression, as well as the abiding faith that saved her body and soul. Interestingly, Nora's drawing appeared to capture the felt sense of her story, while mine was filtered through my intellectual understanding of the trauma she endured. What I found most striking was the joyful quality of the images, which stood in stark contrast to the darkness of the topic under investigation. D. Netzer (personal communication, August 13, 2013) pointed out that Nora's flower was anchored to the bottom of her mandala while my crucifix was not. This suggested that Nora's image of hope was successfully being used to ground her in the here and now.

Embodied writing. Throughout the active imagination session for Nora's mandalas, I found myself captivated by the images. Gazing at her drawing, my impression was that of an organism's inexorable journey from darkness into light:

Settling quietly into my meditation, I ask Nora's mandalas what they wish to reveal to me. I get a strong image of a seed deep in the earth, relentlessly seeking illumination. My arms move slowly above my head and my body undulates as I become a small shoot pushing, pushing, pushing through the dark earth, my sole objective to touch the sun.

Like Nora, I am a strong woman who has endured much. My faith is my protection; the shield that sees me through adversity. Breathing in and breathing out, I am filled with a soul deep awareness that, despite all evidence to the contrary, *light* remains in the world. (Jacqueline)

During the active imagination session, I saw myself as a tiny seed buried in the dark. Embodying the sense of my climb toward freedom, my body began moving sinuously as my consciousness wove its way through the musky earth. Burrowing steadily through the moist darkness, I was reminded of Starhawk's (n.d.) words, "Everything lost is found again, in a new form, in a new way. Everything hurt is healed again, in a new time, in a new day" (para 5). As I swayed back and forth to an instinctive rhythm, I saw in Nora's suffering a seed of hope that would not be denied.

Cathy's analysis. Cathy's experience of soul wounding resulted in extensive psychospiritual harm. Her story was explored in depth using face-to-face interview, expressive art, and embodied writing.

Interview. Cathy's interview contained themes of shame, rage, grief, abandonment, self revulsion, confusion, anxiety, loss of trust, intimacy problems, and self-sabotage. The mental-health issues she struggled with ultimately led to periods of homelessness and the loss of her children to the child protection system. She noted that she did not have a romantic partner because she did not know how to establish and maintain healthy relationships. Cathy grew up believing all men were unfaithful and that the people she loved most could not be trusted. This fear was confirmed the day Cathy's grandmother walked in on her being sexually assaulted by her grandfather and failed to intervene.

Cathy's insistence that she understood her grandmother's choice revealed how little expectation she had of being protected by caregivers. In an attempt to make meaning of her grandmother's betrayal, Cathy concluded that her grandmother was wise to avoid a potential

assault from Cathy's grandfather for interfering. Her lack of secure attachment resulted from a combination of CSA, family violence, alcoholism, and the fact that Cathy was adopted. As a child, she understood that what she needed was of little consequence to those around her. A healthy child's expectation of safety simply did not exist in Cathy's case. In privileging her grandmother's needs above her own, Cathy exposed her grim acceptance of the fact that she was less valuable than other family members. This low self worth was a pervasive theme that would haunt her for the rest of her life.

Cathy's experience of CSA severely damaged her developing sense of self. Rage, fear, and self-loathing created a lasting psychospiritual injury that left her feeling contaminated and worthless. These feelings were exacerbated by the fact that she experienced physical pleasure during her abuse and, therefore, saw herself as complicit in the crime. In my clinical experience, clients who experience pleasure during CSA typically suffer with feelings of guilt, shame, and self-disgust. Cathy's ensuing feelings of filthiness and self-contempt contributed to her experience of soul wounding. However, her psychospiritual injury did not involve a complete dissolution of self. Despite the tremendous harm she had experienced, Cathy evidenced clear indicators of posttraumatic growth (Werdel & Wicks, 2012) throughout our interview. For example, she pointed out that her CSA experience had made her more compassionate and insightful, less judgmental toward others, and more actively engaged in her spiritual practice.

Mandalas. Cathy's mandala was a drawing of her grandmother's face at the time of her index trauma. It was done in black pencil crayon with no other colors and the words *yucky* and *her eyes looking at me* embedded in the image. Grandmother's head appeared to be completely disembodied as it floated, unattached, in the middle of the page. Like Cathy, I chose to do a

monochromatic drawing; however, I intuitively used the color purple to convey a quality of mourning.

My image showed a faceless female curled up in the foetal position at the center of a spiral. For me, this image embodied the felt-sense of shame I remember from my own trauma narrative. During our consultation, D. Netzer (personal communication, August 13, 2013) pointed out the resonance between the two mandalas, including how the spirals in Grandmother's hair echoed the spiral in my drawing. The words in Cathy's mandala reiterated her sense of shame, distinguishing it as the overriding theme of our interview. The faceless woman in my drawing also highlighted the fact that Cathy was completely absent from her own mandala. One intriguing phenomenon D. Netzer and I noticed was that the embodied quality of my mandala seemed to be compensating for the disembodied quality of Cathy's image. We speculated about whether this might be evidence of some sort of transpersonal mechanism at work in the creative process.

Embodied writing. Shame was the focus of my embodied writing around Cathy's trauma narrative. Using active imagination and thinking in movement, I explored the theme from multiple perspectives:

Meditating on Cathy's mandala, I see in her grandmother's eyes not Cathy's shame, but her grandmother's shame. A shame she has allowed Cathy to carry on her behalf. Cathy also carries her grandfather's shame with both grandparents' permission. My body curls into a fetal position on the floor. I bend backward, covering my face with my left arm and holding up my right hand as if warding off a blow. I am a living object of scorn and derision, the very embodiment of shame itself. The dark, poisonous treacle that is shame oozes from my pores. Hiding my face; I seek to hide myself from the world. My self-disgust consumes me and I begin to shudder, curling into an even tighter ball. Perhaps if I curl my body up tightly enough, I can finally, mercifully disappear from the world.
(Jacqueline)

What I know about shame is its color, its texture, and its smell. Shame, in my experience, is a sticky, black, viscous energy that coats everything around it with a bitter psychic scent. This

oozing sludge with its tar-like quality leeches life from everything it touches. The architecture of Cathy's identity rests on a foundation of shame passed on to her by adults who failed to keep her safe. It would appear that the sins of fathers are not only visited on sons as Cathy was made the scapegoat for her family's many sins. Like all good scapegoats, she took on the collective shame of a dysfunctional system and carries that burden within herself to this very day.

Participants' descriptions of soul theft. Soul theft involves feeling as if the perpetrator has stolen the survivor's soul from her very body. While the soul itself remains intact, it is dislocated from its central place within the architecture of the self.

Mel's analysis. Mel's experience of soul theft was exacerbated by her family's betrayal. Her CSA narrative was explored using a semi-structured interview, mandala making, and embodied writing.

Interview. Mel was the only participant in this study who had the opportunity to charge her abuser and face him in criminal court. She was molested by her grandfather multiple times over a two-year period, but identifies her index trauma as the very first assault. Loss of trust was one of the central themes in Mel's story of abuse. Although her mother reported Mel's disclosure to the authorities, the rest of her relatives were furious that the family name had been tarnished. Various family members accused Mel of lying and refused to offer their assistance or support. As a result, Mel spent her childhood feeling unsafe, unvalued, and unloved. She noted that being ostracized by people who should have protected her was more devastating than the CSA itself. While Mel ultimately lost her case against her grandfather, her testimony encouraged several others to come forward and her grandfather is now a convicted sex offender.

Mel's CSA resulted in a range of mental-health challenges including depression, anxiety, and psychological dissociation. She noted that although she survived, she never truly had a

childhood as her innocence was destroyed during her first assault. The shame and self-loathing Mel experienced as a result became the core of her identity for many years. Fortunately, she also possessed an inherent resilience and drive that, ultimately, led her to become a successful entrepreneur.

CSA left Mel feeling violated, contaminated, and broken at the deepest level of her being. She reported that she continues to feel broken even today because of the neurophysiological effects of her abuse. Mel described the psychospiritual impact of CSA as feeling as though her soul had been sucked out of her body by her perpetrator. She noted that while her soul itself was not destroyed, it was as if he had placed it beyond her reach. This experience, which I have labeled soul theft, left Mel feeling like a hollowed out gourd with a dislocated core residing outside her own self.

Mandalas. Mel's mandala depicted a little girl with big eyes and long hair wearing a purple shirt and blue shorts. Although the child had a delightful smile, she was drawn without hands or feet, suggesting both a lack of grounding and an inability to reach out to others. On the surface, Mel's mandala was bright and cheerful; however, the environment surrounding the child was devoid of life. Her face also had a mask-like quality, reminiscent of Japanese Kabuki dancers performing in the theater. In stark contrast to Mel's depiction of childlike innocence, my mandala was violent, visceral, and devastating. It showed a blue woman arching backwards in agony as a black claw ripped the golden ball of her soul from her body. Uncannily, my blue woman also had no hands or feet and the color palettes Mel and I independently selected were virtually identical. I found this fascinating given that neither Mel nor I could see the other's drawing at the time they were being created.

As was the case with all the mandala pairs, Mel and I completed our drawings on opposite ends of the interview room and did not reveal them to one another until both were completed. Symbolically, the prominent claw in my mandala almost seemed to be compensating for the lack of hands in both woman and child. The viewer was, thus, harshly reminded that the power to reach out and take what he wanted rested solely within the hands of the perpetrator. Both mandalas also revealed considerable tension around the groin area where blue crayon had been densely applied. D. Netzer (personal communication, August 22, 2013) noted that in this mandala pair, as with several others in the data set, my drawing highlighted a deeper level of psychospiritual disturbance than was revealed in Mel's image. We concluded that some participants in the study might have attempted to protect themselves emotionally by drawing less charged images related to their CSA experiences.

Embodied writing. Using active imagination to process Mel's drawings, I identified a theme of armoring that was not explicit in her interview. Through the vehicle of the body, I explored the nuances of this instinctual mode of self-defense:

Settling on my mediation cushion, I stare at Mel's mandala along with my own. Spontaneously, I reach forward and place her mandala on top of mine. As I close my eyes and ask Mel's mandala what it is I need to know, I become aware of a stiffness in my neck and slowly start to rotate my head in a clockwise manner. The more I rotate the more I become aware of a deeper stiffness in my neck and back muscles. I begin thinking about body armor. My neck rotations flow into shoulder rotations and I am surprised both by the pain and stiffness in my body. The tensing of muscles is a form of armoring and I realize my body is revealing to me a subtle survival strategy employed by the little girl in Mel's mandala. (Jacqueline)

As I sat gazing at Mel's and my drawings, I noticed my body becoming more and more rigid. The tensing of musculature is one way that human beings armor themselves emotionally. For some reason, Mel's mandalas had me instinctively activating my body armor. Her drawing of the smiling child appeared to be protective in that it strategically focused on her pre-trauma

identity. However, while on the surface Mel's child appeared happy, it was also frozen in time as it failed to acknowledge that Mel's pretrauma identity was no more. My mandala, in contrast, was menacing and dark, more graphically depicting the nature of the violation she endured. Gazing at Mel's mandala, which almost completely covered my own, I understood that I was witnessing the psychic shield she used to keep the horrors of CSA at bay.

Jo's analysis. The two most powerful themes to emerge from Jo's trauma narrative were neglect and emotional abandonment. Her story was explored using a semi-structured interview, artwork, and embodied writing.

Interview. During childhood, Jo was moved around to several different foster homes and was only placed in a permanent home at the age of seven. As a result, she suffered from severe attachment trauma, which affected all of her future relationships. Jo's insecure attachment pattern was reinforced by an emotionally distant adoptive mother who once informed Jo that she was worth \$700 a month in government benefits to the family. Jo stated that she grew up feeling like little more than a piece of furniture in her house. As a result, she spent as much time as possible away from her family.

Because she regularly played outside unsupervised, Jo was vulnerable to being orally raped by a male neighbor at the age of eight. Although she told her parents what had happened, they accused her of lying and failed to support her. Her parents continued to accuse Jo of wilful deceit when she reported subsequent incidents of molestation over the next few years. At age 13, Jo was thrown out of her parents' home after an argument with her mother and found herself homeless. The need to survive eventually led her into a life of petty crime, drug dealing, and prostitution. Like several other participants in this study, Jo stated that her parents' failure to believe her disclosures was more devastating than the CSA itself.

Jo suffered with severe mental-health issues including depression and dissociation as a result of her trauma. She also reported that she had difficulty maintaining healthy relationships because of her inability to emotionally bond with others. While she worked in the sex industry for many years, she reported that she had never experienced physical intimacy within a loving relationship. Jo attributed her inability to bond with others to the fact that her soul had been snatched away by her perpetrators. Her experience of soul theft left Jo feeling like an empty shell embedded in the heart of an iceberg. Even after nine years of therapy, she stated that she did not believe she had recovered from her trauma because she was still unable to feel happiness. It is important to note, however, that while Jo continued to face challenges, she also exhibited resilience in terms of her determination to pursue an undergraduate degree in psychology.

Mandalas. Jo's mandala was bright and vibrant, depicting a hand covered by a series of colorful circles. The back central circle symbolized the state of her soul while the surrounding swirls were meant to convey a sense of movement. She stated that the hand in her picture symbolized every abuser, violator, and professional sex client who ever touched her, leaving their handprints on both her body and mind. My mandala, on the other hand, contained a blue sphere with a golden ball being ripped out of the center by a fishhook. At first glance, our drawings appeared to have little in common but deeper reflection revealed that Jo's hand and my hook were both instruments used to capture something or someone. Despite differences in color palettes and content, both Jo's and my drawings seemed to reflect a theme of theft; the recognition that something essential had been forcibly taken from her.

D. Netzer (personal communication, August 22, 2013) also pointed out that Jo had traced her own hand to make her mandala, symbolically establishing a connection between the hands of the men who violated her and the ways Jo violated herself. She noted that the swirling lines

around Jo's central image were reminiscent of pubic hair and that the upright hand in her mandala signalled the word stop. This suggested that on some level, Jo's psyche was saying no to being violated by self and others. The fact that her mandala was drawn in permanent marker, rather than a more transient medium like chalk or crayon, also indicated a strong commitment to the message contained in her image.

Embodied writing. Working with Jo's mandala was an emotionally challenging experience. Her anguish triggered a powerful sympathetic resonance within my own body:

Sitting before Jo's mandalas, I focus on my drawing of a hook ripping her soul from the center of her being. I close my eyes, attempting to hold both drawings in my mind but am repeatedly drawn back to the vicious hook. It is made of bone with a sharp curve that bores into my psychic core. I think of the ancient Egyptians pulling the brains of embalmed pharaohs out through their nostrils. This hook is pulling my soul out through my mouth. I see a thick thread of yellow energy attached to a piece of my soul, pulling, pulling, pulling, as my soul unravels like a ball of wool. I spontaneously begin to exhale in a hissing breath as the yellow light is dragged out of me. This hissing exhalation goes on and on and I have the sense of deflating like a balloon. As my soul leaves my body, I become a wizened husk, a shell of a woman with papery skin and snow white hair. I understand that the only way to survive in my emaciated state is to carefully and methodically move one limb and then the other. Otherwise, I will shatter into a million pieces. I cannot be too much in the world. I am too brittle, too fragile. Here but not here, my wasted limbs can barely stand the touch of the punishing earth. How does a desert become a rain forest? (Jacqueline)

As I worked with Jo's mandalas using active imagination, I had the disturbing image of a hook drawing my soul out through my nostrils. In that moment, my body collapsed like a deflated balloon and I slid off my meditation cushion, unable to stay upright. In my mind's eye I saw the desiccated form of a woman who reminded me of Jo. I felt her brittleness within my own body and realized that despite her independence and courage, Jo remained tremendously fragile. Years of being used and abandoned by others had cemented her belief that no one could be trusted. Her emotional isolation resulted in a bone deep sorrow that forced Jo to move almost gingerly in the world. Encased in her sarcophagus of calcified grief, Jo's refusal to surrender to it

was a tremendous act of courage. For me, her dogged commitment to pursuing her education revealed a determination to actualize at least one of her dreams.

Participants' descriptions of soul murder. Soul murder involves the annihilation of the survivor's core sense of self. In this form of psychospiritual injury, the innermost level of identity is destroyed.

Blanche's analysis. Blanche's experience of soul murder resulted in she herself becoming a perpetrator of CSA. Her story was explored using face-to-face interview, mandala making, and embodied writing.

Interview. The index trauma Blanche identified in our interview was her molestation by an older, male cousin. When she disclosed the abuse to her family, they did not believe her. As a result, Blanche was silenced and shamed rather than supported and protected. Because she never received counselling for her CSA, Blanche eventually developed lifelong mental-health issues. When she learned that her parents had continued to go fishing with her offender even after she disclosed the abuse, Blanche came to believe she had no value in her parents' eyes. This led to feelings of confusion, betrayal, rage, low self-esteem, and a loss of trust in the people responsible for her care. Poor emotional boundaries caused Blanche to re-enact the CSA with her siblings. She noted that she set up elaborate scenes in the family home and lured her siblings there to perform sex acts with her.

The guilt and horror Blanche felt about her role as a perpetrator were reflected in nightmares where she saw herself as a man raping a woman. When Blanche's parents found out about the molestation of her siblings, she was both humiliated and scapegoated by them. Their emotional abandonment had a devastating impact on Blanche who declared that her family's indifference toward her abuse was more destructive than the CSA itself. The family's outrage

reinforced Blanche's already low self-esteem, facilitating her entry into an abusive marriage where she remained for many years. Rage from the CSA, family betrayal, and her husband's mental cruelty resulted in Blanche becoming physically violent toward her own children.

When we discussed the construct of soul loss, Blanche noted that the psychospiritual injury of her trauma was so profound it was best described as soul murder. In addition to CSA, she believed family abandonment and her husband's abuse were crucial contributors to the annihilation of her deepest self. Soul murder, for Blanche, described a situation in which the core of her selfhood was completely eradicated. Blanche noted that, for her, full recovery might not be possible as she would never get over the harm she had done to her children. Despite the tragic nature of Blanche's story; however, it was not a narrative entirely without hope. She eventually remarried and is now in a healthy relationship. Despite self-doubts, Blanche's resilience was evident both in her determination to heal and her commitment to make amends to her siblings and children.

Mandalas. Blanche's mandala consisted of a ball of darkness, hollowed in the middle, with blood gushing out from its center. The blackness of her mandala seemed to consume all space except for a core of emptiness on the left half of the drawing. Interestingly, a small yellow circle appeared at the center of her void, reminiscent of the soul that might have once filled the space. My mandala, in contrast, was dramatically different, with blood red hands crushing a ball of light. Unbeknownst to us at the time of their creation, both drawings contained red and yellow; colors associated with blood and spirit/soul. While my mandala seemed to capture the act of destroying Blanche's soul, her drawing appeared to be depicting the aftermath.

As was observed in other mandala pairs, my drawing seemed to be creating some emotional containment. For example, the word *crushed* in my picture mitigated its intensity by

forcing the viewer to engage on a cognitive rather than just an emotional level. As we discussed the images, D. Netzer (personal communication, August 22, 2013) noted that the white space in Blanche's drawing was in the shape of half a heart, while the river of blood flowed out past the boundary of her circle. This suggested that Blanche's liberation from the trauma of CSA might lie in confronting the pain of her bloody, broken heart.

Embodied writing. Initially, Blanche's two mandalas caused me considerable distress.

For a time, I resisted working with them out of fear of the reactions that might be triggered in my body:

I settle cross-legged into my meditation pose, holding Blanche's mandalas in my mind's eye. I am afraid. I do not want to process these images through my body. The pictures are excruciating. I do not want to feel this. Sitting quietly I wait and wait and wait. Nothing is happening. My body is refusing to engage. I become aware that I am resisting the process and in that moment, my chest collapses and I tuck my chin into my sternum. My body curls deeper into itself as my shoulders roll forward and tuck in next to my ears. My shoulder blades expand and my pelvis tilts up as I strain every muscle, tucking tightly around my core. I cannot breathe. Oh God! I cannot breathe. I am suffocating here. My wheezing becomes an unending wail. I cannot live like this. I cannot survive like this. My body lets go and I desperately suck in gusts of air. In my mind's eye I catch an image of wings and the color yellow. Wings? Angel's wings? Focusing my attention, I amplify the image and see that growing out of my back are the wings of a butterfly. (Jacqueline)

The active imagination session with Blanche's drawings was every bit as uncomfortable as I had feared. The image of being crushed depicted in my mandala triggered intense feelings of claustrophobia within me. As I sat on my meditation cushion I started to panic, instinctively flinching away from empathetic engagement with the drawings. Eventually, however, I settled down enough to allow myself to drop into the process.

At one point, when my body spontaneously took control, I became convinced that I was going to suffocate. I began wheezing and wailing as fierce chest contractions swept through me. Gasping for air and unable to breathe, my panic increased until my body finally collapsed. As I shuddered in horror and my breathing returned to normal, in my mind's eye, I saw butterfly

wings growing out of my back. Butterflies are a symbol of transformation as they begin life in one form and end up in another. Reflecting on the psychospiritual death Blanche had endured, I was reminded that all forms of dying lead to new life.

Katnis's analysis. Katnis's story was one of betrayal and abandonment by a family that failed her in multiple ways. Her CSA experience was explored through the use of interview, mandala making, and embodied writing.

Interview. As a minister's daughter, Katnis led a sheltered life, while her brother grew into a sexual predator. Although she was violated by other perpetrators at different times, Katnis's index trauma was an assault by her brother that took place in their parent's bedroom. While she fought to escape and asked her parents for help, they ignored her request to come home and Katnis was brutally raped. When she reported the assault to her parents, they informed her that her brother was very sorry and would not harm her again. To the best of Katnis's knowledge, her brother was never punished for his actions and he continued to sexually assault her for years to come.

Katnis experienced her parent's indifference to her rape as a personal betrayal as well as confirmation that she did not matter to them. The horror of their abandonment coupled with her brother's violation resulted in long-term mental illness including PTSD, dissociation, depression, anxiety, and low self-esteem. Although her grandmother believed her disclosure and tried to intervene, Katnis's parents were unwilling to subject the family to public censure. Their silencing response left Katnis vulnerable to further abuse, destroying her capacity to trust in others and establish healthy relationships. In Katnis's opinion, her parents' failure to protect her from CSA was at least as psychologically destructive as the abuse itself.

The repeated sexual violations Katnis endured resulted in a psychospiritual injury that was magnified by her shame. She described her experience as soul murder, noting that CSA ate her soul until there was nothing left. This psychospiritual erosion continued into adulthood where she suffered from intimacy problems and pervasive feelings of worthlessness. However, although she struggled with significant mental-health issues, during our interview Katnis revealed a sense of creativity indicative of her resilience. Despite the fact that she felt her essential core had died, the pride she displayed when discussing her creative accomplishments suggested that a spark of life remained.

Mandalas. Katnis's mandala was mostly empty space with a smattering of red, heart-shaped droplets trailing down the page. The emptiness of her picture seemed to mirror the emptiness at the core of her being. At the center of her mandala was a gaping hole representing the killing blow she received when her soul was murdered. The lines of her mandala were almost invisible to the eye as if the person represented by the image had been completely erased. Unwittingly, my mandala reiterated this theme of death with a graveyard encompassing two thirds of the page. However, my drawing also included a sliver of hope in the form of a paintbrush symbolizing Katnis's creative potential. The droplets from the red-handled brush in my mandala also mirrored the red droplets at the heart of Katnis's drawing. While her mandala appeared to depict the moment of her psychospiritual annihilation, mine seemed focused on her burial and possible resurrection.

In our discussion, D. Netzer (personal communication, August 22, 2013) noted that the heart-shaped droplets dribbling beyond Katnis's circle suggested her heart was contained outside the annihilated self. She also pointed out that the shape of the droplets was reminiscent of birds, foreshadowing Katnis's possible freedom from suffering. This interpretation resonated with the

artistic symbolism in my mandala, suggesting that Katnis's salvation from CSA lay in reconnecting with her creative potential.

Embodied writing. My active imagination session with Katnis's mandalas began with a period of blankness. I interpreted this sensation as the felt sense of not being present in one's body or life:

Gazing at Katnis's mandala, I am struck by the overwhelming theme of death. I engage her drawing and invite it to reveal what it wants me to learn. At first nothing comes. I am filled with an odd blankness. Then I feel a small burst in my chest and realize I have activated a felt sense of the bullet hole in her drawing. In my mind's eye, I see my chest peel back like a shredded tin can; a gaping hole where the bullet has struck. Heart shaped blood droplets mark the path to my destruction. Overcome with the feeling of being shredded, my body falls back onto my meditation mat. Twisted at odd angles, I lay like a broken doll focused on the straining and tearing of awkwardly bent limbs. I understand that souls are slain not through violation alone, but through unexpected betrayal by those most beloved. (Jacqueline)

The blankness engendered by Katnis's mandalas was deeply disturbing so, in some ways, the sensation associated with her bullet hole came as a relief. As I lay on my back with twisted limbs, I lost all sense of my own humanity. In that moment, I became aware of feeling not violated but discarded. I wondered then, who the murderer of Katnis's soul truly was; the brother who raped her, or the parents who sacrificed her on the altar of family pride.

Suzy's analysis. Suzy's story highlighted the slow unraveling of a human life in the face of unrelenting abuse and neglect. Her trauma narrative was explored using semi-structured interview, expressive art, and embodied writing.

Interview. Raped by her brother at the age of eight, Suzy's mother did not believe her disclosure and failed to intervene. Suzy stated that her mother favored the males in their family and her indifference to Suzy's confession caused a profound breach of trust. As a result, Suzy did not report any of her subsequent sexual assaults. Instead, she learned to stuff her feelings and acted out as a means of gaining attention.

Suzy abused alcohol and drugs, became highly promiscuous and, over time, developed an abiding hatred for her mother. Her trauma left a lasting impact resulting in guilt, shame, low self-esteem, poor boundaries, and a loss of respect for her body. She repeatedly gave herself away to men who did not care about her, thereby reinforcing her innate feelings of worthlessness. When we discussed the nature of her psychospiritual injury, Suzy stated that it felt as if something deep inside her had died. Reflecting on her experiences of abuse and neglect, she noted that her family's abandonment was as devastating to her as the CSA itself.

In spite of the extensive trauma Suzy's experienced growing up, her resilience was apparent in her irreverent sense of humor. She noted that she lived with a group of three other women and that she was the only one who could make all of them laugh. While she continued to struggle with trauma related symptoms, Suzy was convinced that her sense of humor had saved her life. Her resilience also allowed her to return to school, where she was pursuing her postsecondary education. Despite her ability to laugh in the face of tragedy, however, Suzy remained acutely aware of all she had lost. As she reflected on how CSA had affected her life, she stated that the greatest injury she experienced was the loss of her dreams.

Mandalas. One of the most interesting aspects of Suzy's mandala was that all the color and energy in the image was limited to the periphery. In the middle of her picture, she drew a little girl on a bed who was so pale she was almost invisible. The outer rim of the circle contained words in red lettering such as *lonely*, *confused*, and *violated*. While the color palettes Suzy and I selected were very different, my mandala mirrored her theme of emptiness. Interestingly, both mandalas seemed to try and contain that emptiness with a thick, blue boundary in my case and bold, red lettering in Suzy's. Both drawings also contained a gap in the top right quadrant of the circle, which could be interpreted as some kind of doorway.

Reflecting on my drawing of Suzy's story, it struck me as the most phenomenologically precise depiction of soul death in the data set. For D. Netzer (personal communication, August 22, 2013), the words in Suzy's mandala created the impression of hieroglyphs. She also noted that the word *lost* in the middle of Suzy's picture fit precisely into the gap at the top- right quadrant of her circle. The fact that the word was set apart in the center of the mandala suggested it was, perhaps, the most pressing issue to be addressed at this time.

Embodied writing. Working with Suzy's mandalas through active imagination was initially challenging. The starkness of our shared drawings seemed to capture the essence of her emptiness:

Meditating on Suzy's drawing, I notice the little girl on the bed is almost invisible compared to the words around her. Closing my eyes, I ask her what she wants me to know. At first I feel absolutely nothing. I am the very absence of feeling. As I sit numbly, trying to tune into elements of the picture, the song *Toy Soldier* by Martika begins playing over and over in my mind. (Jacqueline)

It's getting hard to wake up in the morning
My head is spinning constantly
How can it be?
How could I be so blind to this addiction?
If I don't stop, the next one's gonna be me

Only emptiness remains
It replaces all, all the pain

Step by step, heart to heart, left, right, left
We all fall down like toy soldiers
Bit by bit, torn apart, we never win
But the battle wages on for toy soldiers. (Jay & Marrero, 1988, track 4)

I shimmy off my cushion and lay on the floor with my arms crossed over my chest as if in a coffin. Lying there, I see in my mind's eye a little girl in a white dress also lying in a coffin. I have the sensation of falling, falling, falling until my spirit form settles into her body. She asks: "Do they know I'm dead. Do they know that I'm a dead girl walking?" (Jacqueline)

During the mediation for Suzy, I realized the absence of feeling in my body *was* the felt sense of her soul murder. At a loss on how to proceed, I waited patiently until the song *Toy Soldiers* began playing in my mind. The song is a ballad of human frailty that tells the tale of one person's slide into emptiness and addiction. To escape the pain of her brother's abuse and her mother's neglect, Suzy saw numbness as her only viable alternative. Unsupported, unloved, and emotionally isolated, the little girl in her mandala quietly curled up and died. Despite the resilience displayed through her humor and courage, then, Suzy's CSA story remained a poignant narrative of loss.

Penelope's analysis. Penelope's story highlighted themes of powerlessness, rage, shame, grief, and loss of trust. Her CSA experience was explored in a semi-structured interview, as well as through the use of expressive art and embodied writing.

Interview. A professional sex worker for many years, Penelope identified her index trauma as being sodomized by her cousin at the age of 4. She sustained physical injuries during the assault and, at the hospital, witnessed her mother being berated by a doctor. While her mother worked hard and loved her children, Penelope was emotionally neglected due to her mother's absenteeism and her father's imprisonment. Penelope blamed her mother for her CSA as long work hours meant Penelope was often left in the care of unsafe sitters.

The repeated sexual violations Penelope experienced as a child left her feeling shamed, broken, and utterly worthless. Over time, she fell into addiction as well as prostitution. During her years as a professional sex worker, Penelope was raped, sodomised, and battered multiple times. She described her drug of choice as *more*, meaning that she relentlessly sought more of anything that would give her pleasure or take her away from her feelings (e.g., food, sex, alcohol,

drugs). Penelope reported that each CSA incident cut away a piece of her soul until eventually there was nothing left but emptiness.

Despite the trauma she had endured, Penelope reported that she was clean, sober, and regularly seeing a psychologist. Her resilience was reflected in her determination to get her life back on track despite the challenges she knew she faced. Although she continued to suffer from severe PTSD, Penelope noted that the rage that once consumed her life was slowly abating. Existentially, she had also begun to make peace with her knowledge of human evil. While she continued to feel powerless at times, Penelope described herself as a work in progress, steadily rebuilding the temple of the self.

Mandalas. As I studied Penelope's mandala, one of the first things I noticed was that both focal symbols represented balance and completion. Her dominant image was a yellow and blue Tao, symbolizing the synthesis of opposites. At the top right hand corner of the picture she also drew a set of scales representing balance. Both images were surrounded by emptiness, conveying a sense of disconnection from each other and the environment. Studying her drawing, I reflected on what might be balanced or integrated in Penelope's narrative. My mandala was dramatically different, depicting a crucified red, doll-like figure with partially dismembered joints. One similarity I noted between our mandalas was that the Tao, the scales, and the crucifix are all iconic symbols. My drawing was also reminiscent of Da Vinci's Vitruvian Man (Leonardo's Vitruvian Man, n.d.), another iconic symbol of proportion and balance. As I examined our mandalas further, I also noticed that the central lines of my crucified doll reflected the central lines of Penelope's scale.

The fact that neither drawing fully captured the felt sense of soul murder suggested we might have unconsciously dampened the emotional intensity of our interview. To me, Penelope's

mandala appeared aspirational, focused as it was on themes of positive future outcome. My mandala, on the other hand, seemed to reach deeper into the shadows, paying homage to the magnitude of her psychospiritual injury. During our consultation, D. Netzer (personal communication, August 22, 2013) speculated that the clinician in me might have been active as I was drawing, honoring the depth of Penelope's loss while containing the fall out.

Embodied writing. Working with Penelope's mandalas using active imagination, I was acutely aware of the crucifixion theme in her story. As I gazed upon our shared drawings, I pondered the relationship between crucifixion and balance:

Sitting on my meditation cushion studying Penelope's mandalas, my torso begins swaying from left to right. I flow into a rocking rhythm, all the while wondering what my body is trying to express. My arms open gently into a crucified position and the rocking intensifies as I stretch from left to right. This continues for several minutes until I realize the scale in Penelope's mandala has the shape of a crucifix. I am reminded that true balance is achieved through movement not stasis. My arms begin to burn and I spontaneously wrap them around my torso, slumping forward. In my mind's eye, I see the crucified Christ hanging on his cross. I too have been hung from the Tree of Life. Father, if it is possible, let this cup of suffering pass from me. Immediately, I receive an image of my throat bleeding. My heart bleeding. Thick, warm, blood flowing down the front of my body. Heart's blood for heartbreak. I have been broken on the Wheel of Life. My hands shift to the center of my chest and in my mind's eye, I tear myself out of my old skin; peeling it back in meaty strips from crown to groin. I'm covered in blood, like a baby straight from the womb. I collapse onto my back with my arms flung outward, resplendent in my fragile new self. (Jacqueline)

During the active imagination session with Penelope's mandalas, I was reminded of Christ slumped on his cross. In the crucifixion story, he bled from his hands, feet, and side, while in my mind's eye, I saw myself bleeding from the center of my heart. Intuitively, I embodied the hurt Penelope had experienced and my heart bled for her heartbreak. When she spoke of making peace with her knowledge of human evil, this initially seemed to me to be a peace forced on the subjugated. However, as I continued with my active imagination session, I was reminded of the relationship between the blood of crucifixion and the blood of birthing. In

spite of the tragedy Penelope had endured, her decision to rebuild the temple of the self was an act of power and grace. By consciously choosing life over death, she symbolically initiated her own resurrection.

Trish's analysis. One of the most poignant things about my interview with Trish was the level of insight she brought to her trauma narrative. She was a highly intelligent, articulate woman, who noted that she might have become a scholar had she not been so abused.

Interview. Trish was molested by her father from an early age. During our interview, she described a particularly disturbing assault in which her father used Vicks vapor rub on her as a lubricant, resulting in severe vaginal burning. Although Trish did not disclose her CSA, she was certain her mother knew and did not intervene. As a child, she stated that she repeatedly begged her mother to leave her father to no avail. The years of sexual abuse Trish endured had a severe impact on her health resulting in PTSD, dissociation, depression, addiction, and chronic pain.

In our interview, Trish stated that CSA derailed her life forever, destroying her sense of safety, her trust in others, and her ability to form healthy, intimate relationships. The internalized shame that resulted from CSA left Trish feeling broken and utterly worthless. She noted that when she entered the sex industry as a way to make money, she found it easy to do sexual favors for men because she had been so well groomed. Trish described her CSA experience as soul murder, noting that it fractured her entire being at the deepest level. She stated that she wished her father had killed her outright rather than murdering her soul and leaving behind the shell of a human being.

Despite her violent history of abuse, Trish exhibited resilience in terms of her parenting abilities. Although she had been raised with poor role models, Trish showered her daughter with affection and care. When it came to keeping her daughter safe from harm, Trish described herself

as a tiger protecting its young. Resilience was also evident in her lifelong love of learning. In our interview, Trish indicated that she intended to pursue a university education once she was old enough to be able to attend classes for free. When asked if she thought she had fully healed from CSA she explained that to her healing meant becoming the person she would have been had the abuse not occurred. In that sense, Trish did not believe she would ever fully recover from CSA but acknowledged that each new day brought her closer to closure.

Mandalas. Trish's mandala consisted of a single, black, unbroken line in the shape of a large squiggle. There were no concrete images in her mandala, just the bold, simple strokes of an abstract symbol. On the top right-hand corner, outside the mandala circle, she wrote *erased and left alive*. I noticed Trish's squiggle followed the trajectory of an eraser when something is being rubbed out. I wondered if I was looking at a snapshot of the very moment of her annihilation. My image was also monochromatic, although I chose purple instead of black as my signature color. The drawing showed a shadowy, faceless woman who had been split from crown to groin. A sense of emptiness echoed through my mandala in the absence of any other forms or colors.

While Trish's drawing appeared to focus on the experience of being erased, mine depicted an experience of being sundered. The jagged lines of her mandala mirrored the jagged lines at the center of my own. Examining both images, hers seemed to be a magnification of the sutures needed to stitch my image back together. The lines of both our mandalas were vibrant and fluid, suggesting that while Trish was injured, she was far from stagnating.

D. Netzer (personal communication, August 22, 2013) noted that my mandala aptly reflected Trish's awareness that some injuries cannot ever be healed. Her acceptance of that truth and the freedom it brought were reflected in her mandala by the word *alive*.

Embodied writing. My active imagination with Trish's mandalas focused on the collective shame she carried on behalf of her family. Throughout the course of the session, I felt crushed by the weight of her emotional burden:

Slipping into a meditative state, my body contorts as I gaze upon Trish's mandala. My shoulders draw up and my torso twists. As my hips shift out of alignment, I become the Hunchback, carrying the shame of my family lineage within the very structure of my body. Shame has ground me up, spit me out, and left me defenseless against a hostile world. Trauma in the bones. This is where I hold my sorrow. Loss in the bones. Grief in the bones. Rage in the bones. I know something about *bone suffering*, as I shuffle along with my noxious burden; this shame I carry for my kin and the world. Half paralyzed, I drag my body across the floor of my meditation room. Inch by painful inch, I drag my limbs along. How far will I get in life in this psychophysical state? My selfhood torn asunder, I am spiritually undone. (Jacqueline)

Although Trish's shame rightfully belonged to the caregivers who failed to protect her, she internalized it so early it became the core of her identity. She held shame in her bones and had done so all her life. This shame, that was never hers to bear, slowly eroded the foundation of her being. Reflecting on how much Trish had lost to CSA, I was reminded of Joseph Campbell's quote from *The Hero With a Thousand Faces*: "When our day is come for the victory of death, death closes in; there is nothing we can do, but be crucified and resurrected; dismembered totally, and then reborn" (J. J. Campbell, 1949, pp. 16-17).

Nascent thematic nodes on the soul loss spectrum. The following narratives highlight three additional thematic nodes on the spectrum of soul injury: soul withering, soul shattering, and soul flight. I have included the findings here to ensure they are not obscured or forgotten despite their lack of thematic repetition in this study of only 12 participants. Unlike with soul wounding, soul theft, and soul murder, each of these latter nodes had only a single subscriber. The lack of repetition raised the question of whether they should be treated as subsets of the three main nodes. However, in my view the intuitive resonance of soul withering, soul shattering, and soul flight are distinctive and should not be conflated with soul wounding, soul theft, and

soul murder. I believe the lack of repetition is due to the small sample size used in this study; a problem I hope will be corrected in future explorations of soul loss.

Participant's description of soul withering. Soul withering involves the sense that one's soul has shrivelled slowly over time. The ultimate result is a desiccated inner world, devoid of richness or life.

Yvonne's analysis. Yvonne grew up in a family of stifling emotional neglect that left her feeling unloved and unlovable. Her CSA experience was explored through interview, artwork, and embodied writing.

Interview. Although Yvonne's mother enjoyed babies, she did not appear to like older children. As a result, Yvonne developed deep-seated feelings of being unwanted. Her lack of emotional connection to her parents and her fear that she would not be believed prevented her from disclosing her cousin's abuse as a child. Yvonne's fears were confirmed in adulthood when she finally disclosed to family members and was accused of lying. She struggled with a number of mental-health issues throughout her life including PTSD, addiction, and depression. As with other participants in this study, Yvonne stated that CSA left her feeling like something essential within her had been destroyed.

As a Christian, Yvonne did not resonate with the term soul loss because she did not believe her soul could ever truly be lost from God. However, as we explored the precise nature of her psychospiritual injury, it became clear that her soul had quietly withered as a result of CSA. Yvonne became more and more withdrawn over the course of her abuse, as if the candle symbolizing her essence was slowly sputtering out. She kept that light from disappearing completely by engaging in sport, an activity that helped foster her inherent resilience. Despite the

positive gains she had made in her life, however, Yvonne was clear that her CSA experience affected her life to this day.

Mandalas. Yvonne's mandala depicted a small house and garden with a bright yellow sun in the center of the circle. While the images were positive and hopeful, they also appeared disconnected from one another and the surrounding space. The house in her drawing had good form and some detail; however it was also devoid of both color and life. It was interesting to note that all the color in the mandala was placed away from the center in the peripheral environment. If we imagined that the house represented Yvonne herself, this would suggest that the light and life of the surrounding landscape was not currently within her grasp.

My mandala also contained a light source; however, I positioned it as the focal point of the drawing. The small candle at the center of my circle was being encroached upon by the surrounding darkness. Overall, both Yvonne's and my mandalas depicted situations where hope, while present, remained tenuous at best. D. Netzer (personal communication, August 13, 2013) noted that the half of Yvonne's mandala containing the empty house might have symbolized her past, while the half with the colorful flowers may have represented her future. She also pointed out that the blackness surrounding my candle was translucent rather than opaque, suggesting that the darkness was not wholly consuming. We agreed that my mandala appeared to be a snapshot of Yvonne in the here and now, while her drawing represented a continuum from past to future.

Embodied writing. My active imagination session with Yvonne's mandalas was an intriguing experience. Curiously, the drawings triggered thoughts of a popular song from the *Rocky Horror Picture Show*:

As I sit in meditation reflecting on Yvonne's mandalas, they appear to have nothing in common. My picture is of a small candle surrounded by darkness. Hers is of a small house, with a flower garden and sunlight. Gazing patiently at the images, I wait for something to happen. Eventually I become aware that we have both drawn symbols of

hope. I focus on her mandala and ask it what it wants to reveal. Nothing happens. My body is still. I sit on my meditation mat as stiff as a poker until I notice a song from the *Rocky Horror Picture Show* scrolling through my mind. (Jacqueline)

In the velvet darkness of the blackest night
Burning bright, there's a guiding star
No matter what or who you are.

There's a light over at the Frankenstein Place
There's a light burning in the fireplace
There's a light, light in the darkness of everybody's life. (O'Brien, 1989, track 3)

Finally, I feel an inner contraction as if something is pulling the light from my extremities to my core. As it shrinks, the light becomes a hard, dense, ball. I know I am witnessing the embers of a dying soul that through sheer force of will has been burning against all odds. (Jacqueline)

As I sat on my cushion feeling like my life force had been squashed into a kernel, I reflected on the lyrics of that inner song. I was puzzled by its appearance in my active imagination, particularly with reference to the Frankenstein house. I considered whether Yvonne had grown up in the equivalent of a Frankenstein house, then decided her experience did not fit such an image. What did resonate was the idea of a star burning brightly in the night. I realized, then, that I was hearing the anthem of Yvonne's soul withering. Over many years of abuse and neglect, the encroaching darkness had dimmed her inner light. In spite of this fact, however, Yvonne had continued to persevere. While there was no doubt that she had been harmed by CSA, something pure, something good, perhaps even sacred, remained.

Participant's description of soul shattering. Soul shattering involves the felt sense that a part of the self's core has been broken into pieces. This fragmentation within the architecture of the self results in extensive psychospiritual injury.

Sepi's analysis. Sepi's experience of soul shattering occurred in a context of emotional isolation and betrayal. Her story was explored using interview, artwork, and embodied writing.

Interview. Sepi's story is a narrative of systematic physical, psychological, and sexual abuse. Perhaps the most terrifying aspect of the incest experience is that it takes place within the boundaries of the family sanctuary. This means the targeted child has no possible way to escape his or her predator. In Sepi's case, there were multiple predators inside and outside her family, but no trustworthy adult that she could turn to for help. As a result, she bore her CSA in silence and did not disclose her experience to anyone until she was an adult. Years of sexual abuse perpetrated by multiple offenders filled Sepi with feelings of grief, horror, and powerlessness. Because she was repeatedly violated at an early age, she did not develop healthy boundaries until well into adulthood. One of the many outcomes of Sepi's CSA experience was a mistrust of men that resulted in lifelong celibacy.

In her family of origin, Sepi learned she could not depend on others to keep her safe. Her grandmother's physical violence toward her coupled with the molestation by her grandfather taught Sepi that she was essentially alone in the world. While her mother did remove her from her grandmother's care after witnessing Sepi being beaten, she did not keep Sepi with her but sent her to boarding school instead. The decision served to reinforce Sepi's lifelong sense of emotional isolation. This theme of abandonment was later repeated when Sepi disclosed the CSA to her mother and was accused of lying. Fortunately, Sepi's sexual abuse and emotional neglect did not stop her from seeking psychological and spiritual healing. Her innate resilience stood her in good stead when she eventually decided to create a new life for herself in Canada.

Sepi described her CSA as a devastating experience that left a piece of her soul completely shattered. Recovery involved a multimodal healing approach that included spiritual practice, cognitive therapy, and bodywork. During our interview, Sepi acknowledged that she still had healing work to do but also celebrated the progress she had made thus far.

Mandalas. Sepi's mandala had a soft, wispy quality consisting of multiple colored lines. There was no concrete focus to her image, but rather a sense of essence not completely earthed. She described her mandala as an ocean within her belly, containing the distorted sexual energy she absorbed during her abuse. Sepi's mandala also included bright, positive colors symbolizing the energy of her healing process. While our mandalas shared a similar color palette, the felt sense of my drawing was quite different from hers. My image had an earth-like quality that stood in stark contrast to the air-like quality of Sepi's drawing. My picture, like Sepi's, also depicted multiple layers of energy; however, they were presented as tight concentric circles around a partially shattered core. During our debriefing, D. Netzer (personal communication, August 13, 2013) pointed out that my image seemed to ground Sepi's mandala, thereby helping to facilitate balance and containment.

Embodied writing. The most intriguing aspect of my meditation on Sepi's mandalas was the realization that the words *spacious* and *ungrounded* describe the same essential energy. This allowed me to understand her drawing in a novel way:

Gazing at Sepi's mandala, I imagine myself pulling her image into my belly and allowing it to settle there. I have the sensation of falling down, down, down, taking Sepi's image with me. The lines are fine, loose, fluid, and nothing is contained within the circle. I am troubled by this apparent lack of containment until the word *spaciousness* gently flows into my mind. Sinking further within myself, I sense a dark, stickiness touching my imaginary toes. My body spontaneously begins to move in counter clockwise circles and the word *unwinding* pops into my head. I become aware that the fluid energy depicted in Sepi's drawing may be necessary in order to facilitate the unwinding of a primal injury. My body is possessed with the need to unwind itself and continues to move in a counter clockwise dance. Finally, exhausted, I collapse into Child's Pose, the yoga asana of innocence and trust. (Jacqueline)

The lack of coherence in Sepi's mandala initially concerned me as her image suggested an acute level of dissociation. However, as my body moved in its sinuous ballet, I realized that the looseness of Sepi's drawing might serve a protective function. My body's intuitive response

to her mandala suggested that something within Sepi was being unwound. The severity and chronicity of her abuse meant threads of trauma were likely tangled throughout the architecture of her identity. Sepi's drawing, then, revealed that she might be unraveling those threads and restoring to wholeness a shattered piece of her soul.

Participant's description of soul flight. Soul flight is described as the sense that one's soul has voluntarily left one's body. This description shares intriguing parallels with the clinical concept of dissociation.

Emily's analysis. The key themes that emerged from Emily's narrative included shame, loss, violation, betrayal, abandonment, powerlessness, impaired sexuality, and low self-esteem. While similar themes were observed throughout this study, Emily was unique in her description of soul flight as a solution to her CSA experience.

Interview. Although Emily experienced multiple sexual violations in her life, her index trauma involved her mother witnessing fondling by her father and failing to intervene. Emily's father went on to molest her many times after that incident and she struggled with PTSD, depression, dissociation, and addiction as a result. Because she was adopted into a family she did not believe wanted her, Emily did not develop secure attachment bonds with her parents. After they separated and Emily told her mother about the CSA, her disclosure was ignored and her parents reunited. For Emily, this represented an act of betrayal even more devastating than the CSA itself.

During our interview, Emily identified her CSA as a soul level injury that occurred in a domain beyond the scope of talk therapy. She described her psychospiritual trauma as feeling like a piece of her core had detached itself and flown away. While she had completed many years of cognitive therapy, Emily noted that her soul continued to flee whenever she felt overwhelmed

or threatened. Although it returned home when she was stable, Emily worried that she did not know how to keep hold of it over the long term. In her experience, her soul appeared to have a will of its own, moving away to safety whenever Emily was distressed. A close examination of Emily's soul flight reveals intriguing similarities with the clinical concept of dissociation.

The two forms of dissociation I have most commonly observed working with CSA clients are depersonalization and derealisation. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM V; APA, 2013) describes depersonalization as an “experience of unreality, detachment, or being an outside observer with respect to one's thoughts, feelings, sensations, body, or actions” (p. 302). Derealization is described as the “experience of unreality or detachment with respect to one's surroundings” (APA, 2013, p. 302). A key objective of the current study was to better understand the subjective experience of CSA survivors. In my clinical experience, Emily's soul flight bore an uncanny resemblance to depersonalization. This led me to consider that soul loss might be a complementary phenomenological construct for some trauma related diagnoses.

Although she struggled with mental-health issues, Emily demonstrated consistent resilience throughout her life narrative. For example, despite her history of insecure attachment, she reported having a gift for working with children. During our interview, she also noted that she was grateful she had never lost her ability to love. While she still faced challenges in terms of identity development, she had a solid support system through her church community and was in a committed relationship.

Mandalas. Emily's personal mandala was done using pencil crayon. The lines of the drawing were thin and tentative, requiring the viewer to look more closely. At the center of the picture was a stick figure representing Emily herself. A second stick figure at the top right of the

drawing showed the soul that had fled Emily's body. Both figures appeared to be floating on air, lending an overall sense of ungroundedness to the mandala. Emily's soul figure was enclosed in a bubble of safety, while her self-figure hung suspended between three masses that seemed about to crush her.

While Emily's drawing appeared to capture her soul post flight, my mandala showed a soul in the very moment of escape. Both of us used yellow to depict our soul images. Like hers, the fluid, disconnected lines of my drawing also contained an ungrounded quality. As we discussed the two mandalas that emerged from Emily's story, D. Netzer (personal communication, August 13, 2013) noted that the plumpness of my soul bird seemed to be compensating for the meagerness of Emily's stick figures. This suggested a possible transpersonal connection between Emily and myself during the time our mandalas were being created.

Embodied writing. The main theme of the active imagination session with Emily's mandalas was one of suffocation. I had a strong physical reaction when working with her drawings, at one point finding it almost impossible to breathe:

Sitting down to work with Emily's mandalas, even before I close my eyes, I experience a squeezing in my chest. The constriction is so intense I find myself gasping for breath. I place the two mandalas before me and relax on my cushion. Settling into my bones, I notice my chest getting tighter and tighter. I focus my attention on Emily's drawing and ask, "What do you want me to know?" The squeezing in my chest continues and my lungs empty of air. For several seconds I hunch over without inhaling, trapped in the feeling of suffocation. When I can bear it no longer, I inhale sharply ending in a wracking cough. My torso begins rocking faster until I become dizzy. I'm here but not here. Ungrounded. Unanchored. Ripped from my moorings. In a violated body the only safety is flight. (Jacqueline)

The sense of oppression I experienced with Emily's mandalas reminded me of the oppression she experienced in her family of origin. Years ago, during a therapeutic workshop, I realized my physical form was chronically tense and, thus, uncomfortable to *wear*. I remember

thinking that this was the reason I refused to fully inhabit my body. Instead, my consciousness floated outside my physical form in a domain where things were considerably less cramped. It took many years for me to fully inhabit my body and feel comfortable in my own skin. Thus, it is interesting to note that even today, I continue to suffer with mild symptoms of claustrophobia.

The suffocation I experienced with Emily's mandalas made me consider whether her body was also uncomfortable to wear. I wondered if soul flight was a way to escape not just her distress, but the trauma encoded in her physical form. Like Mel and Jo's descriptions of soul theft, Emily's description of soul flight bore striking similarities to depersonalization. Phenomenologically, this suggests *there may be subjective differences in the quality of depersonalization* experienced by CSA survivors. Such differences might also result from the various meaning making strategies engaged in by survivors in relation to their abuse.

Chapter 5: Discussion—Cycles 4 and 5

Cycle 4—Confirmed, Revised, and Emerging Lenses

One of the unique strengths of intuitive inquiry is Cycle 4, which requires researchers to examine changes in their perspective after data collection. This phase of the process is specifically designed to avoid circularity and increase the level of scholarly rigor (Anderson, 2011).

Comparison of lenses. A brief comparison summary of Cycle 2 and Cycle 4 lenses is presented in Table 1, Table 2, and Table 3. This is followed by a detailed discussion of the lenses.

Table 1

Confirmed Cycle 4 Lenses

Preliminary cycle 2 lenses	Confirmed cycle 4 lenses
The concept of soul has clinical utility in the treatment of CSA survivors. (Cycle 2: Lens #2)	The concept of soul was found to be clinically useful in describing the psychospiritual impact of CSA.
The felt sense of soul loss involves feeling like the deepest, most essential part of the survivor's identity was violated, contaminated, injured, broken, or destroyed. (Cycle 2: Lens #4)	Participants confirmed that the felt sense of their psychospiritual injury involved feeling that the deepest, most essential part of themselves had been violated, contaminated, injured, broken, or destroyed.
Soul is defined as the nucleus or structural hub of the architecture of the survivor's self. (Cycle 2: Lens #5)	Participants agreed that identifying soul as the structural hub of the architecture of the self was helpful in terms of understanding the psychospiritual impact of CSA.
The shame of defilement is internalized by survivors and becomes the foundation of their post trauma identity. (Cycle 2: Lens #9)	Participants confirmed that the shame of their CSA was internalized and became the foundation of their post-trauma identity.
The negative impact of CSA is not limited to the survivor's sexuality but affects multiple domains of identity. (Cycle 2: Lens #11)	Participants confirmed that the negative impact of CSA was not limited to participants' sexuality, but affected multiple domains of identity.
Because CSA affects all aspects of self, it must be treated holistically and in depth across multiple psychological and somatic domains. (Cycle 2: Lens #14)	Participants confirmed that CSA affects multiple aspects of the self and must, therefore, be treated holistically, in depth across psychological and somatic domains.

Table 2

Revised Cycle 4 Lenses

Preliminary cycle 2 lenses	Revised cycle 4 lenses
<p>The psychospiritual impact of sexual abuse is experienced by some survivors as soul loss.</p> <p>(Cycle 2: Lens #3)</p>	<p>Soul loss is a meta-construct or spectrum of psychospiritual injury including soul wounding, soul withering, soul shattering, soul flight, soul theft, and soul murder.</p>
<p>Soul loss is defined as the felt sense of identity decompensation experienced by survivors of severe and chronic CSA.</p> <p>(Cycle 2: Lens #6)</p>	<p>Soul loss is a meta-construct encapsulating multiple iterations of the felt sense of identity decompensation.</p>
<p>CSA is an egregious trauma that results in severe psychospiritual harm.</p> <p>(Cycle 2: Lens #1)</p>	<p>CSA is an egregious trauma that results in psychospiritual harm to <i>some</i> survivors across a spectrum of severity.</p>
<p>CSA represents a direct assault on the nucleus of the survivor's identity.</p> <p>(Cycle 2: Lens #7)</p>	<p>CSA represents a direct assault on the nucleus of the survivor's identity to differing degrees in different people.</p>
<p>CSA is experienced by survivors as a defilement of their psychospiritual core.</p> <p>(Cycle 2: Lens #8)</p>	<p>CSA is experienced by some survivors as a defilement of their psychospiritual core or a region close to it.</p>
<p>Survivors see themselves as corrupt and believe the abuse is their fault.</p> <p>(Cycle 2: Lens #10)</p>	<p>Survivors at the extreme end of the soul loss spectrum come to see themselves as corrupt and believe the abuse is their fault.</p>
<p>The body is the scene of the crime in CSA and survivors dissociate in order to escape their internalized shame.</p> <p>(Cycle 2: Lens #12)</p>	<p>The body is the scene of the crime in CSA and some, but not all, survivors dissociate to escape their internalized shame.</p>
<p>Healing is possible for some but not others. The difference between those who recover and those who do not is the difference between soul loss and soul murder.</p> <p>(Cycle 2: Lens #13)</p>	<p>Recovery from CSA is determined by the magnitude of psychospiritual injury. Survivors at the extreme end of the soul loss spectrum have a less positive prognosis than others.</p>

Table 3

Emerging Cycle 4 Lenses

Preliminary cycle 2 lenses	Emerging cycle 4 lenses
None	Perceived family abandonment/betrayal was equal to or more harmful than participants' CSA experiences.
None	Within a single survivor, different degrees of injury can occur across different domains of self and healing within these domains can occur at different rates.
None	Resilience is present even in extreme cases of psychospiritual injury such as soul murder.
None	Soul loss does not necessarily translate into a loss of compassion for others.
None	Recovery from soul loss involves a raw, bitter courage that enables survivors to choose life over death.
None	Deep attunement between researcher and participant may generate a shared intuitive or transpersonal field, manifested as an uncanny resonance between the researcher's and participant's experience.

Discussion of unchanged lenses. Six of the 14 preliminary lenses identified in Cycle 2 were unchanged, while eight were revised in light of the findings. The concept of soul was found to be clinically relevant when identifying the traumatized domains of the survivor's self. Soul was defined as the nucleus or structural hub at the core of the *architecture of the self*. The architecture of the self was defined as the psychological infrastructure underpinning the global personality. Participants throughout the study agreed that describing self in terms of an architectural model was useful in helping them envision the psychospiritual impact of CSA. They also confirmed that soul loss involved feeling like the deepest, most essential part of their identity had been violated, contaminated, injured, broken, or destroyed.

Participants affirmed that shame is internalized by CSA survivors and becomes central to their post trauma identity. They also agreed that the negative impact of CSA was not limited to survivors' sexuality, but affected other developmental areas. For example, participants reported that CSA affected their physical and mental health, self-esteem, relationships, parenting skills, education, career choices, socioeconomic status, decision making, and personal safety. This, in turn, confirmed the theory that survivors would benefit from multimodal treatment that addressed cognitive, emotional, and psychospiritual issues as well as life skills, socialization, career development, and physical health.

Discussion of revised lenses. Several of my preliminary lenses were revised during Cycle 4. The most important of these was the discovery that soul loss is a meta-construct involving a spectrum of psychospiritual injury that includes soul wounding, soul withering, soul shattering, soul flight, soul theft, and soul murder. The two participants who resonated with soul wounding felt as if a piece of their soul had been maimed while the rest of them remained intact. Soul withering, on the other hand, was described by one person as feeling as though her soul had

slowly shrivelled up over time. Soul shattering, according to another participant, involved feeling like something essential near her core had been shattered. Soul flight was described by a third as feeling that her soul had left her body during the CSA. Two participants resonated with the concept of soul theft, described as feeling like the offender had snatched their souls from their bodies. Finally, the five participants who subscribed to soul murder reported sensing that their psychospiritual cores had been annihilated during their sexual abuse.

My own CSA experience initially caused me to conflate soul loss with soul murder. However, the term soul loss did not resonate with all participants and, therefore, was not confirmed. Indeed, several participants reported that it did not reflect their subjective experience at all. One of the many challenges of qualitative research is the struggle to clearly articulate that which is ephemeral. I spent several years exploring the resonance between my personal understanding of soul loss and my experience of CSA. As such, when the term was rejected by some participants, I was initially taken aback. However, as I invited them to experiment with language that best described their experiences, it became clear that soul loss was far more complex than I had initially conceived. As participants began to explore terms such as soul wounding, soul theft, and soul murder, the meta-construct of soul loss slowly came into focus.

The discovery of the soul loss spectrum transformed my understanding of identity decompensation. I now believe decompensation may occur in varying degrees in relation to the severity of survivors' psychospiritual injuries. My belief that CSA represents an assault on the nucleus of the survivor's identity was also refined to recognize that it is a mitigated assault affecting different levels of the self, depending on survivors' resilience and resources. At the beginning of this study, I took the position that CSA is experienced by some survivors as a

defilement of the core self. However, the data revealed that not all survivors feel defiled at the most essential level of their being.

One woman in particular reported that her felt sense of contamination was not experienced at the deepest that she was, but somewhere close to it. My initial belief that survivors come to see themselves as inherently corrupt was also refined in light of participants' responses. Although several participants reported feeling corrupted on an essential level, they tended to be on the more severe end of the soul loss spectrum. Additionally, the theory that survivors leave their bodies to escape internalized shame held true for some but not for others. For example, Nora did not recall leaving her body when she was being molested and described herself as having been a proud sex worker for many years. While some may dispute the claim that any woman could feel pride at selling her body, such pride appears to have been a key component of Nora's resilience and recovery. Finally, in Cycle 2, I wrote that healing from CSA was possible for some but not others, and that the difference between those who recover and those who do not is the difference between soul loss and soul murder. However, because of the changes to the soul loss construct, this binary division no longer holds true.

The data from this study showed that at least some recovery was possible for even those participants who reported soul murder. In light of these findings, I now posit that healing may be possible for all CSA survivors, even those at the extreme end of the soul loss spectrum. However, the depth of healing achieved is likely commensurate with the severity of psychospiritual injury experienced as well as personal resilience.

Discussion of emerging lenses. The first unexpected finding or emerging lens in this study was that family abandonment and/or betrayal may be equal to or more psychologically

damaging than CSA itself. This came as a complete surprise as my focus on the abuse itself caused me to ignore systemic factors surrounding the experience.

The second emerging lens was that CSA injuries may differ in magnitude across different domains of the self and, therefore, heal at different rates. This was most evident in Nora's mandala, whose bright colors and joyful content suggested a level of wellness not immediately apparent in her fragmented narrative. Listening to her story, I was convinced she was not as resolved in her trauma history as she claimed. She had difficulty concentrating during our interview and displayed memory gaps indicative of dissociation. However, unlike Emily's mandala, which clearly revealed her dissociative state, Nora's mandala was lush, lively, and grounded. This suggested that the psychospiritual impact of her CSA might have been resolved despite her ongoing cognitive deficits. Joanne evidenced a similar pattern in that her personal mandala depicted energy, passion, and resilience on the psychospiritual level while at the emotional level she still felt empty and frozen.

More and more, resilience is becoming an area of focus for researchers seeking to understand how people recover from trauma. The third emerging lens in this study was the discovery that resilience may be present even in extreme cases of injury like soul murder. By definition, the term soul murder suggests that nothing of the psychospiritual core remains post trauma. However, participants subscribing to the soul murder node consistently reported incidences of personal resilience. For example, despite her self-loathing, Katnis became animated and joyful when discussing her creativity. Similarly, Penelope, who continued to struggle with addiction, proudly reported that she was pursuing her undergraduate degree at 49 years of age. Trish, also spoke eloquently about her determination to go to university, despite declaring on her mandala that she had been *erased and left alive*.

The fourth unexpected finding to emerge from this study was that soul loss does not automatically translate into loss of compassion. It seemed reasonable to assume that women who had suffered so much would be more focused on their own troubles than those of the people around them. However, most participants displayed an exquisite sensitivity to the struggles of others and a genuine compassion for human suffering. For example, Cathy felt empathy for her grandmother's precarious position, torn as she was between fear of a violent husband and concern for her granddaughter. Despite her experience of soul wounding, then, Cathy was able to forgive her grandmother while I felt only outrage. Mel also demonstrated compassion for her mother, whose mental-health issues had left Mel vulnerable to predation.

The realization of survivors' raw, bitter courage was the fifth unexpected finding in this soul loss study. All participants struggled with serious mental-health challenges. What was extraordinary about them, however, was the sheer fortitude they displayed in choosing life over death. This seemed to come from their willingness to endure the unendurable, to bear the unbearable, to face the *unfaceable*. Where so many had lost their lives or minds to the darkness that is CSA, these women inexplicably managed to survive

Finally, one of the most riveting emerging lenses in this study was the uncanny resonance displayed between the researcher and participant mandalas. For example, the similarities in color and content between Mel's blue-red, handless, legless girl and my blue-red handless, legless woman cannot be logically explained. As D. Netzer and I excitedly discussed example after example of this thematic resonance, we speculated that perhaps an intuitive field had been generated between participants and myself, creating a transpersonal connection that caused us to produce similar content. This discovery has intriguing methodological implications. While the

finding needs to be studied further, it is possible that concurrent mandala making, along with other forms of expressive art, may turn out to be a fruitful new approach to data collection for intuitive inquiry.

Imaginal Resonance Analysis

Immersion and interior listening. While intuitive inquiry served as the overarching methodological framework for this study, I used the imaginal resonance procedure to gain a deeper understanding of the mandalas in the data set. The first step of the procedure involved creating a wall collage in my yoga room out of the 24 mandalas. Unlike the active imagination I used for the embodied writing segments, D. Netzer (personal communication, August 22, 2013) stressed the importance of simply *being* with my collage without a predetermined agenda. As the principal researcher for this study and a survivor in my own right, the mandalas affected me on a deeply emotional level.

At one point my resistance to the drawings was so profound that it manifested as a series of inexplicable communication breakdowns between D. Netzer and myself. Resistance is not uncommon in intuitive inquiry and the uncanny interference led me to conclude that something deep within did not want to face the images. In hindsight, it was obvious that I was overwhelmed by the material as analyzing its complex symbolism had left me emotionally drained. Thus, I was not eager to compound the experience by working with all 24 mandalas at once. To create containment and avoid contamination, it seemed important for me to remove as much clutter from the imaginal field as possible. In preparation for working with the collage, I cleared my yoga room until the space felt energetically pristine. Then I hung the collage in a semi-random fashion, intuitively selecting locations for each set of pairs. By the time I was done, the collage

was roughly three feet in height and five feet in width. Finally, I smudged the mandalas with white sage smoke, ritually signaling to my psyche that I was available to receive information.

Waiting and open experience. Sitting down and waiting for things to happen has never been my strength. I have strong A-type personality traits that particularly value things such as deadlines, deliverables, and outcomes. This part of my nature exists in stark contrast to my intuitive side, which cherishes the wisdom of stillness and silence. In any given enterprise, then, it is never immediately clear to me which part of my personality is going to manifest itself. As such, I felt a mild trepidation at this stage of the imaginal resonance procedure, as I was not sure how much openness and waiting I could endure. At one point, I had the mutinous thought that perhaps imaginal resonance was best suited for researchers who were not Ph.D. students striving to finish dissertations in a timely manner.

Availability and innocence. One key advantage for me in this study was that I had both experiential and theoretical knowledge with which to analyze my data. The main disadvantage was that my analysis included biases stemming directly from that knowledge. My personal experience of CSA made it difficult for me to interact with the data in a completely fresh way. Knowledge and experience can become perceptual filters that highlight what is familiar while obscuring what is novel. A key component of the imaginal resonance procedure is the preservation of innocence in relation to the data. Unfortunately, I had little innocence to offer the topic of CSA. When D. Netzer (personal communication, August 22, 2013) and I discussed this problem, I decided that as a newly returning student to hatha yoga, I would draw on the vulnerability and non-mastery I experienced there and apply it to my work with the collage. We agreed that I should integrate imaginal resonance into my yoga practice, deliberately focusing on

my *asanas* while resting gently in the presence of the mandalas. Our hope was that this body grounded approach would keep me soft and intuitively open while reducing the urge to intellectualize.

Unconditional acceptance and intuition. For the first two days of the procedure, I sat and gazed at the mandalas before and after each yoga session. I waited and stared and stared and waiting, each time drawing a complete blank. Determined to remain in a place of innocence and trust, I refused to panic and stayed with the process. On the third day, as my gaze drifted curiously over the collage, the words *sacrifice*, *crucifixion*, and *renewal* popped into my thoughts. Mindful of the need to avoid intellectualization, I allowed myself to simply notice the words and let them drift away. The following day, I mentioned them in an e-mail to D. Netzer (personal communication, August 16, 2013) and she replied encouraging me to *feel* sacrifice, crucifixion, and renewal rather than think about them. I was not pleased. Nevertheless, I hovered around the feelings associated with these words for the next four days, carefully withdrawing before I became too overwhelmed.

Finally during one *savasana*, the resting stage of a yoga session, I saw a small green shoot spontaneously unfurl in my mind's eye. I noticed the image but did not attach myself to it, simply allowing it to bob freely on the horizon of my consciousness. During our consultation session on August 22, 2013, I mentioned the appearance of the green shoot to D. Netzer. She recommended that I purchase a live plant that matched my inner image and begin to work with it intuitively. On day 11 of my imaginal resonance procedure, I took myself to the gardening store where I was captivated by a tiny plant surrounded by larger, more ostentatious foliage. I brought the plant home and placed it on my yoga mat in front of the collage. So enchanted was I by this intrepid little symbol of life that I immediately began to draw (see Figure 25).



Figure 25. Imaginal resonance drawing.

An accurate rendering of my plant in terms of its basic outline, the above drawing is nevertheless clearly an imaginal symbol. For me, the green color in the background reflects the field of creative potential surrounding us all, while the blue aura around the plant symbolizes its innate purity. The black at the center of the flowerpot speaks to the heart of darkness from which growth can emerge. Red remembers the sacrificial blood of CSA survivors poured out upon the altar of Life. Yellow depicts the soul itself content in its eternal promise of rebirth. As I worked on the drawing, I was finally able to fully capture the felt sense of sacrifice, crucifixion, and renewal. Slowly descending into heartbreak, I listened to *The Tears of Nubia* by Kelly Price playing over and over on my stereo.

Take me in my dreams recurring
 Cheerful as a childhood dance
 Into one more taste of freedom
 One more longing backward glance

In the sway of somber music
 I shall never, never understand
 Let me slip into the sweeter
 Chorus of that other land

The gods love Nubia, the beautiful, the golden
 The radiant, the fertile, the gentle and the blessed
 The pain of Nubia is only of the moment
 The desolate, the suffering, the plundered, the oppressed

The gods love Nubia, the glorious creation
 The songs roll sweetly across the harvest plain
 The tears of Nubia, a passing aberration
 They wash into the river and are never cried again

The gods love Nubia, we have to keep believing
 The scattered and divided, we are still it's heart
 The fall of Nubia, ephemeral and fleeting
 The spirit always burning though the flesh is torn apart.
 (Rice & John, 1999, track 13)

This, then, was the bittersweet gift of imaginal resonance and the collective message of the mandalas in this study; a felt remembrance of loss and healing, the soul deep realization that resurrection is possible only when a sacrifice is made.

Surrendering and a closing procedure. I sat with my drawing and the mandalas for another week to see if any further insights would reveal themselves. Nothing emerged. The inner Muse was silent. During this time of surrender, I experienced not the inner blankness I had felt at the beginning of the imaginal resonance procedure but, rather, a gentle, full-bodied, quiet sense of peace. I came to understand that for the purpose of this dissertation, the mandalas' collective story had been told. Sitting with them one final time, my gratitude poured over the wall collage, covering it in a golden curtain of light. Then I once again smudged the collage along with my own body, signaling that the final phase of the procedure was complete.

Later, when I shared my experience with Dorit Netzer, she replied

In your depiction of the green shoot, I see flames and a cross, but also beauty and hope, perhaps a torch for those whose stories are enfolded in this dissertation and all who resonate with them. . . . I imagined the green shoot as a neurological healing response through which trauma shifts from being reactivated in repetitive patterns, and transforms by making new connections. In the brain this literally appears as new shoots. While your mandala pairs reading was phenomenological, your imaginal resonance has tapped into renewal potential; more possible for some of your participants than others, but . . . is there to draw on, as a collective unconscious source of life energy. (D. Netzer, personal communication, August 31, 2013)

Cycle 5—Theoretical Interpretations

Renegotiated theoretical assumptions. One of the most important findings to emerge from Cycle 4 was confirmation that the soul loss construct may indeed be useful in the assessment and treatment of CSA. In Western culture, soul is typically understood to be within the purview of religion. However, this study found that matters of soul might also be relevant to clinical psychology. My own sexual abuse was experienced as soul murder. Participants subsequently expanded and refined my understanding of the psychospiritual impact of CSA, as is desirable in any research endeavor. The challenge with appropriating soul on behalf of psychology is that its nature and meaning have been continuously redefined over thousands of years. As such, it is impossible to agree on a universal definition of soul. This naturally begs the question, why make the attempt? In response, I would argue that the data seem to invite a theoretical collaboration between clinical psychology and spirituality.

As a trauma specialist and survivor, I am in a unique position to critique psychology's current approach to the treatment of CSA. In my own recovery, for example, CBT was effective at treating cognitive distortions but extremely poor at resolving my desolation, emptiness, and self-loathing. Participants throughout this study also described psychospiritual injuries that existed in a domain beyond cognition and language. It would seem, then, that the spectrum of soul loss more readily captures the subjective experience of CSA, while diagnoses like PTSD

and depression better reflect the objective perspective. In my opinion, a richer understanding of sexual abuse requires a synthesis of both subjective and objective lenses. Our need to better comprehend the phenomenological experience of CSA requires that we begin to explore constructs outside the domain of clinical psychology. This may involve consideration of the soul loss spectrum including soul wounding, soul withering, soul shattering, soul flight, soul theft, and soul murder.

The korecentric theory was refined as a result of my analysis in ways that remained congruent with its central ideas. The theory postulates a state of being in which egoic and soul levels of an individual exist in fully realized, mutually supportive relationship. Using the metaphor of a bicycle wheel, the inner hub (soul) and outer rim (ego) of the wheel consciously collaborate to ensure optimal functioning. In the korecentric theory, both levels of self are understood to be fully actualized in their own right, lovingly negotiating with the other to fulfill their mutual needs. The theory emerged in response to my ongoing frustration with some of the transpersonal literature, where it seemed ego was constantly being vilified, while spiritual aspects of self were privileged. Such perspectives did not reflect the truth of my own inner life, where ego and soul were involved in an intense love affair. In my inner dialog, I typically use the term beloved to invoke deeper aspects of self. Conversely, when my deepest self wishes my conscious attention, I often hear the word dearest whispered in my inner ear. The korecentric theory, then, privileges neither ego nor soul as both are considered equal partners in the optimal functioning of a healthy self.

On the other hand, the foundation of my EOTS theory underwent a shift from a robust materialist affiliation in Cycle 2 to a more tentative one in Cycle 4. All participants in this study acknowledged that their CSA resulted in psychospiritual injury. As such, it was necessary to

develop a theoretical framework that addressed matters of soul in a clinically congruent way.

The EOTS was my attempt to develop a model of soul that complemented the materialist assumptions underpinning clinical psychology. Such complementarity is an important consideration if the EOTS is to ever be clinically useful.

In Cycle 2, the EOTS was conceptualized as a living, dynamic, autopoietic system that continuously re/generates itself in relation to internal and external stimuli. Autopoiesis is a materialist concept by Maturana and Varela (1972/1980) outlining a mechanism of self-re/generativity, the central assumption of their Santiago theory. My adoption of autopoiesis as the foundation of the EOTS was a strategic decision that reflected my intellectual bias during Cycle 2 of this study. Because my scholarly objective is to build a bridge between transpersonal psychology and the mainstream trauma field, I felt it necessary to anchor the EOTS firmly on materialist bedrock. However, during Cycle 4, a key shift in my thinking occurred. While I still want the EOTS to be relevant to clinical psychology, I find myself unable to wholly embrace some of the philosophical tenets of materialism. This includes the view that that which cannot be observed or measured does not exist. If nothing else, this dissertation journey has helped me to more fully understand the tenuous foundations of epistemological claims in general. As such, while the EOTS continues to rest on the foundation of autopoiesis, I want the reader to understand that it rests there only *tentatively*.

This intellectual shift resulted from my growing understanding of the EOTS as a theory located within liminal space. Over months of research and analysis, the limitations of scientific materialism became increasingly apparent. Certainly, there exists enough empirical data to challenge the materialist claim that all mysteries in nature are reducible to physical phenomena.

Having said that, I continue to believe the scientific approach is valuable and that its standards are essential to transpersonal research and theory development.

Reflecting on the change in my thinking around the EOTS, I realized it should have come as no surprise. The theme of liminality is omnipresent in my life narrative. I was born of two distinct gene pools (Caucasian/Negroid), raised in two distinct cultures (collectivist/individualistic), am made up of two seemingly opposing characterological orientations (scientific-intellectual/mystical-intuitive), and follow a shamanic path that straddles two dimensions (Underworld/Upper world). In short, I have been a bridge builder all my life, continuously renegotiating the in-between spaces so as to lay claim to a unique, liminal identity. Given my background and experience, then, it is not surprising that my scholarly work would seek to bridge opposing paradigms. Although I continue to maintain a strong scientific allegiance, I am convinced that no sincere seeker of knowledge can afford to reject out of hand the possible existence of universal mysteries that are not easily verifiable.

In the Gilgamesh epic, the tavern keeper does well to warn the hero of the perils of crossing between two dimensions. In my view, the greatest risk facing my EOTS theory from the trauma field is that it will be dismissed as a mystical, idiosyncratic, fringe theory with little therapeutic utility. Alternatively, the risk emerging from the transpersonal field is that the EOTS will be dismissed as a reductionist theory that dishonors the transpersonal vision through its materialist affiliations. I find it helpful to think of the problem in terms of a Jungian tension of opposites that, when held with integrity, facilitates the emergence of a third possibility. The findings from this study suggest that at least some survivors would benefit from a treatment approach that acknowledges the psychospiritual trauma of CSA. My hope is that the EOTS and

korecentric theories might help facilitate their recovery from soul wounding, soul withering, soul shattering, soul flight, soul theft, and soul murder.

Jungian interpretation of findings. Carl Jung (1921/1971) conceptualized the psyche as a self-regulating system involving the totality of all conscious and unconscious processes in an individual. While this system consisted of autonomous parts that sometimes functioned as secondary selves, he believed the psyche sought to evolve to its fullest potential through the process of individuation. In Jung's model, the ego or personality served as the conscious organizer of thoughts, feeling, and sensations, while the personal unconscious consisted of everything that was forgotten, repressed, or not yet actualized (Jung, 1960).

Central to the structure of the personal unconscious were complexes or emotion-laden thematic clusters. Jung believed that bringing these complexes into awareness and working with them ultimately resulted in a more mature personality. Two important complexes discussed by Jung were the Persona or social mask worn by the ego, and the Shadow, representing rejected or unknown aspects of self (Jung, 1960). Complexes were rooted in the collective unconscious and developed as a result of the individual's reaction to particular circumstances. The collective unconscious contained the aggregate unconscious content of the species including psychic blueprints known as archetypes.

Because psyche was conceived of as the all-encompassing structure of consciousness, Jung himself made no clear distinction between psyche, mind, and soul. In considering the findings of the current study, then, the spectrum of soul loss must be explored from the perspectives of complexes and archetypes. From the Jungian lens, the psyche contains dual centers of the personality including the ego or little self and the Self-archetype or big self. Either of these could, theoretically, be perturbed by trauma. Soul wounding, soul withering, soul

shattering, soul flight, soul theft, and soul murder all represent emotion-laden themes along the spectrum of soul loss. As such, they can be considered complexes existing within the study participants' psyches (Jung, 1960).

A particular quality of complexes is their ability to directly influence an individual's behavior. Psychopathology, from this perspective, is believed to result from a failure to successfully work with and resolve one's complexes. In line with this view, all study participants reported incidences of failure to fully resolve their psychospiritual injuries. In the Jungian model, such failures result in participants' complexes negatively influencing their behavior. Supporting this position, Jo, who experienced extreme emotional neglect, continued to struggle with low self-esteem while Suzy, who was convinced her mother never loved her, continued to have difficulty establishing healthy relationships. Trish, who was erased but left alive reported that she will never truly heal from her abuse, while Mel, who continues to succeed in her career as an entrepreneur noted that her brain is permanently broken. Emily, whose soul flies away when she is overwhelmed indicated that she does not know how she will keep it from leaving her behind. Finally, Blanche, who cannot forgive herself for harming her children remains unconvinced that redemption can ever truly be hers.

Structural dissociative interpretation of findings. In *The Haunted Self*, van der Hart, Nijenhuis, and Steele (2006) explore the impact of chronic traumatization on personality development. They argue that there are two distinct components to the experience of traumatization including (a) the objective characteristics of the event, and (b) the subjective characteristics of the individual's integrative capacity. Both components involve a number of variables including severity, chronicity, predictability, age, history, and/or resilience. Van der Hart et al. point out that actions taken when someone is in a dissociative state have a quality of

agency and ownership about them, as if the part of the personality initiating the dissociative behavior possesses a level of autonomy. They note that “the criteria of agency and ownership distinguish structural dissociation from other manifestations of insufficient integration such as intruding panic attacks in panic disorder or intrusions of negative cognitions in major depression” (van der Hart et al., 2006, p. 29).

From van der Hart et al.’s (2006) perspective, chronic trauma results in a fragmentation of the personality into the “apparently normal part of the personality [ANP]” (p. 30) and the “emotional part of the personality [EP]” (p. 30). The ANP and EP are understood to be self-organizing, self-stabilizing, self-conscious subsystems of the global personality. In this model, *Primary Structural Dissociation* involves a single, binary division between the ANP and the EP, while *Secondary* and *Tertiary Structural Dissociation* occur as the subsystems fragment into more and more parts. The ANP is responsible for engaging in daily life tasks while the EP manages the emotional impact of trauma using a range of defensive behaviors. This compartmentalization enables the survivor to function, to some degree, in day-to-day life while still coping with the emotional impact of trauma. The self-organizing, self-stabilizing, self-conscious nature of van der Hart et al.’s EP fits well with my own view of the sentient, autopoietic nature of the EOTS.

The findings of the current study offer support for van der Hart et al.’s (2006) theory on structural dissociation in relation to CSA. For example, all participants either reported past symptoms of chronic dissociation or evidenced dissociative symptoms during the actual interview. Thinking about the current findings from the lens of structural dissociation, it appears that the nodes along the spectrum of soul loss correlate, to some degree, with van der Hart et al.’s

EP. Certainly, all participants in this study were highly attuned to threat, citing numerous examples of defensive behaviors across a range of situations.

Emily, for example, reported that she was easily overwhelmed and chose to remain semi isolated as a means of managing her stress. Suzy, on the other hand, reported that she deliberately started drinking and doing drugs in order to not feel hurt all the time. Penny was addicted to anything that would take her away from her feelings, while Cathy actively avoided thinking about her trauma and the humiliation it caused. Trish developed a full-fledged alter ego complete with its own name and wardrobe, while Sepi seemed to recede into the mists, giving the impression that she was never fully in her body. In my model, the above behaviors are associated with soul wounding, soul withering, soul shattering, soul flight, soul theft, and soul murder. However, from the lens of structural dissociation, these nodes can be considered the EP's strategy for protecting the personality from the horrors of CSA.

Transformation of the Researcher: The Personal Journey

This intuitive inquiry has been nothing short of transformational for the researcher. During the Winter Residential Intensive at Sofia University in January, 2012, research methodology was the burning theme being discussed by my cohort. My original plan had been to do a phenomenological study, until I discovered such an approach would not allow me to introduce my theories of the EOTS or the korecentric self. One of my professors recommended instead that I consider doing an intuitive inquiry. After reading Anderson and Braud's (2011) description of the method in *Transforming Self and Others Through Research*, I *knew* I had finally found my path. Not only had I discovered the perfect approach for my study, I had a strong sense that my dissertation process would be a kind of shamanic experience in its own

right. Unwilling to simply write a dissertation, I wanted to sing, dance, sweat, dream, pray, and paint my way into a deeper understanding of soul loss. That night, on January 11, 2012, I had an extraordinary dream:

I am in an apartment with a group of friends when a strikingly attractive man enters the room where we are gathered. I am immediately aware of his presence and although I am with one group and he is with another, our intense attraction makes us acutely aware of one another's presence. He is a man of great power, both politically and spiritually. Every inch of his skin is covered in ancient writing telling the story of his prowess as a warrior. Somehow I know that the people I am with want me to convert him to our cause, and so there is an underlying subversive agenda throughout my interactions with him. In the dream, I fall asleep and then wake to the sound of heart-rending sobbing. I make my way to the bathroom where I find the warrior lying in a tub of warm water. He weeps as if his heart is breaking and says: "Please don't hurt me." Dismayed, I climb into the tub and wrap my body around his, assuring him that I adore him, will never leave him, and will never deliberately harm him. We begin to make love in my dream and our lovemaking continues even after I wake. For several hours throughout my morning and afternoon classes I remain in an altered state; one foot in the dream world and the other in my waking life. (Jacqueline)

When I discussed this dream with fellow intuitive researcher, Gillian Scholes, we agreed that the man in the dream represented my *animus*. In Jungian psychology, the animus is the archetype that reflects the "inward face" (Hall & Nordby, 1973, p. 46) of a woman, containing within itself her so-called, masculine qualities. Qualities associated with the masculine principle include intellect and reason, as opposed to intuition, which is associated with the feminine principle.

Reflecting on this dream, I had the sense that my intense attraction to intuitive inquiry represented the activation of an embodied feminine energy or *eros* in my scholarly work. For two years prior to receiving this dream, my academic process had been primarily *logos*-oriented, as I focused on critical thinking and scholarly rigor. Intuitive inquiry called me to a more feminine mode of scholarship and I believe this dream was a plea from the *logos* aspect of self not to be left behind. The lovemaking in my dream, then, symbolized an integration of intellect and intuition that became the foundation of my scholarly work for the next two years.

Auspicious bewilderment. Anderson (2004) notes that successful intuitive inquirers must be willing to tolerate the experience of auspicious bewilderment. This occurs when the researcher is unclear for substantial periods of time about precisely what direction the research process is headed in. Unlike other methods where the researcher is expected to *muscle through* to the end, intuitive inquiry invites researchers to surrender themselves to confusion, frustration, disillusionment, and self-doubt. In my case, feedback I received during the proposal phase of my dissertation forced me to rethink a key aspect of my EOTS theory. With no answers to the questions asked, I entered the proverbial dark wood where I wandered blindly for weeks. The struggle I faced in that inner realm was captured in a dream I had on November 20, 2012:

I am at Sofia University's residential intensive spending lots of time with a beloved male professor. There is tremendous tenderness between us as we hold hands and talk about my dissertation. On the long drive home, I hear someone calling for help. I stop my car at an intersection and hear the call again. Getting out of my vehicle, I search for whoever is in trouble so I can offer assistance. To the left of my car is a deep trench and when I look down, I see a young girl of perhaps 14 struggling to get out. I pull her out of the trench and she tells me there is a man trapped in the tunnel connected to the trench. More people arrive to help and I tell the young girl that she needs to come with us and show us where the man is. She flatly refuses to re-enter the tunnel but describes the place where she last saw his body. I try calling 911 but my phone will not work because I am in a different country. Instead, my call is routed to a commercial business and the woman who answers tells me that to reach the police, I need a local phone that has a button with the word *student* on it. To reach the police I must press the student button and dial a strange series of digits not involving 911. I am outraged because I had always believed that 911 was a universal emergency code. I turn to the girl I have just rescued and ask her to call the police instead. However, her friends rush up at that moment and start talking to her. She walks away laughing as she regales them with the story of her adventure. I run after her and tell her she must call the police so they can help me rescue the man in the tunnel. She informs me that she is not going to call the police because she does not wish to get involved. I am so enraged that I throw my pencil at her screaming: "You ungrateful bitch!" (Jacqueline)

For me, this dream reflected the psychic upheaval I was experiencing having opened myself to a nonlinear, feminine way of knowing. The man in the tunnel (*logos*) was dying and the self-discipline and focus that had seen me through three previous degrees appeared to have

deserted me. Having rescued this nascent feminine energy (*eros*) from the epistemological trenches, she betrayed me and ran off while I was in crisis. My 911 call symbolized traditional self-stabilization techniques that failed along with every other strategy I used to try and improve my performance. My carefully constructed, highly prized façade of competence began to crumble leaving me lost, confused, and deeply vulnerable. In a dialog with my inner Self, I vented my frustration about my inability to meet deadlines. Something deep within yelled back, “Stop pushing me! This is my dissertation and I need to go more deeply into the process.” My conscious ego snarled in reply, “This is *our* dissertation and we need to get this thing done!”

Thus began the labyrinthian voyage that ultimately led to my deepened understanding of soul loss in relation to CSA. In the end, I missed my commencement ceremony, which broke my heart, but then moved through that grief into deeper surrender. Utterly consumed by my intuitive inquiry, I fluctuated between resistance, excitement, confusion, euphoria, anxiety, resentment, hope, and despair. Some days, things as simple as maintaining a research journal seemed beyond me, while other days I sat and wrote for hours. It became clear that I had completely lost control of the process. The dissertation had begun living me.

One month after finding myself in the jaws of the dragon called Auspicious

Bewilderment, on December 16, 2012, I had another dream:

I am at the dissertation presentation seminar with the rest of my cohort and everyone has finished except me. I run into one classmate in particular who completed her committee formation long after I did. Even she has finished her project and been awarded her degree. I, on the other hand, languish in paralysis. In shock, I ask her how she could possibly be done. She informs me that her dissertation was only 26 pages and casually walks away. (Jacqueline)

When I awoke from the dream, something fundamental had shifted. My classmate in the dream knew something I did not. She knew how to engage the research process from a place of ease, while I only knew how to tie myself into increasingly complex knots. The answer to my dilemma

was clear. I needed to exhale instead of hold my breath, flow rather than freeze, cradle rather than clutch my emerging dissertation. Twenty-four hours later, I discovered Stafford Beer's (1980) introduction to Maturana and Varela's (1972/1980) paper on autopoiesis. He described scholarly culture in traditional universities as

an iron maiden, in whose secure embrace scholarship is trapped. For many this is an entirely satisfactory situation, just because the embrace is secure . . . interdisciplinary studies consist of a group of disciplinarians holding hands in a ring for mutual comfort. The ostensible topic has slipped down the hole in the middle. (Beer, 1980, p. 64)

Beer's insight illuminated some of the dangers inherent in traditional approaches to research. It demonstrated why I needed to stay committed to intuitive inquiry, despite its challenges and necessary sacrifice. Like the calcified scholars described above, I had become obsessively attached to my own theoretical ideas. I realized in that moment that to move forward with my dissertation, I would need to approach the process in a much more whimsical way. Continuing on to read Maturana and Varela's (1972/1980) book in its entirety, I at last found the theoretical foundation I had been seeking to anchor my own work. These ebbs and flows between creativity and inertia remained the hallmark of my entire dissertation experience.

The fall of the magus. The work of Carl Jung has had a tremendous impact on my intellectual development over the past 15 years. My Jungian studies at the University of Toronto in the late 90s offered a way back into the Sacred Garden of my soul after a devastating crisis of faith. Since that time, I had considered myself to be a not-so-closeted Jungian psychotherapist. Three days before my dissertation proposal meeting on January 16, 2013, I had an extraordinary dream:

I am in a hotel room being threatened by a man. I attack him and saw his head off with a serrated bread knife. I am surprised at how easily (two swipes) he was decapitated. His head falls to the ground and rolls away, but he keeps talking about something I do not want to hear. I stab his headless body several times in the heart to get him to shut up.

There is blood everywhere. Then I tell my husband that I'm going to call the police and report that I have murdered someone in self-defense. (Jacqueline)

During my proposal meeting, I told my committee members that the dissertation was taking me to the outer limits of the structure of my mind. I knew I needed to break free of my existing intellectual framework, but it was unclear how such an endeavor might be initiated. Then, a few short weeks after my proposal was approved, I happened across the movie *A Dangerous Method* (Cronenberg, 2011), which explores the emotional and intellectual triangulation between Sigmund Freud, Carl Jung, and Sabina Spielrein. While the historical accuracy of the film is debatable, two things that struck me were the implication that Jung had appropriated Spielrein's ideas and the possibility that he had violated his ethical code by taking her, his patient, as a lover. Over the previous decade, Jung's influence on my thought had achieved almost mythic proportions. Seeing him portrayed as a flawed human being allowed me to renegotiate my relationship with his ideas, resulting in greater intellectual freedom. At long last, the Magus had fallen. While Jung would continue to influence my work, his stranglehold on my intellect had been broken. As the dream foreshadowed, my guru *had* to be slain. Only through such an archetypal act of self-defense could I free myself from outmoded thinking and achieve something visionary.

Dismantling paradigms. In one of the most valuable pieces of scholarly feedback I have ever received, Kundan Singh commented in my dissertation proposal, "You *think* like a Christian" (personal communication, January 15, 2013). Over a two-year period, we had been engaged in a series of conversations about differences in Eastern and Western thought in relation to the reason/faith and science/religion dichotomies peculiar to the Church. His comment was specifically geared toward my own dichotomous thinking in relation to faith, reason, science, and religion. I was raised as a Catholic and while we had discussed these ideas in a general sense,

this feedback crystalized for me how completely culture and experience determined the scope of my perception.

Perhaps, the most transformative aspect of my intuitive inquiry was wrestling with philosophical questions related to epistemology. Over and over throughout the process, I complained to fellow researcher Gillian Scholes that I no longer knew what I thought I knew about anything. I began my intuitive inquiry, as most young scholars do, confident in the body of knowledge I had accumulated through my post-secondary education. However, reflection and research left me repeatedly confronting the limitations of the entire knowledge gathering enterprise. This experience reminded me of my Shakespeare class in the mid-1990s, when I was supposed to be majoring in anthropology. After I introduced myself to the person next to me, she asked: “What are you doing here if you’re an anthropology major?” I replied with glee, “Because I want to *know* . . . all of it. So it really doesn’t matter where I start.” Years later, as I complete my final degree, I realize that I no longer know what it even means to know.

In *The Universe in a Single Atom*, the Dalai Lama (2005) discusses the Principle of the Scope of Negation where he notes that “there is a fundamental difference between that which is ‘not found’ and that which is ‘found not to exist’” (Dalai Lama, 2005, p. 35). In other words, the inability to see something is not proof positive that it is not there. Buddhist tradition freely recognizes the limits of human knowledge and the practical impossibility of truly understanding how the universe originated. A Mahayana text known as *The Flower Ornament Scripture* measures the boundlessness of the universe and what we seek to understand as “the ‘square untold’ . . . a function of the ‘unspeakable’ multiplied by itself” (Dalai Lama, 2005, p. 88).

In the face of such vastness, my beliefs about what can be known and how it can be known have utterly collapsed. Over the course of this intuitive inquiry, my hunger to know has

given way to a hunger to not know: a hunger to simply *be* in the presence of the unknowable, awake, alert, and captivated. As such, I no longer wish to know *per se*. Rather, I wish to explore, discover, consider, intuit, and delight in the world around me. This approach, I believe, will ultimately lead me to a more open, spacious, honest scholarship. I have no desire to trap myself in the stifling hubris of epistemological claims that must be considered dubious in the face of an incalculable universe. Instead, I want to whimsically and playfully describe what little of the Mystery I have managed to glimpse, trusting that uncertainty and humility are the only appropriate responses to such vastness.

Bone magic. In *Bone: Dying Into Life*, Marion Woodman (2000) writes: “Fate is the death we owe to nature. Destiny is the life we owe to soul” (p. xvi). The Winter/Spring of 2013 was an emotionally grueling time for me. I was mentally exhausted, emotionally blue, and, eventually, physically ill from a painful lung infection. At times I felt so empty and drained that I began to wonder if I were clinically depressed. Later medical tests revealed that I continued to suffer from severe anemia, despite the fact that I had been on medication for several months. As the world around me quietly darkened, I had the sense of a slow, steady descent into my bones. I did not know I held grief in my bones until I arrived there and found myself grieving myriad, unnamed things.

When I discussed my experience with my chair, Rosemarie Anderson, I told her that The Little Match Girl within me was becoming the Bone Woman. This transformation was initiated in part by the extraordinary experience I had during my proposal meeting with my committee. Having heard many colleagues’ dissertation horror stories over the years, I was unsure what to expect when faced with evaluation by a panel of Ph. D. level researchers. Not only did it turn out to be a positive experience, I literally felt cradled by my committee members in terms of their

care and commitment to my scholarly development. I, who had cradled so many in my personal and professional roles, was made so safe that I was still weeping about the experience several days later.

As I descended into my bones, processing at ever-deepening levels, I was intrigued to note how my body mirrored my emotional state. The anemia diagnosis was an apt metaphor for my feeling of having been *bled white*. By the spring of 2013, I was running on empty. I began cutting back on professional obligations and nurtured myself as much as deadlines allowed. Four months later, on July 27, 2013, I had a powerful dream:

I am in a tiny ancient church in Jerusalem that holds only a few people. Members of the congregation are invited to speak. As a guest here, I am enchanted by the simplicity of the space and the lack of a crushing crowd. I feel moved to speak to the congregation and share how much I cherish this little church and its community. I tell them what a gift it is to not be worshipping in an anonymous crowd as we do in Canada and the USA, but rather in a true community just like the earliest Christians. Here, each church member knows the other personally and is deeply committed to their spiritual well-being. I talk about how the smallness of the group makes it possible to form a closed energetic circuit, where we are constantly connected at the deepest level. I share how blessed they are in their humble sanctuary. The only church that has touched me more is the tiny church of St. Peter carved into a hillside in ancient Antioch. When I sit down, the congregation is deeply moved by my testimony. On my way to lunch with my husband and our tour guide, the guide tells me that several church members have experienced a renewal of faith as a result of my testimony. I tell him that I would love to return to Jerusalem and continue to offer my services here. (Jacqueline)

Jerusalem is one of my favorite cities and I did indeed journey to the cave church of St. Peter in modern-day Turkey in 2004. The site is believed to be one of Christianity's oldest churches and just running my fingertips along the walls felt like stepping back into history. Two weeks before I had the above dream, I was driving by the yoga studio in my neighborhood when I spontaneously stopped my car, parked, and requested a tour of the facilities. In less than 30 minutes I had signed up for an introductory membership and spent over \$200 on yoga equipment. I had known for some months that I would need to return to yoga and meditation

before I could write Chapter 5 of my dissertation. However, the passion, dedication, and focus with which I reengaged my yoga practice seemed to come out of nowhere. From a place of complete surrender, I gave myself to the process of becoming more embodied.

Fifteen yoga sessions later, I found myself in a purging frenzy letting go of physical toxins, emotional stressors, 10 garbage bags of clothing, and a pile of unused software on my computer. With each successive purge, I felt lighter and lighter and, only then, realized how physically, mentally, emotionally, and spiritually congested I had become. For me, the above dream highlighted the importance of simplicity within the maelstrom that is so often my life. With clients, students, colleagues, volunteers, friends, and family making demands, I am relentlessly exposed to stress in my professional and personal universes. Although dealing with crisis most often leaves me focused and energized, unrelenting pressure over long periods of time had left me ungrounded, exhausted, and empty. I understood that I would not be able to see what was important about my findings if I continued to worship in the crowded church of my inner landscape. Rather, I needed to pull my life force back into my physical form, containing but not contracting the essence of my deepest self. During this time, I found myself drawn to *The Te of Piglet* (Hoff, 1992), a delightful treatise on the virtues of the small.

Psychopomps and guides. Throughout *The Red Book*, Jung (2009) highlights the importance of being cognizant of one's personal myth, noting that the lack of such a myth can leave one feeling disconnected from both past and present. In Jungian psychology, a psychopomp is considered a soul guide or "one who shows the way" (Jung, 1974, p. 132). At the end of the first yoga class in my re-established practice, my unicorn psychopomp, Arion, appeared in my mind's eye. Unicorns are heraldic beasts associated with the lunar and feminine principles. The horn of the unicorn is specifically associated with the masculine principle

(Fontana, 1993). In Medieval legend, they came to symbolize strength, purity, and grace (Nigg, 1995). For me, Arion symbolizes my personal creativity or magic and his appearance suggested that reconnecting with those qualities would require me to become more deeply embodied.

Arion's shining elegance stood in stark contrast to my other psychopomp, Gertrude, who first appeared to me as a massive sea cow in the winter of 2012. Sea cows are swift and powerful underwater, but virtually immovable on land. Gertrude symbolized the part of my psyche that *would not be rushed* when it came to my intuitive inquiry. Over the course of my research she would either anchor or paralyze me depending on how well I was husbanding my energy.

Approximately 30 days into my yoga practice, Gertrude appeared in my mind's eye, resting her head on my right shoulder while Arion rested his head on my left. After several *savasanas* spent in this nurturing manner, they both disappeared and Elariya, the personification of my EOTS, arrived. Lying on my mat enjoying the delicious sense of embodiment, I greeted her with delight and immediately sought her help with my data analysis. Then on day 67 of my yoga practice, something new and entirely wonderful occurred. I found myself overcome with tenderness for my body, which has been a loyal workhorse and seen me through so much. At that moment a woman appeared in my mind's eye. I had never seen her before. She was *nothing* like my other psychopomps. I knew immediately that she was the personification of my somatic consciousness. The Bone Woman had finally come home.

Researcher's Self-Critique

Researcher bias. There were numerous benefits and challenges with being a participant researcher in this study. For example, my personal experience of soul loss in the context of CSA allowed me to practice deep empathy and attunement with my participants. This attunement was, perhaps, most evident in the resonance observed between the study's mandala pairs. All

clinicians are taught the importance of active listening, however, attunement is a more sophisticated process where clinicians moves into deep intuitive alignment with their clients. The unconditional acceptance generated by this approach typically leaves clients feeling supported and emotionally *held*.

Researchers also want participants to feel safe during an interview, while still striving for the highest level of objectivity. Philosophically, I am not certain that pure objectivity is an achievable state. The acquisition of knowledge is a hermeneutical process in which all knowledge claims are filtered through the historical, cultural, religious, developmental, and semiotic lenses of the researcher. Knowledge claims are also filtered through the researcher's personality, experience, values, prejudices, fears, hopes, and desires. In short, there seems to be no way to escape the biases that come with growing up and functioning effectively in human society. Nevertheless, commitment to objectivity, insomuch as that is possible, is a crucial part of any legitimate research endeavor. It is essential, then, that all interpretations be grounded in data.

Reviewing the transcripts of my interviews, it became clear that the attunement skill that served me so well as a clinician was more problematic as a researcher. While my interview style invited disconfirmation, there were times, rightly or wrongly, when I felt so in tune with my participant that I spontaneously completed their sentences. Although my participants typically affirmed my interpretations, there is no way to confirm that I did not unduly influence their responses. Leading comments and questions are meticulously avoided in research as they compromise the validity of the overall findings. In hindsight, I realized that researcher/clinicians with lived experience of the topic under investigation might be vulnerable to inadvertently influencing participants through leading questions and/or an active interview style. The same

may be said of my data analysis and interpretations in Cycles 3 and 4 as I cannot separate myself completely from this process of self-inquiry.

Style of inquiry. While some intriguing data emerged from this study, my lack of experience in framing follow-up questions narrowed the opportunity for my participants to elaborate on certain themes. For example, in my review of the transcripts, I noticed that I asked many closed questions that resulted in yes/no answers, as opposed to open questions that allowed for richer responses. As such, it is possible that additional themes regarding the psychospiritual impact of CSA were lost to me. This means there could be many more thematic nodes along the spectrum of soul loss than were identified here.

Methodological inconsistency. One of the biggest surprises of this study was the heavy emotional toll the data-gathering had on me. I have been a trauma therapist for many years and did not expect the interviews to affect me so profoundly. I completed all 12 interviews in a two-week period and quickly found myself emotionally exhausted. There were times during the study when I could not bear to look at the data, let alone process participants' mandalas through my physical body. This resulted in methodological inconsistency in the embodied writing, as some segments were done immediately after the interview, while others were done up to four weeks later. Although I reviewed each transcript prior to completing the final embodied writing pieces, in three cases, I was removed from the intuitive field generated between myself and the participant for some weeks. There is no way to know what effect this time lapse had on my final interpretation of the mandalas.

Delimitations of the Study

Anderson (2004) warns that good intuitive inquiry is replete with challenges including (a) the need to remain rigorously aware of one's perspective and embrace subjectivity, (b) the need

to avoid circularity by acknowledging and honoring data that contradicts one's assumptions, (c) the willingness to tell the truth and be fully transparent about the research process, (d) the willingness to tolerate the experience of auspicious bewilderment, (e) the courage to write in one's own voice from a place of relentless authenticity, (f) the capacity to imagine the possible by freely speculating about the novel possibilities for human understanding implicit in the data, and (g) the courage to risk personal transformation by fully integrating the research material rather than simply intellectualizing it.

This study focused on the psychospiritual impact of sexual abuse, a form of traumatic stress known to result in long-term mental-health problems. A key delimitation of this study was the topic itself, as the intimate nature of the subject may have discouraged some survivors from participating. As such, these findings may be representative only of those who have healed enough *to be capable of disclosing* details of their abuse. The sample size for the study was also small ($N = 12$) as I was more interested in exploring a handful of narratives deeply than a large number superficially. Each of my participant's stories was subjected to a five-fold method of analysis using thematic, dialogical, visual, somatic, and imaginal techniques. Nevertheless, the sample size used in this study means these findings cannot be generalized to the CSA population at large; however, they are expected to generate new insights and hopefully inspire innovative research.

Limitations of the Study

Because intuitive inquiry is fundamentally rooted in personal and theoretical reflectivity, the scope of this study was limited to survivors' subjective recollections of CSA, along with my interpretation of their narratives. All memory is filtered through the lens of the person doing the remembering. As such, participants' stories were not objective reports of traumatic incidents, but

rather subjective descriptions of psychospiritual violations. As an intuitive inquiry, there was a further layer of reflexivity introduced due to the hermeneutic nature of the method itself. While grounded in data collection and analysis, by definition, findings are interpretive.

Other limitations of this study included the biased nature of self-reports and the inherent unreliability of traumatic memory itself. Finally, almost all participants in this study evidenced some form of spiritual or religious belief. This means the women's intrinsic spiritual orientations may have influenced their decisions to participate in this study. In other words, the unique topic of soul loss may have appealed specifically to CSA survivors who *already* possessed a spiritual inclination. As such, findings cannot be generalized to those who identify as atheist or agnostic or who did not internalize their CSA as a psychospiritual injury. It is likely that different survivors conceptualize their experiences in a variety of other ways including as (a) bodily violations, (b) mental violations, (c) emotional violations, or simply (d) unpleasant incidences. Members of these subgroups are unlikely to have volunteered for a CSA study on soul loss and, as such, their experiences of trauma are not represented here.

Furthermore, the spectrum of psychospiritual injury revealed in this study highlights differing levels of resilience among CSA survivors. Masten (2014) defines resilience as the ability to "adapt successfully to disturbances that threaten system function, viability, or development" (p. 6). Many individuals with adverse life experiences demonstrate high levels of personal resilience (Afifi & MacMillan, 2011). It is worth considering, then, whether the felt sense of soul loss observed in this sample is associated with lower levels of resilience compared to the CSA population at large. If this is true, then highly resilient CSA survivors are unlikely to have been drawn to a study of this nature, meaning the nuances of their trauma narratives are also not reflected here.

Advancement of Transpersonal Psychology

To the best of my knowledge, this was the first study to empirically investigate the psychospiritual impact of CSA on a group of female survivors through the meta-construct of soul loss, which includes soul wounding, soul withering, soul shattering, soul flight, soul theft, and soul murder. The findings suggest that such abuse may result in psychospiritual injury, a discovery that is relevant to the field of transpersonal psychology. It appears that the transpersonal domain may be vital zone of healing for CSA, one that has mostly been ignored in the mainstream trauma literature. Interdisciplinary dialog between the transpersonal and trauma fields, then, may be essential in effectively treating psychospiritual injuries in some traumatized populations.

Future Research Studies

Research has shown that six qualitative interviews are sufficient to begin identifying metathemes within a data set, while twelve interviews result in fair data saturation (Guest, Bunce, & Johnson, 2006). All participants in the current study confirmed that their experience of CSA resulted in psychospiritual trauma across a spectrum of injury. This suggests that soul loss in relation to CSA is a viable therapeutic construct worthy of closer investigation. Based on the current findings, it seems likely that at least six nodes or categories of psychospiritual injury exist along the soul loss spectrum. As such, the first potential area for future research is to explore the soul loss construct in relation to other trauma populations (e.g., male CSA survivors, bereaved mothers of homicide victims, survivors of chronic interpersonal violence, survivors of torture, etc.).

The second potential area involves examining the relationship between attachment trauma and CSA in relation to the different types of soul loss. Many participants indicated that

their family's emotional betrayal was as bad or worse than the CSA itself. It is worth considering, then, whether family betrayal simply mediates soul loss in relation to CSA or whether it is, in fact, the *primary* psychospiritual injury for some survivors.

Jackson (2000) writes that betrayal involves an assault on the "integrity of individuals, affecting the capacity to trust, undermining confidence in judgment, and contracting the possibilities of the world by increasing distrust and scepticism" (p. 72). There is surprisingly little research into the precise nature of betrayal itself. However, I would add to Jackson's assertion the elements of self worth, vulnerability, and meaning.

To my mind, self-worth is implicated in the experience of betrayal in that a valued person can reasonably expect to be cherished rather than betrayed. It follows, then, that a betrayed person must not be cherished, a not cherished person must not be valued, and a not valued person may come to see him or herself as valueless or unworthy.

Furthermore, betrayal is an interpersonal violation that takes place within a context of presumed safety and trust; therefore its presence increases the vulnerability of the betrayed person to physical and emotional threat. From the perspective of attachment theory, the ability to rely on a trusted other is vital to our sense of well-being (Bowlby, 1988). Betrayal by one's family of origin, then, represents a primal breach of our most basic survival protocol.

Finally, Beder (2005) notes that the assumptive world concept refers to the "assumptions or beliefs that ground, secure, stabilize, and orient people" (p. 255). When the assumptive world is violated, as in the case of betrayal by a trusted other, the meaning making rules underpinning individuals' world and/or relational views may be fatally compromised. This, in turn, can result in physical, psychological, emotional, and spiritual harm. It seems clear, then, that a better understanding of the nature of family betrayal and its impact on survivors is a fruitful area for

future research. However, the ethical implications of pursuing this line of inquiry must also be considered. Given the far-reaching consequences of betrayal on survivors' well-being, any exploration of its dynamics must carefully weigh the value of the findings against possible risks to study participants.

The third area for future research involves exploring the question of why participants' mothers and grandmothers failed to protect them from the abuse. As all offenders identified in this study were men, it is worth considering what role male privilege might have played in the ongoing CSA dynamics. McIntosh (1989) defines privilege as "an invisible weightless knapsack of special provisions, maps, passports, codebooks, visas, clothes, tools, and blank checks" (p. 10). In short, access and entitlement are defining features of all forms of privilege. It is possible, then, that the economic privilege enjoyed by Canadian men may have influenced the women's failure to intervene, as they themselves might have been financially dependent on the abusers.

Male privilege around marital status may also be implicated here. For example, confronting any of the perpetrators could have resulted in divorce at a time when it was associated with tremendous stigma for women. At least some of the participants' mothers and grandmothers, then, may have been unwilling to be ostracized simply to protect the children.

Finally, in a sexually dimorphic species where males are larger than females, there is an inherent privilege that comes from being physically stronger and more capable of violence. Fear of physical harm to themselves and/or the children in their care is another possible explanation for why the caregivers failed to intervene in the CSA. Although, most would undoubtedly find their failure to protect the children abhorrent, one participant noted that her grandmother likely did the right thing by ignoring the CSA and mitigating the risk of family violence.

Clinical Applications

One of the greatest challenges I faced in my recovery was the realization that talk therapy was not enough to heal the depth of my injuries. Molested by nine perpetrators while being raised in a violent, alcoholic family, the light at the center of my being seemed to go out. In clinical terms, I suffered from years of concurrent depression, suicidal ideation, PTSD, depersonalization, derealisation, bulimia, grief, shame, and self-loathing, as well as a towering rage that was only barely contained. While cognitive therapy helped change the distorted thinking that resulted from the abuse, it did little to relieve my rage or grief, and nothing to alleviate my physiological dysregulation. More importantly, it did not even begin to address the psychospiritual injury that I now conceptualize as soul loss.

After two years of weekly cognitive therapy sessions, I realized the only way to save myself was to find a new healing paradigm. I transferred to a new therapist trained in holotropic breathwork and bodywork and, in conjunction with cognitive therapy, began another seven years healing. Eventually, with the help of breathwork, Shamanic ritual, meditation, yoga, depth psychology, and cognitive therapy, I pieced the broken shards of my identity back together. When I returned from the Peruvian Amazon in 2006, my resurrection from soul murder felt complete. My dissertation represents the full psychospiritual integration of that process.

Many of the women in the current study also engaged in years of talk therapy only to remain symptomatic. For example, Joanne was treated by a psychologist for nine years, yet reported in her interview that her heart remained cracked. Emily also went to counseling for several years but continued to experience dissociative episodes. Trish engaged in at least three years of cognitive therapy yet continues to suffer from bouts of depression. Katnis too was in treatment for some years prior to participating in this study but continues to struggle with

feelings of self-loathing. In my personal and professional opinion, then, cognitive interventions are a necessary but insufficient approach to the treatment of some survivors.

My own recommendation would be the adoption of a multimodal approach with concurrent focus on somatic, emotional, cognitive, psychospiritual, and relational domains. There are a number of body-oriented therapies that appear to be effective at stabilizing patients' autonomic dysregulation. For example, yoga has shown promise in helping traumatized youth in residential treatment manage their sympathetic over activation (Spinazzola, Rhodes, Emerson, Earle, & Monroe, 2011). Indeed, trauma sensitive yoga is increasingly being recognized as a viable complementary treatment for PTSD (Emerson, Sharma, Chaudhry, & Turner, 2009).

Reiki is a form of energy medicine that was developed in Japan, operating on the principle of enhancing one's *Ki* or life force. An intriguing study by Friedman, Burg, Miles, Lee, and Lampert (2010) found that the use of Reiki in a hospital setting correlated with increased parasympathetic activation in a group of cardiology patients. These findings suggest that Reiki, along with other body-oriented modalities, may be helpful in mitigating the stress response. As such, somatic interventions could potentially assist CSA survivors in coping with their chronic sympathetic arousal.

Massage therapy is another somatically oriented treatment approach that has been shown to reduce stress and anxiety in certain individuals (Field et al., 1996). Given that many CSA survivors suffer from PTSD, some may benefit from the inclusion of this option in their treatment plan.

There are also a number of adjunct treatments that may be helpful in processing the emotional impact of trauma. For example, a 2002 study of sexually abused children and adolescents found that art therapy resulted in a reduction in trauma related symptomatology

(Pifalo, 2002). Animal assisted therapy may also be helpful in alleviating depressive symptoms and improving trust, self-efficacy, and self-esteem in some survivors (Yorke, Adams, & Coady, 2008).

Psychodrama is another intriguing technique for potential use in the treatment of CSA. The approach uses dramatic re-enactment and role-playing to explore emotional issues in the client's life. Psychodrama has been found to resolve trauma symptoms and increase feelings of competence and self-efficacy in some survivors (Carbonell & Parteleno-Barehmi, 1999).

Cognitive Behavioral Therapy (CBT) is, without question, the most widely recommended intervention to address the cognitive impact of trauma. However, clinicians may also want to consider the use of Eye Movement Desensitization and Reprocessing (EMDR), a technique that is theoretically based on bilateral stimulation of the client's brain. While the empirical findings for this method are not as robust as CBT, anecdotally, many clients have demonstrated dramatic progress with EMDR (Jaberghaderi, Greenwald, Rubin, Oliaee Zand, & Dolatabadi, 2004).

The findings from the current study suggest psychospiritual interventions are an important consideration when developing treatment plans some CSA survivors. Mindfulness, a form of meditation focused on increasing one's awareness of the here and now, is a potential candidate for consideration. One study of CSA survivors reported a statistically significant reduction in symptoms of depression as a direct result of mindfulness practice (Kimbrough, Magyari, Langenberg, Chesney, & Berman, 2010). Boelens, Reeves, Replogle, and Koenig (2009) also reported statistically significant improvements in levels of depression, anxiety, and optimism in their study on the clinical effects of prayer. Given that many CSA survivors suffer from concurrent mood, anxiety, and PTSD symptoms, prayer may be an adjunct treatment worthy of consideration.

Psychospiritual healing can also be accessed through creative bodily expression. For example, Mills and Daniluk (2002) found that dance therapy resulted in an increased sense of freedom, intimate connection, and bodily reconnection in a group of CSA survivors. Similarly, music therapy has been shown to improve overall well-being in people struggling with chronic mental-health problems (Ansdell & Meehan, 2010).

Holotropic breathwork is another technique that involves inducing altered states of consciousness in the client. It has been shown to help improve self-esteem in some individuals (Holmes et al., 1996) and may be helpful for CSA survivors. The use of ritual healing for soul loss is widely reported in the anthropological literature. Ritual healing may also be effective at helping survivors process traumatic experiences in a Western clinical context (Orlandini, 2009).

Finally, a defining feature of CSA is that it takes place in secret, leaving survivors isolated, shamed, and helpless. As a result, many have difficulty establishing healthy relationships. Relatedness is a key domain of healing in the recovery from CSA. As such, I am a strong advocate of group therapy in the treatment of trauma as the benefits are well established and have been shown to reduce levels of PTSD and dissociation in CSA survivors (Zlotnick et al., 1997).

Anecdotal and empirical data offer a range of classic and complementary interventions for the treatment of trauma. Based on the current findings, Western clinicians may do well to consider a multimodal treatment approach that concurrently addresses the multiple outcomes of sexual abuse.

Coda

Since the completion of the data collection phase of this study, I have had the opportunity to present my findings on soul loss to multiple audiences in my work as a public speaker. At one

memorable conference, several members of the audience began sobbing as if, for the first time, a mental-health professional truly understood the depth of their anguish. The positive response to my findings demonstrates both sympathetic resonance and efficacy validity. I have personally been transformed by this study. My participants also experienced positive outcomes as many reported new insights into the dynamics of their abuse.

These findings lead me to conclude that the soul loss construct, encapsulating a spectrum of psychospiritual injuries including soul wounding, soul withering, soul shattering, soul flight, soul theft, and soul murder, is clinically relevant to the treatment of CSA. While the biopsychosocial approach is a necessary intervention, the findings herein suggest it may not be sufficient for some survivors. Indeed, addressing the psychospiritual domain of trauma may be a crucial step toward improving treatment outcomes in a subpopulation of CSA clients. My hope is that this study will inspire other researchers to explore the construct of soul loss across a range of populations.

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Appendix A: Recruitment Flyer

Upcoming Research Study Seeks Participants

Study Focus: The psychospiritual impact of childhood sexual abuse (CSA) on a subpopulation of CSA survivors.

Is your client 18 years or older with a history of long-term CSA by an adult (e.g., relative, teacher, mentor, coach, babysitter, spiritual leader, etc.)?

Have they expressed sentiments that suggest they feel like the deepest, most essential part of their identity was violated, contaminated, injured, broken, or destroyed?

If you answered YES to these questions, your client may be eligible to participate in a research study exploring the psychospiritual impact of CSA.

For the purpose of this study, the psychospiritual impact of CSA is understood to have involved the wounding or corruption of the deepest, most essential core of survivors' psychological, emotional and spiritual selves, leaving them feeling empty, worthless, invisible, and disconnected from self and others.

Participants will be asked to complete a 90-minute, face-to-face interview as well as a follow-up phone call where the results of their interview will be discussed.

The identities of all participants in this study will remain strictly confidential. A \$50 honorarium will be offered to each participant in appreciation for the time they invested in the study. The principal investigator in this study is a registered psychologist specializing in the treatment of complex psychological trauma.

This study is in partial fulfilment of the requirements for the degree of Doctor of Philosophy in Psychology at Sofia University, Palo Alto, CA.

Clients who would not be suitable for referral to this study include: children under 18; clients with suicidal ideation, severe mental illness, TBI, or FASD; clients with a single incident sexual abuse history or those uncomfortable discussing their trauma; clients unwilling to explore the concept of soul loss in relation to CSA; clients unwilling to commit to debriefing with their therapist if they become emotionally overwhelmed as a result of the interview.

Please contact Jacqueline Linder at address@yahoo.com, (800) 800-8000, or [mailing address] if your client is interested in participating in this study.

Appendix B: Informed Consent Agreement

Dear research participant, you are invited to take part in a research study exploring the psychospiritual impact of childhood sexual abuse (CSA). This study will allow me to meet the requirements of the doctoral psychology program at Sofia University and your participation is greatly appreciated.

During this study, you will be asked to participate in a 90-minute, face-to-face interview as well as a brief follow-up phone call to discuss the results of your personal interview. A short, written synopsis of the study's overall findings will be provided to each participant at the conclusion of the study. Interviews will be video and audio-recorded for data gathering accuracy. All face-to-face interviews will be conducted in a neutral location at the Spiral Phoenix Trauma Institute (16504—95th Street, Edmonton, AB, T5Z 3P3). During the interview, you will be asked questions about your understanding of the psychospiritual impact of CSA on your own life. You will also be asked to do a small piece of artwork reflecting your interview experience. Your information will be combined with that of other participants to help identify general themes related to the psychospiritual impact of CSA.

In order to ensure privacy and confidentiality, all participants will be assigned a pseudonym and all identities will be kept strictly confidential. This means that only the researcher will know your true identity for this and all future publications of the results. All interview transcripts will be stored in a password-protected digital format that can only be accessed by the researcher and the study's transcriber. Prior to receiving the digital interview recordings, the transcriber will sign a Transcriber Confidentiality Agreement ensuring that no details of your interview can be disclosed to a third party. Your interview video will be stored in secure, digital format that is only accessible by the researcher. The participant may withdraw from the study at any time without penalty or prejudice.

Personal benefits from the study may include new information, insights, emotional closure, and an increased sense of well-being. Your participation in this study will help improve psychologists' understanding of the impact of CSA on survivors' psychospiritual development. While there are no physical risks associated with the study, it is possible that you will experience some emotional distress during the interview given the topic under investigation. As a licensed trauma psychologist, I will carefully monitor you for any emerging clinical symptoms that may warrant intervention. Should intervention become necessary, I will stop the interview and initiate appropriate stabilization measures. I will then personally contact your referring therapist to advise them of what has occurred and recommend further intervention if necessary. If you have any questions, concerns, or require further clarification about the interview, please feel free to contact me at 800-800-8000, at address@yahoo.ca, or by mail at [mailing address].

If you have questions or concerns about your rights or the manner in which the study was conducted, you may contact the chairperson of my dissertation committee, Rosemarie Anderson, Ph.D., at rosemarie.anderson@sofia.edu, or by mail at P.O. Box 120, Williams OR 97544, U.S. Queries may also be directed to the chair of the Research Ethics Committee, Frederic Luskin, Ph.D., at ethics@sofia.edu or 650-493-4430.

Participation is entirely voluntary and no pressure has been applied to encourage participation. The participant may withdraw from the study at any time without penalty or prejudice. The student/researcher has explained the study to the participant and answered her questions.

I hereby declare that I have read and understood this informed consent letter and all questions regarding this study have been answered to my satisfaction. My participation in this study is entirely voluntary and no pressure has been applied to encourage participation. My signature below is a formal declaration of my willingness to be a participant in this study on the psychospiritual impact of childhood sexual abuse.

Participant's Signature: _____

Participant's Printed Name: _____

Address: _____

Phone#: _____

E-mail: _____

Date: _____

Researcher's Signature: _____

Researcher's Printed Name: _____

Date: _____

Thank you for agreeing to participate in this study.

Jacqueline Linder
Student/Researcher

Appendix C: Transcriber Confidentiality Agreement

I, _____, transcriptionist, agree to maintain full confidentiality in regard to any and all digital recordings and documentation received from Jacqueline Linder related to her doctoral study on “The Psychospiritual Impact of Childhood Sexual Abuse (CSA) on Survivors Who Experienced CSA as Soul Loss.” Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of digitally recorded interviews, or in any associated documents or conversations with the principal researcher;
2. To not make extra copies of any digital recordings or computerized files of the transcribed interview texts, unless specifically requested to do so by Jacqueline Linder;
3. To store all study-related recordings and materials in a safe, secure location as long as they are in my possession;
4. To return all transcripts and study-related documents to Jacqueline Linder in a complete and timely manner.
5. To delete all electronic files containing study-related documents from my computer hard drive and any backup devices upon final submission of the transcripts to Jacqueline Linder.

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the digital recordings and/or files to which I will have access.

Transcriber’s name (printed): _____

Transcriber’s signature: _____

Date: _____