A Combination of Daily Self-Affirmations, Meditation, & Journal Writing to Decrease Ruminating Thoughts, Depression, & Low Self Esteem in a Female Victim of Childhood Sexual Abuse.

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ABSTRACT OF THE DISSERTATION

A Case Study of the Combination of Daily Self-Affirmations, Meditation, & Journal Writing to Decrease Ruminating Thoughts, Depression, & Low Self Esteem in a Female Victim of Childhood Sexual Abuse.

By

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MZC was molested by her stepfather from the age of 5 to 17. During this time, her stepfather required her to perform oral sex on him, stroke his penis, watch pornographic movies with him, and he penetrated her with his fingers and his penis. Now, as an adult, MZC suffers from ruminating thoughts surrounding the abuse, flashbacks, pinned up anger towards her mother and her stepfather, low self esteem, and fear of the opposite sex. MZC was treated with therapy that consisted of journal writing on explicit questions regarding the abuse, transcendental meditation, and exposure to daily self-affirmational resources. Through this combination, we were able to decrease her anger towards her mother, decrease the number of flashbacks and ruminating thoughts, and increase her level of self-esteem.

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CHAPTER I

PURPOSE OF CASE STUDY

Studies of retrospective child abuse reports by adults within the general population suggest that approximately one fifth to one third of all women have experienced CSA (Williams 1994). Probably as a direct result of the negative effects of such abuse, several recent studies suggest that 35-70% of female mental health patients self report a childhood history of sexual abuse if asked (Briere 1984). Adults survivors of CSA continue to experience problems into adulthood. Since CSA is a common occurrence throughout the world, there needs to exist a model of treatment that is available to victims as a form of self-treatment. This is a case study of a young female victim of CSA. She was molested by her stepfather from the age of five to eighteen. As an adult lesbian, she suffers from nightmares, flashbacks, anger, ruminating thoughts, depression, and low self-esteem. The purpose of the study was to see if through a model of daily self-affirmations, journal writing, and meditation, the ruminating thoughts, depression, flashbacks, anger, and poor self-esteem of a victim of CSA could be decreased.

LR presented herself as being in search of a way to decrease the ruminating thoughts, deal with the anger she had towards her mother, and ways to increase her perceived low self-esteem. LR is an educated dental school student and was very willing to take a holistic approach to her treatment.

LR committed to partake in a therapeutic program that consisted of journal writing on specific details of the abuse, transcendental meditation, and daily affirmations provided through a combination of audio cassettes and hand written self-affirmation cards. At the completion of the program, LR had a heightened sense of self-worth, a decrease in the amount of ruminating thoughts about the abuse, and a decrease in the anger felt towards her mother.

CHAPTER 2

LIFE HISTORY OF THE PATIENT

CHIEF COMPLAINT

Ruminating thoughts and flashbacks about childhood sexual abuse, anger, and poor self-esteem

PATIENT HISTORY

LR is a 25-year-old African American woman. She was born in Chicago, IL and grew up in the south suburbs of Chicago. She was born into a relationship between her mother, at the time a 22-year-old -part time college student, and her father, a 23-year-old college student. Her parents had a tumultuous relationship. She states that per her mother's report, her father was verbally and physically abusive. The ups and downs of her parents relationship contributed her mother's admission into the psychiatric unit for which appears to have been a nervous breakdown. LR was too young to remember much about this period in her life and most of this part of her history has been pieced together from conversations with both parents.

The financial and mental struggle that her mother suffered through, encouraged her to leave LR's father. At the age of 3, they moved out of her father's place and went to live with her maternal grandmother. At this time LR's father was enrolled in medical school and her mother was working as a store clerk. LR remembers that during this time period her mother's main focus was on money and

the fact that they did not have any. She believes that her mother's main reason for leaving her father was the lack of financial stability.

LR and her mother found a small apartment and began to live together. When she was five years old, her mother brought her to meet her new boyfriend David. David was employed at the local grocery store and was perceived by her mom as a man with a strong financial foundation. LR's mother dated David for close to six months. During this time period David would come by their apartment and bring them both gifts. LR did not have that much contact with him during the courting period because she spent most of her time at her grandmother's house, which she describes as one of the most positive aspects of her childhood. LR states that when she looks back, it almost as if David was courting both of them. The gift that stands out in her mind is a wooden cream and yellow bedroom set that David bought for her room. She recalls that when moment as the time she knew that David was going to soon be her dad. Constant references were made on the part of her mother as to David's purchases and to how lucky that she was to have them.

After a few moths, they moved into David's small 2-bedroom apartment. It was not long into her mother's relationship with David that he began to make physical contact with LR. After the move, LR spent less time at her grandmother's house and more time with David. As David would lie on the couch and watch basketball games, he would tell her to come and lay on his bare chest with his shorts on, or he would tell her to come sit on his lap. She admits that she enjoyed the behavior. This was a daily activity that occurred between she and David. Since she

did not have any friends, she felt isolated, and she had no father figure, this activity instantly became something that LR looked forward to.

When LR was in the first grade, her mother and David bought a small house together and they moved into the new house. Once in their new house, David's rituals changed slightly. As things progressed, David told her to put on shorts, then skirts, and eventually, her uniform became an XXXL t-shirt and white panties. With LR on her stomach he would mount her from behind and gyrate his penis on her anus. She remembers deliberate attempts on his part to not put too much weight on her. At this time he had his shorts off and wore nylon shorts, he did not touch her genitals and she does not recall touching his. LR concedes that at this time she did not know what David was doing. She says that it felt funny but that she thought it was normal behavior.

Sometimes while lying of David's chest or sitting on his lap LR's mother would come home or company would arrive. David would instantly shift his attention to her mother or the visitors and he would ignore LR. She describes the dichotomy between receiving all of the attention while she was on his stomach, to receiving none of it when her mom or family friends entered the picture. The discrepancy between his intense affection and neglect was one of the cues to LR that there was something wrong with what was happening.

Not long after the move her mother came home and announced that she and David had gotten married, that LR was to now call David dad, and that she would take her new father's name as her own. LR went into her bedroom and cried at the

news that she now had a new dad. Once they were married, LR concedes that neither her mother nor her stepfather were nice to her. She recalls long beatings with a leather belts and various other objects for what in her mind was for trivial reasons. The abuse began with her mother doing the majority of it. She describes long beating tirades if she did not do her homework, clean her room, got a bad grade, or was caught lying. Many times her mother beat her until blood was drawn. However, through time David began to play off of LR's and her mother's relationship. He started to do most of the beatings but he made LR feel as if her mother wanted him to punish her. He would tell her, "You know I do not want to do this, but your mom told me to." He would end the punishment by saying, "Now that didn't hurt, did it?" She affirmed his statement and felt betrayed by the one person that she felt was her friend.

LR feels as if David's punishments were deliberate attempts on his part to keep a strain on the relationship that she had with her mother. David painted the picture of her mom as the bad and uncaring in order to crush any thoughts that LR might have carried about revealing to her mother the intricacies of what David was doing.

David punished LR when she wanted to go places with friends or when she acting disinterested in being with him. If she wanted to go outside he would tell her no and then beat her for asking. She remembers one time in particular where she was lying in her bed and he entered the room and turned the lights on. Her response was to tightly close her eyes. In a fit of rage over the suggestion that he was bothering or

annoying her, he made her get out of the bed and stand in the corner of the kitchen until she was sleep while standing.

When LR turned eight, David and her mother had another daughter. She remembers thinking that David would do the same things to her sister, but he never did. It was shortly after her sister's birth that David began to make LR touch and stroke his penis. He would play porno movies and show her Penthouse magazines. He asked her opinions on the scenes, which ones she liked the best, a man and two women, two women, a man and a woman, etc. LR stole some of his Penthouse magazines, her mother's tampons, and pornographic videotapes. She began playing with her clitoris and her vagina around this time. She says that she does not remember having an orgasm or even enjoying it, but she estimates that she would do it almost every night. This gradually advanced until the sixth grade.

She estimates that she was twelve or thirteen David began to tell her to go wash up and come to him. Shortly after she began to notice that her breasts were getting bigger and that pubic hair was beginning to form. She remembers being embarrassed about the changes that her body was going through and she remembers crying and wishing that her breasts would disappear. LR was to remove her panties and in the beginning he left his shorts on and gyrated on her anus. When asked if he ejaculated, she states that he would end the session by saying, "See what you made me do. Damn, now I have to change my shorts." At the time she thought that she was doing something wrong. It was not until years later that she realized what was

going on. By this time David had established a den area in the basement as the place where he would have LR come down to meet him.

It was around this time that LR discovered alcohol. She was at her grandmother's house and she had her first taste of Jamaican Rum. She realized that it made her feel detached from reality. So when she was at home and David told her to come to him she would slip and drink some of the same VO that he regularly mixed with Coke. This became a regular way for LR to escape from the reality of her duties.

There were never any attempts on David's part to make threats or statements to deter LR from confiding in anyone. She explains that in hindsight he seemed fairly confident that she would never tell. He left her alone with his daughter from a previous relationship, relatives, and friends; and he never directly instructed her not to tell anyone. She remembers that he once told her that her best friend probably had the same relationship with her stepfather.

David then began to remove his shorts. He would grind his bare penis on her. First he did it through her panties, and then he ordered her to remove them. He progressed to gyrate on her vagina, anus, and sometimes on her breasts. David began to have LR perform oral to penis sex on him. At first she did it while he sat in his recliner and he used his hand to make sure she sucked his penis the way he wanted her to. Eventually he made her lie on her back and open her mouth. He mounted her face and thrusted in and out. She cried during and had trouble breathing, but he never stopped, nor did he ask her if she was OK. When asked about ejaculation, LR

concedes that he always came in a tissue and never in her mouth. After he came he always looked down and away in shame.

LR turned fourteen in the seventh grade and was a fully developed adolescent. It was at this time that David begins to attempt vaginal penetration. LR voiced concerns about pregnancy and pain, so David began to shallowly penetrate her vagina with efforts to advance it in further as time progressed. LR remembers taking 4-5 showers a day to try to cleanse her from David's scent and the dirt that she feels he left behind. She would scrub and soak her vagina until it was raw then she would finish her grooming by spraying feminine deodorant spray directly in her vagina. Her mom and David would ask her why she took so many showers. Her mother complained that she changed her clothes too often. LR felt as if she was so dirty and that there was no way to really clean herself.

From seventh grade through the tenth grade, LR made an estimated four attempts to take her life. The first time she ingested a bottle of Tylenol. She vomited and was sick for two to three days but she never told anyone that she had taken the pills so there were no interventions. Her three subsequent attempts were made in similar ways with prescription drugs and alcohol. None of her attempts required her to go to the hospital or left her unconscious. All of those cries for help went unheard and no one even knew that she had attempted suicide.

David frequently stated that her mom was frigid and would not give him any, and as LR matured, feelings of guilt began to creep into her mind. LR started to feel as if she was an accomplice in the David's activities. As she developed, he and he

put his fingers inside of her vagina and her vagina started getting wet, the guilt heightened. When David put his mouth on her vagina and brought her to orgasm her guilt reached a plateau. When she saw her juices trapped in the hairs his mustache she felt accountable. LR was more comfortable as a victim of David's actions than she was as an active participant. The experience of physiologic pleasure led her to feelings of accountability. It was at this time that she began to feel as if she was equally involved in the wrongdoing.

The feelings of guilt and accountability led LR into a deep depression. She began overeating. She found comfort in food and in the fact that she was becoming overweight. She reports that in her subconscious she felt that if she were fat and unattractive, maybe her stepfather would leave her alone and no longer be interested in her physically.

LR's biological father was removed from her life from the age of five to fourteen. Her father states that her mother kept him from being able to visit. So LR tried to convince herself that David was her Dad. She wrote her name on her homework assignments with his last name, she bought him mugs and T-shirts for father's day that I Love you Dad, and she called him Dad. It was not until she was fourteen and she and her father became reacquainted, that she began to know and understand what a real father daughter relationship was supposed to consist of.

It would be two years after moving away from David and her mom that LR would come to have a sexual relationship with a male other than her stepfather. LR recalls the day that she decides to leave her mother's house. It was her senior year of

high school and David picked her up from school. On the way home she asked him if she could attend a senior event and he told her know. At this point she lost it in the driveway and began screaming and cussing at him. She ran and went to a classmate's house. She stayed there for close to a week before she told her friend what was happening. The classmate's mother advised LR to call her grandmother and to tell her about the events. Her grandmother was very supportive and LR went to live with her. At this time David told her mom that LR had been seducing him since she was a young child and that all he had done to her was to touch her while she was fully clothed. LR's mom blamed her for the events and convinced her grandmother that it was LR that was at fault and that David was a victim in the situation.

With a lack of support from her family, LR's grandmother encouraged her to tell her biological father. Her father was very supportive and angry. His reassurance that she had not done anything wrong and that what was done to her was criminal behavior helped LR to deal with the events. Her father took her to the police station and they filed a complaint against David together. DCFS was contacted and the family was ordered to attend counseling.

LR reports that the counseling provided was not helpful or effective. Her step father never showed up, her mother and her sister attended one session, and the therapist never asked LR what happened, so she did not have an opportunity to work through any of her feelings. Eventually her mother's incessant accusations that LR was breaking up the family, led LR to drop the charges.

Shortly after LR left home she enrolled in college and completed her four-year education with a degree in biology. Her time away from her mother and David allowed LR to find comfort in things other than food. Within a matter of months, she felt and looked better. During her time in college she met a young man named George that she entered into a 5-year relationship with.

Mutual friends introduced LR to George and she was impressed by George's flashy car and his seemingly polished ways. The day they met, they drank alcohol and made a bet on a pool game. The winner was to have the loser in bed that night. LR lost the game of pool and ended up having sex with George the first night they met. Initially they had a very active sex life. They had sex almost seven days a week. LR assumed that if George was satisfied sexually, then he would always like her and they would never run into problems. She used sex to maintain their relationship, but confesses that throughout the majority of it she was not happy.

LR did enjoy sex with George in the early stages of their relationship. In the beginning he held and cuddled her and made her feel wanted, but as time went on LR started to feel as if George was having sex with an object and not her. She describes that feeling as the main part of her experience that turned her off from having sex with George. Certain sexual positions often proved to be reminiscent of her experiences with David and were not enjoyable. She particularly remembers that George would rub his penis between her breasts and the action would instantly trigger memories and flashbacks from when David did similar acts. LR notes that sometimes she cried during sex and George would acknowledge the tears but continue until he

ejaculated. When George mounted her face for her to perform fellatio he would continue even if it were obvious that she could not breathe. This position mirrored one of David's favorite positions and it made her feel even more like George thought of her as a sex object and not as a person.

To better tolerate sex with George, LR fantasized and daydreamed about women and Janet Jackson to better enjoy sex with George. George did not understand what LR was going through. Instead of being a supportive boyfriend when she spoke to George about her abuse, he told her that she should have told her mother and left home. She feels that his response to her childhood sexual abuse suggested that she must have enjoyed it or that she would have left home sooner.

LR was George's trophy. He brought her to functions and introduced her as his girlfriend to friends and family, but he did not spend much time with her otherwise. He treated her as if she was his subordinate and she felt as if the same was true. Eventually LR became aware of the mental control that George had over her and after five years of mental abuse, she left him.

After LR left George, she decided to follow what her daydreams and fantasies had suggested. LR entered into a string of relationships with women. The majority of these relationships were mostly plutonic, but she entered into two lesbian sexual relationships. She felt comfortable dating women and at this time considers herself to be lesbian and not bisexual. When asked if she could ever picture herself with another man, she says, "You never know." She admits that she is attracted to men and that she enjoys receiving attention from them. However, when she considers the

thought of having sex with a man, she says it leaves her disgusted. When watching pornographic movies, she likes to watch two women having sexual intercourse, but when a man joins in or watches, she says it makes her vagina dry, and all interest in the scene is lost. LR was asked to clarify her response to penises in porno movies. Did she turn from them immediately when one was on the screen, or did she watch the scenes, become disgusted, and then turned off? LR concedes that she turns the channel or fast-forwards the movie before she has the opportunity to experience the scenes with penises. When questioning returns to her sexual experience with George, she says that if at times she noted that his penis was hard whether by touch or through vision, it made her vagina wet because she knew that he was turned on by her.

LR is currently in a monogamous sexual relationship with another female. She has been dating this woman for 8 months and they have what she describes as a loving and caring relationship. For the first time ever, LR shared the details of her sexual abuse and was not met with accusatory statements. She is finally able to talk with someone about her past. They have a very active sex life and LR states that she has enjoyed sex more with her present partner than she ever has. She attributes this to the fact that she feels like her girlfriend is having sex with her and not an object. She denies flashbacks about David during intercourse with her girlfriend. She does however periodically experience them while engaged in regular activities, and she has frequent nightmares.

LR has a recurrent nightmare that she describes as the following:

I'm sitting on the floor in David's bedroom. The only reason I came in was to watch television. He rubs his penis (his usual way of telling me that he wants some sort of

sexual contact). I wake up just at the part where I notice he's rubbing his penis through his shorts and me feeling disappointed that that's the only reason he enjoys my company, I wake up in a sweat.

The majority of the feelings that LR experiences towards David consist of anger towards a childhood lost, She has anger towards her mother and feels like she abandoned her. She feels that she was in some way sacrificed to quench David's sexual appetite and considers herself to be damaged goods.

LR was introduced to me through mutual friends after they disclosed to me the nature of her sadness. She expresses the desire to stop her flashbacks, nightmares, and to stop thinking about the abuse so much. She desired to work through her anger and to be able to confront David and her mother about what happened to her as a child. Before our sessions began, LR attended family functions, stayed overnight occasionally, and spent the holidays with her family. Her family was not aware that she harbored any feelings towards them, and the abuse had not been mentioned or addressed since the attempts at counseling eight years earlier.

CHAPTER 3

ASSESSING THE LEVEL OF TRAUMA

The first step in the assessment of LR's childhood sexual abuse was to evaluate the level of trauma that the situation created. I used a customized traumatic events interview. This was presented to the patient as a questionnaire. Her first take home assignment was to carry around a journal and throughout the week write responses to the questions. She was told to avoid phrases that made it sound as if she was a willing accomplice and that she was anything other than a victim (i.e., our relationship or what we did). She was instructed to embrace assuming the tone of the victim because that was her role in the abuse. She was to return to see me in two weeks time and at that time she would read aloud her responses. At this time LR was given an audiotape of affirmations. She was told to play the tape on her way to work in the mornings and on her way home in the evenings.

TRAUMATIC EVENTS QUESTIONAIRE

1. When did the event occur: It occurred from the age of 5 until 18. From the time I was in kindergarten until high school. For many years, it would take place while my mother was at work, but then SF seemed to get bold…I began to be sexually molested while my mother was in the house (sleeping in their bedroom)

2. How long did it last: 12 or 13 years

3. How many times did it happen: I cannot remember how many incidents exactly I do remember as a preteen and a teenager the sexual contact PROBABLY occurred five times a week. It was such a "natural" part of my life; I cannot remember exactly how many times it occurred.

4. How Many People Were Involved: For years I would say my stepfather was the only person involved in sexually molesting me, but as I get older…I wonder how my mother could have been so oblivious. Ask me now, how many people were involved in sexually molesting me I would say "2"…I believe my mother had to have known something was going on for 12 or 13 years. There were signs that "something" wasn't right. She didn't have to pin point it to sexual abuse, but there were lots of red flags I've presented to her.

5. What Were the Relationships of the People/Person to You: He is my stepfather. He met my mother when I was 5. Less than a year after I met him, they were married. My mother never told (warned) me that they were getting married. I walked into the house from 1st grade, they were sitting on the couch and my mom said, "SF and I got married today". Shortly after that, I was told to call SF "dad", approximately 2 years after that, he told me he wanted to adopt me, so my last name could be "Tolliver" and I could be his daughter.

6. Did the Person/Persons Penetrate You in Your Vagina, Mouth, or Bottom: I started engaging in oral sex with SF right before junior high school or just at the start of junior high school (so at the age of 11 or 12). Before progressing into vaginal sex, SF worked his way up to it. He grinded on my pelvis until he came. I told him several times that "I didn't want to get pregnant" (I guess it was my response to how uncomfortable it made me feel. I never told him "no", I just made excuses like the aforementioned. Then, he inched his penis into my vagina, the first time I told him it hurt and "I didn't want to get pregnant". He continued to have vaginal intercourse with me, but not completely penetrated. As I got older, the further I was penetrated. I don't think I was completely penetrated though. Anal sex, he never penetrated me but grinded on my anus.

7. How Did Your Teachers Respond? I never told my teachers. But I had clear signs that something was wrong. I told a teacher that I wanted to kill myself (in 6th or 7th grade), she sent me to a counselor. The counselor told my mother. My mother yelled at me when I got home and told me "go ahead and do it".

8. Response of parents: My mother said she believed me but is reluctant to speak about it. She still lives with SF and acts as if nothing has ever happened. She thinks I tried to "break up the family", when I went to the police with my story. She asked if I wanted SF to go to jail/for Stacy not to have father. SF has apologized once, stating, "I'm sorry about all of this", while under the pressures of the court system and (barely) DCFS. My father's immediate reaction was rage: he wanted to kill him. He wanted someone to physically hurt him. After my father cooled down, he decided it was best for me to report what happened to the police. I didn't want to. And in a way I'm sorry I went through with as much as I did, thinking that it caused extra tension between my mother and I. I did not follow through with allegations as a result of pressure from my mother. Prior and after that (5th6th, 7th, 8th, 9th, 10th grades), I

attempted to commit suicide by overdosing on Tylenol. SF and my mother could physically see something was wrong with me (my eyes were glassy, I threw up, I'm certain that my balance and attentiveness was off), they did nothing.

9. How Did Your Family Doctor, OB/GYN, or Pediatrician Respond: She thought I was having sex with my boyfriend. She never asked about sexual molestation. Of course I did not volunteer the facts!

10. How Did DCFS Respond? When DCFS became aware of this, they were more concerned with my younger sister, as I was 18 at the time. They recommended a therapist. The therapist was no help. She and I NEVER spoke about exactly how SF violated me. We talked about what happened AFTER he did so. We glossed over the entire event. She gave me a book to read and another workbook to work on through out the week. Neither was helpful, as we never discussed either book. Our sessions included how I was getting along with my sister, mom, grandmother, what my goals are etc.

11. How Did Your Family Respond? My grandmother invited me to live with her. She got me on my feet. But, then she suggested that I make amends with my mother and SF. She like the counselor and so many people didn't realize that there were a few steps that needed to be taken before I can make amends, and those steps hadn't even begun at that point.

12. Did the Perpetrator Threaten You? No threats were made, "it seemed to be a normal part of my life".

13. Were there any Warnings: I always had a host of warnings. It all seemed to run in a series… First (the majority of the times) my mother would be out of the house (warning #1). The more direct warning would be when he's knock on my door. He's never knock on my door to see how I was doing; he only knocked to tell me the verbal warnings. The verbal warnings would be: "Why don't you take a shower then come see me when you're done", or if he thought I was clean enough ""why don't you come see me in a couple of minutes". But the clearest warning was when he looked me in the eyes while stroking his penis through his shorts.

14. How Often Did You Expect For it to Happen: I expected SF to come knocking on my bedroom door if I did not come out of my room to go into his (on days my mother was or was not in the house).

15. Were You Physically Injured: As I got older, he penetrated me…I realized, my vagina was sore and it seemed red. But, I often attributed that to me washing it so often. As I got into my late teens I realized my vagina had "little cuts" on it. (My OB/GYN never asked, or inquired about the "cuts"). I was, however diagnosed with HPV at 17. I had to have part of my cervix burned off. The doctor missed and

managed to burn a hole in part of my labia. Although SF never anally penetrated me, he often grinded against my anus. After using the bathroom, I remember wiping myself and seeing spot of blood on the tissue. Every time I would give him oral sex, my mouth would start hurting shortly I started sucking his penis. Although I never said anything about my mouth hurting, I'd often start to gag, but he wouldn't stop gyrating his penis in and out of my mouth.

16. Do You Think the Perpetrator's Intent Was to Harm You? I think he did that to "get off", not to harm me. He would tell me that my mother wasn't "giving it up" or "giving him any", which made me thing that was the purpose he was doing this.

17. What Stands Out in Your Mind as the Grossest Part of the Event: The way he smelled, his big belly touching my skin, his uncircumcised penis, his mustache, the shape of his fingernails, and his skin color all make me sick! The event itself, I don't think disgusted me, but his characteristics did.

LEVEL OF HORROR

1. Were You Afraid? Even though SF did not threaten me, I feared him as an adult. Knowing that he could mistreat me, by ignoring me, hitting me, telling me that I couldn't have something, or could not play with my friends was somewhat of a fear. I was in fear of his physical make-up. Often he was drinking when he approached me…he reminded me of the stories of the devil, with his bloodshot eyes. He was between 6'2 and 6'3, dark, 250lbs sometimes up to 300lbs. He looked mean. My friends were often afraid of him because of the way he looked and his deep voice. I guess those are the things I feared too.

2. Do You Have Feelings of Revulsion/Disgust? The disgust is mainly with myself.

3. Do You feel any shame/Guilt/Self Blame: When my breast began to develop, I felt shameful and a bit guilty. I remember one Christmas my mother got me training bras as a gift. Although I did not open the boxes inform of SF, I thought my mother made it so obvious that they were bras or panties, because she told me to "open the box in my room", in front of SF "because it was a girl's present." Since then, I began to feel bad that I was developing. The bigger my breast grew the worse I felt. Then he began calling them "melons", which made me wish my breasts didn't exist. I felt because I was turning into a "woman", I was responsible for turning him on.

IMMEDIATE POST TRAUMATIC RESPONSE

1. Did You Experience a Period of Denial or Disbelief: I never went through a stage of denial or disbelief per se. However, the response of my mother (saying she believed me but showing otherwise) is where the denial and disbelief comes in. Because, she continues to be married to, to live with, and call this man her husband, and because she and I only speak bout 30 minutes every 2 weeks, I feel she is the one who is in denial and who disbelieves. However, as a result of her and SF's actions (never talking to me about what he did), I have NEVER questioned what has happened to me.

2. Did You Feel Detached From the Events? I think at this point in my life I have more of an issue with detachment than I did as a child. I try not to get too close to anyone, although I may share my thoughts with them, I may truly be attracted to them, I've felt that I'm used for sex or in one relationship I've been in, for show. I've also been in relationships that I have been cheated on, or lied to and knowing these things have occurred, I continue on to be used in that way. I feel like once I'm used, I'm put back up in this little box for another time. And those who I feel have not used me for sex, or show, have used me for as a last resort (to go out, for money they may need etc.). I don't go into the relationships thinking they will use me, but there's usually some sign the other person gives off that I will be or am being used in some way. I usually stay in the relationship, thinking that things will get better and thinking, "nope, this isn't happening again", but all the while I feel this emptiness in the relationship. I feel that because the other person has displayed that they do not genuinely care about me, I cannot allow the relationship to go any further than it has. I begin to hurt them because I feel they have hurt me, but I go about it in an unexplainable way. And, because I hurt them and don't allow them to get closer, I feel that is my system of detachment.

3. Did you Withdraw From Your Friend's and Family After the Events? I really withdrew from my family, and I would have to say that it is something that happens more often today than in the past. When I first moved into my first apartment and began to attend college, I would try to better things between my mom, step-father and I, by going over for dinners, staying for barbeques and so on. But, now I feel like neither one of them has ever genuinely made an effort to better our relationship, so I've decided to call less and to cease all efforts to visit them (although they live only 30 minutes away).

4. Did you or Do You Feel Numbness Toward the Situation? I find that when I talk about this with anyone, I cannot feel any emotion about the situation, which is probably why it's so easy for me to talk about. However, when I'm by myself and I write about it, or think about it (knowing that only I will truly understand how I feel and how this has affected me, knowing there are things about this event that I will

never share with anyone, and can only keep to myself), I am no longer immune to the emotions that come along with this.
Do You Scream or Cry When You think About the Events? The majority of the times I would begin crying for no apparent reason (as my mother views it), but in reality I began crying because something or some situation would trigger be to believe that my mother did not love me, to let his go on between SF and I. Although she says she did not know, I still blame her as equally as I blame SF. Although I cannot recall how often, I did cry immediately after walking out of my mother and stepfather's bedroom. Knowing that about 90% of the times I would walk out of that room, I came out less of a person and more "used" and dirty than the last time I walked through the bedroom doors. I would begin crying then take a shower and cry in the shower.

5. Do You or Have You Ever Experienced Rage When You Think About the Perpetrators, the Events, or Yourself: I recall my first scene of rage is when I was around 6 (I was just about to graduate from kindergarten or else I may have just gone into 1st grade) I was visiting my Grandmother and I told her I didn't want to leave, but she told me my mother was coming to pick me up from the visit and I had to get ready. We were in the kitchen. She stood about 10 feet away from me, and I was near her kitchenette set. I barely lifted a wooden kitchen chair and threw it/slid it across the floor aimed to hit her. She called my mother at work immediately. She came home to whip me.*** I didn't know why it would happen. I didn't even know when it was going to happen. But, rage was a scary part of my life. It was a cycle of events that did nothing but harm me in some way. Sometimes I would start crying for no apparent reason at all. I would go into my room, slam or close the door. Then after about 20 minutes of crying, all of a sudden, I'd be throwing things around the room, tearing the sheets off my mattress, taking the drawers out of my dresser and begin breaking them, tearing up books, and paper, breaking pens in half and letting the ink pour onto the carpet. I tore up anything that was in my way. As I got older, and began to learn about God, it just seemed to me like God was another being that let me down. So I would often yell out how I hated my Stepfather, mother, and father (because I felt he could have rescued me), I included my hate for God. I would often tear up the things that my mother and stepfather gave me, feeling like it was worthless. I felt what little they gave me was worthless, because in some way I had to pay for it (I began destroying things they gave me when I was in 1st or 2nd grade, but I became conscious of why I tore them up around the time I entered high school). In the process of my rage, if I did not hurt myself (as I describe in the "Self-Injury" subject matter), my mother would beat me because of the way I acted.

6. Have You Experienced Aggression: The aggression was toward myself and only in a physical way. It was by physical harm internally (my ingesting massive amounts of OTC drugs or drinking alcohol) or externally (as I explain below). I was always afraid of adults, my mother because she physically abused me. And SF, because he was scary in the flesh…He was dark skinned, 6'2 to 6'3, and he has a massive bone

structure, often when I was in his presence, he reminded me of a devil because his eyes were always red from the liquor he drank. Aggression toward adults never occurred, I felt they all let me down in some sense and there is nothing I could ever do about it, if I did speak up about the way I felt, I'd be hurt physically or mentally as a result.

7. Have You Ever Intentionally Injured Yourself? I think my first experiences with self-injury probably began when I started taking numerous baths and or showers a day. I would do so, thinking I could "erase" what SF did to me, or get his scent off of my body, (or as I became more in tune with my body…to rid the scent my body produced after being with him…specifically paying close attention to my underarms and vagina while showering) or in a sense rid the shame I felt after each happening. I would wash my vagina so vigorously that it would become raw, even after noting the rawness; I continued to wash vigorously on a daily basis. Sometimes I'd begin crying in the shower and as I would cry (from disgust or anger with myself and with him), I'd begin scratching my skin. This began happening in grammar school and has improved since then. The physical harm that resulted in my rages dwindled, as I got older. As a child throughout my pre-teens… Throughout my spells of rage/anger I would often pull my hair, pinch my skin, scratch my face. I'd swipe my arm across my dresser, as my intent was to throw everything off the dresser onto the floor, but also hurting my arm by hitting the objects with such force (the items would often be books, perfume bottles, glasses from the kitchen etc.)

CHAPTER 4

THERAPEUTIC BENEFITS

REACTIONS TOWARDS TRAUMATIC ASSESSMENT SURVEY JOURNAL ENTRY

When LR returned she was excited over the amount of writing that she had completed. She noted that being able to write her thoughts and feelings down was cathartic. We began to start LR on the initial practice of meditation. She had never attempted to meditate and was very open to the idea and to the possibilities of successful meditation. I informed her that meditation has been shown to improve perception and memory, self-concept, decrease stress hormone levels, increases self-actualization. I added into the commentary some of my personal success stories and she was excited and ready to try.

LR agreed to take three instructional lessons for Mindful Meditation. In a local setting, a teacher on the practice of meditation worked with her for one hour a day for three days that week. She was instructed to use transcendental meditation as a tool. She needed to do it twice a day, in the morning and in the evening for twenty minutes each time.

ANALYSIS OF THE TRAUMATIC ASSESSMENT SURVEY

Upon return, LR was required to read aloud a few answers from her traumatic assessment survey. We read the questions as if we were reading a script. I read the question and she read me her written response. It was very hard for her to get through

some of the readings. She had a particularly difficult time reading the answers to numbers: 4, 6, 8, 15 and 16. She stopped periodically to state that it was really hard to read and that it sounded so bad to hear it in her own ears. After number 18 we stopped. I told her that there was a repeating theme. I pointed out that she continued to speak of the trauma associated with David in a way that reflected her pain when he ignored her or treated her as a sexual object instead of a person; and that she really did not focus on the physical things that he did to her as much as she focused on the mental pain she experienced when he ignored her when her mother came home, did not pay her any attention when friends came over, or when he only talked to her about sex and never inquired about school. She agreed and acknowledged that she had never consciously noted that she was upset because David did not acknowledge her as a person. I asked if she could relate her treatment by David as a sex object, to her relationship with her ex-boyfriend of five years. She admitted that they both were only interested in her sexually and neither had done much to get to know her as a thinking and feeling human being. I asked her to contrast this treatment to her current relationship with another woman. She replied that there were no similarities. In her current relationship, communication is more important that sex, and when the two are having sexual intercourse, LR feels connected to her partner, and does not feel like her girlfriend is having sex without LR being involved. When asked if she thought that any relationship with a man would mirror her previous relationships, she firmly stated, “yes, and I do not think I will ever find out.”

LR felt liberated after disclosing things about her childhood without any worry about the reaction. The writing assignment conjured emotions that she had not dealt with in a long time. She revisited the feelings that she had been used and that she missed her childhood years. The writing experience left her with questions like, "why didn't he do that to my sister?" "How could my mom not have known something was not right?" And "what does he think when he looks across the table at me?" "Do you think he still thinks of me like that?" She stated that the emotions did not leave her feeling angry, but that she instead began to seek answers to many of the questions. She expressed a desire to confront her mother, her sister, and David with her battery of questions. She felt as if they might not respond, but that she would feel better after the confrontation. An overriding theme in our conversation was that LR felt as her family had forgotten about the abuse and expected her to pretend as if the events never occurred.

My suggestion to LR was that she write letters to each family member that said exactly how she felt. I explained to her that she did not necessarily have to send the letters, but that writing would serve as a release of the information and anger and would prove to be one step closer to resolve.

LR wrote the letters to her family members and then she tore them up. She said that writing them did not make her feel better. The assignment made her upset that she could not say those things in person. She vowed that she would take it upon herself to confront them at Thanksgiving dinner, which was two weeks away.

In addition to writing the letters to her family members, LR was instructed to write a summary of her relationship with her ex-boyfriend. She was assigned to break it into three sections: 1) How the two of you met 2) What happened when you disclosed to him the experience of your CSA 3) Your sexual relationship with George. She was instructed to keep the discussion as raw and uninhibited as possible.

LR felt that her assignment to write about her ex-boyfriend was more difficult than the first assignment. She still had a lot of bottled up pain towards their relationship. Before the assignment she thought that she had gotten over the hurt, but now she knows that she has never disclosed any of the information to anyone and that she had not dealt with it. Her relationship with George reinforced her feelings that she was dirty and that all she had to offer in relationships was sexual satisfaction. She wrote the following:

THE RELATIONSHIP WITH HER EX-BOYFRIEND

Background of the relationship between George and I: George was my first boyfriend, and my first long term relationship. He was also the only other man I had sex with other than David. Having sex on my own terms was a new experience for me. Having sex with a person who was around the same age as I was, attractive, and who I felt overall wasn't using me for sex, were attributes in the relationship that I lived off of for years. For a long time, I thought if the sex was good between us, then everything else would fall in line. George and I met through a mutual friend. He and I met in a neighborhood bar. I ended up sleeping with him within only a matter of hours of he and I meeting. We were playing Pool and we made a bet, that if he won the game, I would go home with him. I lost the bet and we ended up sneaking into his mother's home (where he lived) and into his bedroom around 2 o'clock in the morning. We had sex and he dropped me off to my home.
For the first few years, after the first day we met, we had sex every time we saw each other. I would cut classes just to go over his house and have sex, I mean we couldn't even hold a decent conversation with each other; the relationship was really centered on sex!

Telling George about the abuse: I didn't tell George about being sexually abused until about a year into the relationship. I didn't tell him, thinking that it was personal, and he may have thought that automatically meant I had a lot of "baggage." I also wanted to prevent the inevitable…. which was him questioning the reasons I chose to speak to my mother (because her actions displayed she didn't believe me) and my stepfather. George didn't understand why I had any type of relationship with my family, and he called me "crazy" for doing so. Any time, we'd get into an argument or a disagreement about something; he'd called me "crazy" and told me I needed help. He genuinely thought the sexual abuse made me insane. Being aware of the sexual abuse also made George angry with David. When I broke down every now and then, from thinking about what David did to me, and I expressed that to George, his response wasn't supportive…although George thought it was. George would start calling David a "sick mutherfucker", "bastard" etc., but that didn't help me feel better. And, usually after calling David names, George would start criticizing me for visiting my mother and speaking to David. So, what George would say often made me feel worse?

Sex with George: Initially, I used sex to keep him as my boyfriend and to pay me more attention. I used sex, thinking it would make him want to see me more. As the relationship progressed, I used sex to get him to treat me better. At times, I felt that there was this "sexual pace" I had to keep up with. We used a condom religiously from the inception of the relationship, until maybe about 2 ½ years to 3 years into the relationship. I decided to start taking Birth Control pills. One of the reasons I discontinued taking them is because they make me sick, another is because there was a minute part of me that didn't feel safe not using a condom. I guess neither one of us could ever completely trust each other; based on the circumstances we met each other. I'm sure he questioned how many people I've slept with on the first night, just like I questioned his sexual past. He and I got tested for HIV about 6 or 7 times thorough out our 5-year relationship. Getting tested is a sign that you care about your health and the health of the person you're involved with, but in our relationship it was more of a sign of distrust of the other person.

Often times, I would cry during sex because George would sometimes have sex with me, but he would make me feel like he was not "in to" me, it seemed like he was fucking my body and not me. So I would just lie there underneath him, barely touching him, or not touching him at all. Other times I would cry because he wouldn't hold me or even talk to me after he got his nut off! Sometimes I'd cry because of an actual sexual position or act that George may have unknowingly reminded me of David. But those times did exist. I remember sometimes he would be ramming his penis down my throat when I was performing oral sex. It was evident that I was gagging and he wouldn't bother to stop. So occasionally I would stop him, other times I would continue on. The were also times where he was fucking me from behind, and I NEVER enjoyed the way it felt, and I told him I didn't want to do that, because it was very painful to me, sometimes I would stop him but I would mostly

continue on and cry afterwards. I mean, there were times that I saw him fucking me from behind in a mirror and I would think "we look like 2 untamed dogs in heat", it looked sick to me. Sometimes it seemed like he didn't care how he fucked me, as long as his penis was in my vagina! I remember there being times where there would be no tact, or interest that I was comfortable and I just continued on. I know it was painful, but I ignored it. Then I began spotting, I took that as a sign that I should stop having sex for a while. The majority of the times I cried, he never even noticed. When he did notice, he would ask, "Am I hurting you?", or "What's wrong?", and I would tell him that nothing was wrong. I would try not to revert to my childhood, by running into the bathroom and taking a hot shower immediately after having sex, but the times I didn't feel like he was into me or cared about the way I felt during the entire experience, or would fall asleep immediately afterwards, or wouldn't want to even kiss me, I couldn't help but to do just that. I don't remember sex being enjoyable until a couple of years into the relationship. He began giving me oral sex a couple of years into the relationship. But, it never failed…he always acted like it was this horrible chore he had to do. He would always make this frowning face while he was doing so. He would touch me with just the tip of his tongue as if he didn't want to it. As a result I would "fake" coming most of the time.

Breaking off the relationship: One of the reason's I broke up with George is because I FINALLY realized that there was more than just sex to a relationship. The last few years of our relationship, I found myself having sex with him because I knew it was something we did every time we saw each other. I analyzed the rest of our relationship (i.e. the conversations or lack of conversations we had, the level of respect we had for each other), and I realized there was hardly anything to analyze because we didn't have the fundamental components of a relationship except SEX.

I asked LR if she felt that her relationship with men played a part in the decision to date only women. She feels that she has always liked women. She concedes that she is somewhat afraid of men, but that she does not want to work through that fear, because she is very happy and proud to be a lesbian. What she would like to change about her relationships is her lustful taste for violent sex. She finds that she explicitly attempts to cause arguments and disagreements with her current female sexual partner because it turns her on when the partner is angry with her. I explained to her that they needed to work together to incorporate that type of behavior into role-play and mock situations instead of reality. I explained to her that

when she pushes her girlfriend to become angry by instigating conflict, one day the conflict will begin to effect their relationship. She met with her girlfriend and divulged she had been instigating arguments because she found her girlfriend to be sexy when she was angry. They began to try role-playing, but I suspect that she will continue to start arguments with her girlfriend, because I can quote her as saying, "yeah, it helps, but there is nothing quite like the real thing."

EFFECTS OF MEDITATION AND AFFIRMATIONAL RESOURCES

When asked about her self-esteem and self worth, she said that the affirmations were helping her tremendously. She was speaking up more when challenged, she found it easier to make phone calls that needed to be made, and after a four-month hiatus, she found herself masturbating again. She also decided to begin planning for the future. After securing a company to help clear up her bad credit, LR began to search for a part-time job to bring more money into the household. Before beginning therapy, she could not picture herself as a dentist, only a dental student. After the sessions, LR could not only see herself as a dentist, but she was also beginning to work towards it by putting her finances in order.

After a meditation session, she was asked to take a few minutes and picture her ideal self. The person that she strives to be, her perfect vision of herself. Every morning, she was instructed to get ready for her day and to always try look her best. I told her to get dressed as if she were going out even if she had nowhere to go. She was to enter a room where no one else could hear or see her, and read the

characteristics of her ideal self aloud while gazing at herself in the mirror. She needed to read aloud and smile. She was instructed to do this at least once a day.

She was to take a moment, get a wide tipped marker, and on note cards write down her ideal self-characteristics with one characteristic per card. If one of her ideal-self characteristics is that she was smart. The card should read, "I am smart." These became her daily affirmations. She placed these cards on her mirror, refrigerator, car sun visor, and desk drawer. Even after these cards were posted, she was still instructed to listen to her affirmational tapes on the way to and from school.

It is unclear what managed to help her self esteem the most. It could have been the daily affirmations or the meditation. However, LR found one particular meditational exercise to be of great value. On the last day of her instructional session, she was given the following instruction:

> Picture David making you give him oral sex, picture him ejaculating in his towel, and picture yourself as the sole family member at DCFS counseling sessions. After you have all of these images in your mind, I want you to take a deep breath and release the breath in a big way. As you exhale, picture all of those images dissolving as you feel the wind travel through your body. You will be exhausted after this exercise and that is natural.

LR was surprised at how liberating it was to mentally release the image of David from her mind. She reported that during the visualization, her pulse quickened, she became frightened, her body became limp, and she could almost feel David's penis in her throat. Then all at once, the images were gone. Her pulse quieted and she instantly experienced release.

CHAPTER 5

STRESSFUL EVENTS OF CHILDHOOD SEXUAL ABUSE

Childhood sexual abuse (CSA) and physical abuse are quite prevalent in our society. It is estimated 148,571 children were sexually abused in 200. Statistics are complied from child protective agencies and may be underestimates because they rely on (a) incidents that were accompanied by enough evidence to warrant an investigation into the abuse, and (b) incidents reported to agencies (Briere 1984). Studies of retrospective child abuse reports by adults within the general population suggest that approximately one fifth to one third of all women have experienced CSA (Williams 1994). Probably as a direct result of the negative effects of such abuse, several recent studies suggest that 35-70% of female mental health patients self report a childhood history of sexual abuse if asked (Briere Book 1984).

Childhood sexual abuse has two distinguishable types of interaction: (a) forced or coerced sexual behavior imposed on a child, and (b) regardless of circumstances (coerced or forced), sexual activity between a child and a much older person (usually regarded as 5 or more years older) (Browne and Finkelhor 1986).

DURATION

With the assumption that developmentally inappropriate sex is stressful to the victim, it makes sense to note that repeated incidents and more serious forms of abuse would be expected to cause even greater distress (Spaccarelli 1994). Of 11 studies, 6

found that long duration of abuse was associated with a greater level of trauma and 6 of 9 studies found that more serious forms of abuse predicted more negative outcomes (Brown & Finkelhor 1986). The studies reviewed by Kendall-Tackett et al. (1993) found 5 of 7 that demonstrated that the duration of the abuse was directly related to increased symptamatology and 4 of 6 found that the frequency at which the abuse occurred was also related to an increase in symptamatology.

LR estimates that he stepfather abused her five days a week. This occurred as a daily ritual from the age of five, until she was a senior in high school. This amounts to an average of 220 days a year, for thirteen years. She cannot recall the duration of the events, but they usually lasted long enough to bring her stepfather to ejaculate on.

STIGMATIZATION

Guilt is a common symptom reported by victims. Some suggest that all sexual abuse is stigmatizing because the victim is involved in behaviors that are not socially approved (Nathanson 1989), whereas Summit (1983) argues that the perpetrator communicates to the victim either implicitly or explicitly the need for secrecy. Which in turn emphasizes to children that the sexual behaviors are wrong or bad; this then causes feelings of guilt and shame.

LR expresses that she had and still maintains feelings of guilt. Her retrospective impression is that the guilt did not begin until she began to mature physically and she was old enough to understand what sex was supposed to be. She recalls the moment she felt the most guilt was when her stepfather began to place his mouth on her vagina and she could visualize her bodily secretions in his moustache.

Her perpetrator did not undertake threatening measures, nor does she remember that he ever told her to keep everything secret. She feels as if she kept the events secret for such a long time because of the normalcy of it all. She contends that she felt as if the events were just another part of her life, like brushing one's teeth. In the end, when she left home, she finally realized that the events were not normal.

COERCION

Perpetrators use different forms of coercion. LR was not a victim of coercion by physical force, but many perpetrators coerce children by using physical force or threats of physical force (Spaccarelli 1994). In 5 of 6 studies reviewed by Kendall-Tackett et al. (1993) evidence suggests that there exists an association between physical force and increased symptoms.

Perpetrators also use psychological coercion (e.g., rewards or persuasion) to convince children to become involved in sexual activity (Freud 1981; Lewis & Sarrel 1969). Children usually comply because of their own needs for affection and attention. Burgess, Holmstrom, and McCausland (1977) reported that 39% of their sample were victims of sexual pressure in which they were offered material goods (candy or money), their need for human contact was exploited, or the activity was misrepresented in order to gain the child's consent. In another study (Silver, Boon, & Stones 1983), 62% of women that were victims of CSA retrospectively reported that the offenders had misrepresented what they were doing. The perpetrators said that they were teaching them something or that the two of them were engaged in a game of some sort.

LR was a victim of psychological coercion. Her stepfather was her companion. She did not have anyone her age to play with, so her stepfather stood in as a substitute. He began the coercion by placing her on his stomach as they watched television together. LR grew found of the special time that they spent together; he became what she perceived to be her friend. Whenever he punished her, he told her that it was all because her mother wanted him to do it. He played off of her strained relationship with her mother, to make her gravitate closer to him. To this day, LR admits that it caused her a lot of pain when David ignored her. This would happen as soon as her mother came home from work or if company came to visit. Within minutes she would go from being the center of his sexual energy, to someone that had been ignored, used, and discarded for future use.

TRUST VIOLATION

The violation of trust that accompanies CSA can vary substantially. It varies according to how much the victim had previously know the perpetrator, as well as on how much the victim depended on the perpetrator (Draucker, 1989). Browne & Finkelhor (1986) reviewed research that dealt with trust violation and found that father or stepfather abuse was associated with greater victim related distress than abuse by all other offender-relationships. Seven of nine studies (Kendal-Tackett et al., 1993) found that victims had increased symptamatology when the perpetrators were closely related to the victims.

LR contends that David was her father figure. She called him Dad, he provided for her, took her to school, and he disciplined her. She trusted her

relationship with David. Even though she began to realize that it was wrong, she trusted that it was OK. It is through this same type of trust that has led LR into mentally abusive relationships in which she stayed with the abuser for long periods of time. Her ex-boyfriend George was mentally and verbally abusive, but LR feels that she stayed because she felt that she was lucky to have him in her life.

CHAPTER 6

ABUSE RELATED EVENTS

There are several stressful events that may occur or become intensified as a result of the onset of sexual abuse. Included are: (a) negative or nonsupportive reactions to disclosure, (b) increased family conflict and strain, (c) increased social isolation of the victim, and (d) parental separation (Spaccarelli, 1994).

NEGATIVE REACTIONS TO DISCLOSURE

Research indicates that parental reactions to disclosure play an important role in the child's ability to cope with the experience of sexual abuse (Johnson & Kenkel, 1991: Everson et al., 1989). It was found that among adolescent incest victims, nonsupportive reactions by moms were rated as highly stressful. This stressor then proved to be a highly significant predictor of self-reported emotional distress. Everson et al. (1989) found that high support responses and ambivalence did not affect outcomes, but when the support was absent; children were at a much greater risk of for symptoms.

Clinical reports indicate that mothers of incest victims frequently are nonsupportive of child disclosures (Browning & Boatman 1977; Meiselman 1978). They also indicate that mothers oftentimes actively collude with the offenders (J.J. Peters 1976). Emerical data, however, suggests that a minority of mothers have nonsupportive responses. In the Tufts study of 156 children, only 17% of the initial

disclosures did not lead to any intervention because of disbelief or non-action on the part of the non-offending adult (Gomes-Schwartz et al., 1990). Similarly, in a study that examined mother's responses to child disclosures of intrafamiliar abuse, discovered that 22% reported that they did not believe the child's account of the activities (Sirles & Franke 1989). Spacerelli (1994) reviewed these cases to find that the data may be biased since both samples used cases that were publicly disclosed. It is highly possible that are larger number of cases that represent instances of nonsupportive reactions and collusions do not come to the attention of child protective services, medical, legal, or therapeutic agencies. From the Tufts study, clinicians report that 30% of the mothers punished and scolded the child, 45% were preoccupied with effects on themselves, 23% expressed hostility or rage towards the child, and 78% did not demand that the perpetrator leave the household.

PUBLIC DISCLOSURE OF EVENTS

Much of the literature suggests that the reactions of the parents and public authorities to child disclosure is the most stressful aspect of the victimization, and as such, it accounts for much of the negative sequalae associated with the abuse (Ingram 1981; Schultz 1975). Children, who experience a nonsupportive or disbelieving parental response to disclosure, appear to be at greater risk for symptamatology (Adams-Tucker 1982; Wyatt & Mickey 1988).

LOSS OF SOCIAL CONTACTS

Perpetrators often increase the victim's emotional dependency by restricting the victim's contact with peers or family members (Spaccarelli 1994). When a victim

becomes emotionally entangled into their incestuous families, it restricts their ability to develop appropriate peer relationships. It has been reported that in many cases (Berliner & Conte 1990), victims value their relationships with the perpetrators, and they may lose some of those positive aspects as a result of the abuse. For example, a perpetrator may begin to substitute sexual interactions for other interactions that had been desirable and rewarding for the child; or the victim may begin to avoid any contact with the perpetrator for fear of being abused (Spaccarelli 1994). Sexual abuse tends to increase symptoms of social withdrawal (Kendall-Tackett, et al. 1993).

MARITAL SEPERATION

Many families choose to remain in tact after the abuse has been discovered and they opt to handle the incident without outside intervention (Burgess et al. 1977). Factors have recently been documented that are associated with separation after the disclosure of incest. Families with younger victims and spousal abuse were more likely to break up. Familial separation after the disclosure of sexual abuse averages 25%. This includes either a parent leaving the home or a move from one parent's custody to another.

Many clinical accounts of incestuous families describe an overly dominant father figure who is often times physically abusive towards the mother. The mother in turn, is submissive and withdrawn (Herman 1981) In combination with these features; the daughter takes over the role to meet the perpetrator's sexual and emotional needs (Will 1983). A study of college students that were victims of CSA

found that incest victims viewed their families as having more traditional power based relationships than individuals from nonabusive families. Data indicates that wife abuse is more prevalent in families where incest occurs (Deblinger et al. 1993; Paveza 1998). A study conducted to study the trends of wife/spousal abuse in families of sexual abuse victims, discovered that roughly 10% of the wives in incestuous homes, have themselves suffered as victims of abuse at the hand of the perpetrator.

Retrospective studies of women that were victims of CSA suggest that the variables in the family environment account for significant variance in victim's psychological adjustment (Spaccarelli 1994). Therapists ratings of family conflict and cohesiveness have been shown to be better predictors of parent-reported symptoms than sexual abuse status when comparing sexually abused children to non-abused children (Friedrich, Beilke, & Urquiza 1987).

There are always overriding questions regarding the mental status of the nonoffending mothers. Some research suggests that nonoffending mothers of incest victims have serious emotional problems. In a clinical sample of victims of incest, 55% of mothers were described by the victims as having serious psychiatric problems when compared with 15% in a non-victimized control group (Herman & Hirschman 1981). This is in contrast to the study that found rates for history of inpatient psychiatric treatment to be equal (20%) among mothers of children sexually abused and nonabused children .

CHAPTER 7

EFFECTS OF DIFFERENT TYPES OF ABUSE

After compiling data from clinical studies, Groth & Burgess (1979) and MacFarlane (1978) concluded that the greatest trauma is associated with sexual abuse that, (a) occurs with closely related relatives, (b) continues over a long period of time, (c) involves penetration (d) is accompanied by aggression, (e) the parents are unsupportive after disclosure of the abuse, (f) the child participates to some degree, (g) the child is older and cognizant of the cultural taboos that have been violated (Browne & Finkelhor 1986). If these clinicians are correct, then we can estimate that LR has a high level of trauma associated with her experiences. Of these eight associations, we find six of them to have been in place during her thirteen years of abuse.

OFFENDER'S RELATIONSHIP TO VICTIM

It is important to remember that how closely the blood lines of a victim runs to his or her offender, does not necessarily reflect how much betrayal is involved in the abuse. Abuse by a trusted friend or bus driver may be more devastating than the abuse by a distant uncle. This may reflect in the data compiled from researchers (Finkelhor 1979, Seider & Calhoun 1984, Tufts 1984) that found no difference in the impact of abuse committed by family members versus abuse from non-familial individuals. However, some researchers (Landis 1956, Anderson et al. 1981,

Friedrich et al. 1986), continue with the claim that there are substantially higher levels of trauma associated with abuse from relatives than abuse by nonrelatives.

While there exists major discrepancy between the schools of thought on whether or not the experience is more traumatic if the perpetrator is a relative, it has been rather consistently reported that trauma is greater from experiences that involve fathers or father figures when compared to other types of perpetrators (Browne & Finkelhor 1986). Finkelhor (1979) and Russell (1986) both found that abuse by a father or stepfather was significantly more traumatic for victims than other abuse that occurred inside or outside of the family. It is of interest to note that the Tufts (1984) study also reported that children abused by stepfathers showed more distress when compared to victims of other types of perpetrators; but when compared to victims abused by natural fathers, victims did not find the same elevated level of distress.

WHETER OR NOT PENETRATION IS INVOLVED

Studies suggest that the degree of trauma associated with the victimization is dependant upon what type of sexual activity is performed on the child. Russell (1986) found 59% of the women who had reported either attempted of completed intercourse, fellatio, anal intercourse, or analingus, said that they were extremely traumatized. This was compared with 36% of those who were manually touched on exposed body parts and 22% who were kissed or touched on clothed body parts. Bagley and Ramsey (1985) found similar results and found that penetration was the single most powerful variable in explaining the severity of mental health impairments in the victims. LR was penetrated orally and vaginally, for a long period of time, this

would lead her to be theoretically categorized as a victim that would have a high level of trauma associated with her abuse.

CHAPTER 8
LONG TERM EFFECTS OF CSA

DEPRESSION

Depression is the most commonly reported symptom among adult victims of CSA (Browne & Finkelhor 1986). A study that used a random sample of 387 women, found that women with histories of CSA scored higher on the depressed scale than did nonabused women (Bagley & Ramsay 1985). In Los Angeles a similar study was conducted that used a sample of 119 women and found that sexual abuse in which there was physical contact, was associated with a greater number of depressive episodes over time, as well as, a higher incidence of depression. This same study uncovered that victims of CSA were more likely to be hospitalized for depression than non-victims.

The link between CSA and depression has been found in a number of other studies. 301 college students were studied and they found that it was more likely for victims of childhood molestation to report symptoms of depression (65% vs. control group 43%) and to have been hospitalized for it (18% of victims of CSA vs. 4% in control group; Sedney & Brooks 1984). These results were similarly duplicated in a study of 278 undergraduates that said they experienced more depressive symptoms during the year prior to the study, than did the nonabused women.

Regarding studies done on victims of incest, there does not seem to be a significant increase in the number of depressive symptoms when compared with

women that have suffered no abuse. In one study, 60% of the incest victims had major depressive symptoms, 55% of the comparison group also had major depressive symptoms (Herman 1981). These results are mirrored from findings reported by Meiselman (1978) that reported depressive symptoms in 35% of incest victims and 23% of the comparison group.

For as long as she can remember, LR was cognizant of the fact that David was not her real father. She remembers finding solace in the thought that her father was out there somewhere, and one day he would show up and remove her from the situation of abuse. However, LR concedes that David did assume her father's role. Part of her did not consider David to have been her father, but since he took such an active part in raising her, we can categorize her situation as incest-like, but not as actual incest. LR does however, have a long history of battling with depression. Although she has never been hospitalized for it, MCZ has sought professional help twice in her life, and she feels like the majority of her depressive episodes have been thwarted by her own efforts, and that none of the psychologists really helped her.

PHYSIOLOGIC EFFECTS

Along with depressive episodes, adult survivors of CSA report symptoms of anxiety and tension. Briere (1984) reported that 54% of sexual molestation victims experienced anxiety attacks and experienced nightmares. Of these victims, 72% had difficulty sleeping. Whereas 28% of nonvictims had symptoms characteristic of anxiety attacks, only 23% reported nightmares, and 55% had trouble sleeping.

Sedney and Brooks (1984) found 59% with symptoms indicative of nervousness and anxiety, 41% had self-reported experiencing extreme tension, and 51% had trouble sleeping. When compared with the nonvictims, only 41% reported anxiety, 29% experienced extreme tension, and only 29% had trouble sleeping.

LR reports having panic attacks and duodenal ulceration as a result of her nervousness. She has been prescribed Xanax, a benzodiazepine, and Zoloft, a serotonin reuptake inhibitor, to decrease her anxiety and panic attacks. She reports that since she has begun to learn the art of meditation, she feels comfortable in most situations, does not worry as much about things that she has no control over, and that she no longer experiences anxiety or panic attacks. She is not currently taking any medication.

ISOLATION & STIGMATIZATION

LR reported feelings that as a victim of CSA she felt as if she was damaged goods and that no one would want to be with her once they realized what she had been through. She is not alone in with this feeling. Herman (1981) reported that all of the women who had experienced incest in her sample had a sense of being stigmatized, marked, and branded by the victimization. Courtois (1979) found that 73% of incest victims suffered from feelings of isolation and alienation. Although we have noted that LR would not fall into the category of being an incest victim, these feelings are common in all victims of CSA. Briere (1984) reported feelings of isolation in 64% of victims, compared with 49% of the controls. LR often refers to the fact that she has always felt like she was different when she was amongst peers.

She feels as if no one knows or could possibly understand the things that she has been through. I assured her that she is probably right, but that there are plenty of people out there that have gone through similar incidents. She discovered this for herself when she began to reach out to others through online chat rooms. She found comfort and solace in recognizing that she is not alone and that she could use her experiences to help other women work through their issues of flashbacks, rumination, and low self-esteem.

SELF ESTEEM

Women with very poor self-esteem were four times as likely to have a history of CSA than other women (Bagley & Ramsay 1985). As might be expected, self-esteem problems are much greater when victims of incest are evaluated. Courtois (1979) reported in his community sample that 87% reported that their sense of self had been moderately to severely affected by the incestual experiences. This parallels with Herman (1981) who found that 60% of the incest victims in her sample were reported to have negative images of self . Self-concept is an issue that LR struggles with on a daily basis. She says that the affirmations have helped her greatly in this area, and she has started to view herself in a more positive state. She says that she is no longer surprised when men show interest or flirt with her, she is not as self-conscious as she used to be, and when she goes out to social gatherings, she no longer needs to have a few drinks before she feels comfortable enough to go.
She concedes that she has never felt this powerful, and that she hopes it lasts.

SELF-DESTRUCTIVE BEHAVIOR

In victims of CSA there has been reported a high incidence of suicide attempts (Harrison, Lumry, & Claypatch 1984; Herman 1981; Briere 1984). Samples have shown that victims of CSA are more self-destructive. Various studies Of 153 walk-ins to a community counseling center, it was reported that 51% of the victims of sexual abuse, versus 34% of nonabused women, had attempted suicide. Of these victims of CSA, 31% exhibited a desire to hurt themselves, versus 19% of nonabused women (Briere 1984). Bagley and Ramsay (1985) noted an association between deliberate attempts at self-harm and CSA.

LR follows in this trend of suicide attempts. She has attempted to kill herself twice with Tylenol, and has reportedly considered it additional times.

RELATIONSHIPS WITH MOTHERS

At the beginning of our session, LR had extremely hostile feelings towards her mother. She felt as if her mother ignored clues and signs that David was molesting her, she was angry that her mom chose to believe David's story over her own, and she also had feelings of anger and disgust over her mother's decision to stay with David. She shares these feelings with many other victims of CSA. DeYoung (1982) reports that 79% of his clinical sample of incest victims felt hostility towards their mothers, and 52% were hostile towards their abuser. Meiselman (1978) discovered that 60% of the incest victims in his sample disliked their mothers and 40% had strong negative feelings towards their fathers. LR had stronger feelings of anger towards her mother then she had for the perpetrator. She felt sorry for David

and thought that his mental capacity was well below that of the norm. She did have some anger towards David, but it was mostly embedded in the fact that he got off free with the whole incident. He never went to jail, lost his wife or job, and in her opinion, he did not lose nearly as much as he took away from her.

LACK OF TRUST

After such a big level of betrayal, it is of no wonder that victims report difficulty being able to trust others. Some of these reactions include fear, hostility, and a sense of betrayal. In Briere's (1984) clinical sample, 48% reported that they feared men and 12% reported a fear of women. When he contrasted this with the control group, only 15% of nonvictims feared men, and 4% had a fear of women. Victims of incest have a particularly difficult time developing close relationships. In Meiselman's (1978) clinical study, 64% reported fear of or conflict with their husbands or sex partners. Of this same sample of women, 39% had never been married. We can contrast this with Courtois's (1979) sample in which 79% of incest survivors experienced moderate to severe problems relating to men. 40% of this sample had never been married.

Since the end of her first relationship with a man, LR has considered herself to be a lesbian. Although she is physically attracted to men, she has no desire to be in intimate situations with them. On one level the fear she has of them turns her on sexually, but on the other level, she has no desire to get involved with one.

REVICTIMIZATION

Victims of CSA appear to be more likely to be abused by their adult partners. Russell (1986) found in her probability sample of 930 women that between 38% and 48% of the victims of CSA in her sample had violent adult partners, compared with 17% of women who were not sexually abused as children. Of this same sample of women, 40% and 62% of the abused women had been sexually assaulted by their husbands as compared to 21% of nonvictims. Her victims were divided into two groups of study based on the severity of the abuse. With very similar results, Biere (1984) found that 49% of his CSA sample reported physical abuse in their adult relationships, compared with 18% of the nonvictimized sample. LR has not been in a physically abusive relationship. She notes that all of the abuse that she has encountered in her relationships has been verbal and mental forms, but none of them have ever hit her. LR also makes strong attempts at revictimization during her present relationship. She is more physiologically attracted to her girlfriend when she is angry and rude to her.

Most of the studies agree that there is a tendency for victims of CSA to be revictimized later in life. Russell (1986) found that between 33% and 68% of the CSA victims were raped later on in life. When this is contrasted with the 17% of women that were not childhood victims, the seriousness of the issue begins to become apparent. In surveying 482 coeds, Fromoth (1983) found women that had been sexually abused before the age of 13 were much more likely to later become victims of nonconsensual sexual experiences. Parallel to these results is research from the

University of New Mexico and their study of 341 sexual assault victims (Miller et al. 1978). Women that had been raped on more than one occasion were compared with women who reported a first time rape. The study found that 18% of repeat victims had histories of incest when compared to the first time victims only 4% had histories of incest.

There is a fine line of distinction between what some consider to be rape and what others believe it to be. When asked if she had ever been raped, LR said, "uh. . .not really." She went on to explain that sometimes her ex-boyfriend would climb into bed and have sex with her without her permission and without asking, but she was not sure as to whether or not that should count as rape.

EFFECTS ON SEXUALITY

Finkelhor and Browne (1985) conducted a review on the long-term effects of CSA on sexuality, and they found that almost all on the studies show that the victims tend to show adult sexual problems, especially in victims of incest. These sexual problems include high levels of specific sexual dysfunctions like vaginismus, flashbacks and difficulty with arousal. Victims also experience high levels of sexual guilt, sexual anxiety (Langmade 1983), low sexual self esteem (Finelhor 1979), and problems with sexual adjustment (Briere 1984). In a study that looked at victims of CSA who sought help through therapy and those who did not. They found that the victims seeking therapy experienced orgasm less often, they report themselves as being less sexually responsive, they were less satisfied in their close relationships to men, and they reported having higher numbers of sexual partners.

A detail that has received a lot of attention is the research indicating that victims of CSA have an increased level of sexual behavior or promiscuity. Herman (1981) noted that 35% of the incest victims in her sample reported increased sexual behavior. She also noted what she termed a repertoire of sexually stylized behavior." This repertoire included using sex as a way to get affection and attention. These results run parallel to those of Deyong (1982) and Meiselman (1978). However, Frothman (1983) conducted a study on 482 female college students and he found no differences in the level of promiscuity between the two sample groups. But what he in stead noted was that victims of CSA were more likely to define themselves as being promiscuous then were the nonvictims. He suggests that the promiscuity associated with CSA victims may in actuality be a function of their negative self-attributions rather than their actual sexual behavior.

Another aspect of sexual development that has received much comment, but little empirical confirmation in the area is the concern that CSA may be associated with later homosexuality in the victims. Most studies from the sexual abuse literature have found little connection between the two (Bell & Weinberg 1981; Finkelhor 1984, Frothmoth 1983, Mieselman 1978).

LR has not had a large number of sexual partners and she considers herself to be a homosexual with an admittedly strong liking for rough sex. She is afraid of male genitalia and when she was in a sexual relationship with a man, she frequently had flashbacks of some of the things her stepfather used to do to her. The interesting thing to note is that the only characteristic that she feels is a problem is her affinity

for rough and angry sex. The other issues that one might consider to be a problem, does not appear to be so in her mind.

POST TRAUMATIC STRESS DISORDER

DSMV IV provides the follow definition of trauma:

> Direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (criterion A1). The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behavior) (Criterion A2).

COGNITVE APPRAISAL AND LEVEL OF TRAUMA

Cognitive appraisal is an important mediator of the effects of stressful events (Lazarus & Folkman 1984). Studies on adults suggests that the impact a stressor has on mental health depends on whether or not it is perceived as threatening or as causing personal harm or loss. Also the impact of molestation may be mediated by the extent to which the victim perceives the event as threatening or causing physical or emotional harm. Perceived physical damage, negative self-evaluation, perceived threat to relationships, and negative evaluation of others, are four negative appraisals that are extremely relevant to the study of CSA. These are four of the most studied and mentioned negative appraisals (Spaccarrelli 1994).

PERCEIVED PHYSICAL DAMAGE

Reports indicate that many victims fear that the abuse will leave them physically damaged. Teenage victims of fondling may wonder if their genitals will work normally, or whether or not they will be able to have children (Porter et al. 1982). It

has been proposed that a preoccupation with the fear of genital injury as related to sexual abuse, could lead to counterphobic preoccupations with sexuality and aggression (Deyoung 1984) or even a fear of sexual situations that leads to sexual dysfunction later in life (Becker, et al. 1982).

Medical literature indicates that more invasive sexual abuse like digital, genital, or object related penetration can be painful and injurious to young victims (Krugman 1986; Rimsza, Berg, & Locke 1988). There is also a risk of sexually transmitted disease transmission (Gellbert & Durfee 1989), Children that undergo these types of situations may be at a high risk for perceiving themselves as physically damaged and in turn may suffer more somatic complaints or aggressiveness (Freidrich & Luecke 1988).

NEGATIVE SELF EVALUATION

There is a well-known syndrome that develops in many victims of CSA. It is called the damaged goods syndrome. It has been proposed (Sgori, Blick, & porter 1982) that many survivors believe that they have been or will become emotionally damaged by the inappropriate sexual contact. Studies have found that adults that were victims of CSA tend to report lower self esteem than adults that have not been abused (Alexander & Lupfer 1987; Gold 1986). It has been noted that the older the victim is during the assault, the higher the risk for decreased self-esteem . Younger victims tend to suffered a delayed decline of self-esteem because victims tend to reevaluate their experiences at each stage of their development (Clean 1992; Cole & Putman 1992).

It has been documented that many victims of sexual molestation blame themselves for the abuse and for the fact that they were unable to prevent it. Theorists emphasize that this type of self-blame can increase depressive symptamatology (Celano 1992; Peterson & Seligman 1983). Morrow (1991) used the reformulated learned helplessness model to support a link between the victims' self-blame in association to their sexual abuse and internalized symptoms. Similar results have been replicated in studies that show a direct relationship between self-blame and symptoms of depression and neurotic anxiety (Gold 1986; Wolfe, Gentile, & Wolfe 1989; Wyatt & Newcomb 1990).

There has been evidence indicating that self-blame appraisals act as mediators to link stressful abuse events to symptomatic outcomes. Morrow (1991) documented that the more serious the type of abuse that occurred, tended to increase the likelihood that victims would experience feelings of self-blame and that these thoughts were associated with to increased symptamatology of increased depression and lowered self esteem. Wyatt and Newcomb (1990) discovered that when coercion was involved, there was an increased impact of the abuse in the area of self-blame. Victims who recalled that they were manipulated into bargains with the perpetrator were more likely to fault themselves for allowing the manipulation to take place. An example of the manipulation included, " If you have sex with me, I won't tell your mother that you seduced me."

NEGATIVE EVALUATION OF OTHERS

Research on changes in the assumptions that survivors of sexual abuse, indicates that victims may experience changes in their basic views of others and their intentions. This in turn heightens risk for anxiety, rumination, and depression (Janoff-Bulman 1989; Jannoff-Bulman & Freize 1983). Victims of CSA may develop negative feelings toward the perpetrator as well as any person that shares some of the perpetrator's generalized characteristics like race or sex. These thoughts can then increase the risk for symptoms of aggressiveness or social withdrawal.

It is interesting to note that child victims tend to report that adults have a tendency to exploit children and that these same children report that sexual abuse is pervasive throughout the community. There is an extreme loss of trust that victims suffer from. Studies of adult survivors have shown that a high percentage of female victims have subsequent difficulties establishing trust in relationships with men (Courtois 1979; Lubell & Soong 1982; Wyatt & Newcomb 1990) and that there is a tendency for these women to become isolated, avoidant, or to protect themselves from further betrayals (Gelinas 1983; Sturkie 1983).

CHAPTER 9

AFFIRMATIONS TO HELP VICTIMS OF CSA

Herman and Schatzow (1987) found that massive repression of memories of sexual abuse is the major defensive recourse available to patients sexually abused as children. When victims of childhood sexual abuse are interviewed, many complain of depression and ruminating thoughts about the abuse. Victims of trauma that go on to develop PTSD have symptoms can be divided into three clusters: reexperiencing the traumatic event, avoidance of trauma related stimuli, and persistent hyperarousal. Typically the reexperience of the event, occurs as intrusive thoughts, memories of the trauma, flashbacks, as well as distress on exposure to stimuli that is reminiscent of the event (Briere 1984). Rumination can be defined as repetitive thoughts in the absence of immediate environmental cuing (Beckman & Martin). Victims of PTSD are often riddled with a preoccupation with loss, this focus alternately presents as cognitive distortions, ruminations, and intrusive thoughts and images (Briere 1984).

Along with ruminating thoughts, a number of researchers have documented the tendency for victims of PTSD to develop depressive symptoms that arise from the same stressor (Briere 1984). There also appears to be significant co morbidity between PTSD and depression (SFson & Foa 1993). These results suggest that events severe enough to produce PTSD can also produce or exacerbate depressive symptoms. When these symptoms arise in tandem from the same trauma related

events, victims report feelings of loss, abandonment, isolation, and irrevocable life change.

Certain negative ruminative thoughts may be experienced over a number of years, which in turn result in decreased psychological well-being and contributes to the development of depression (Nolen-Hoeksema 1987). With rumination and depression being major symptamatology associated with victims of sexual trauma, it follows that a decrease in ruminating thoughts would IN TURN decrease depressive symptoms in victims of sexual abuse. Human thought and action are goal directed, and ruminating thought is no exception to this rule. The content of ruminations is related to people's goal strivings (Klinger 1971, 1975). Rumination is a construct of goal-driven behavior. In the context of sexual abuse, rumination is intended to decrease the trauma associated with sexual victimization. Trauma will lead some sexually abused victims to replay scenes from their abuse in attempts to find answers and cope with the trauma. Rumination appears to be an unsuccessful attempt to restructure, reframe, and understand the traumatic events. Rumination can be summed up as goal directed, and at the same time, unintentional mental functioning.

In congruence with the notion that rumination is goal directed, the Self Regulation Theory (Martin & Tesser 1996) posits that thoughts and actions are regulated by comparing current mental and physical states with desired mental and physical goal states. When a discrepancy is perceived between the current state and the desired state, steps are taken to reduce the discrepancy (Carver & Scheier 1981, 1990). When these steps are unsuccessful, people begin to experience negative

ruminative thoughts. Ruminative thinking is instigated when progress toward the desired goal state is threatened. The majority of our subject's rumination was attached to feelings of guilt. LR felt somewhat responsible for the activities that took place. She replayed events with the goal directed action of causing a reduction in her feelings of guilt. She also replayed events in attempts to understand what part her mother played in her sexual abuse. She recalls trying to picture where her mother was during specific episodes, her proximity to the events, her responses to events that were in LR's mind, obvious triggers that things were not right. She ruminated over the question that so many had asked her, "why didn't you tell someone sooner?" and what really took up a lot of her thoughts was the fact that as she grew older she began to orgasm, which in her mind made her an accomplice.

SELF-REGULATION MODEL OF RUMINATION

The Self Regulation model of ruminative thinking suggests three different mechanisms to stop ruminations: distraction, disengagement from the goal, and goal attainment. Distraction as a form of mental control to escape from rumination has important pitfalls. Since the goal of distraction is to change the discrepancy between one's current state and one's desired state, temporary relief, at best, is achieved through distraction. In the end, the discrepancy still exists (Martin & Tesser 1989, 1996). In addition, distracters may be chosen that are emotionally related to the unwanted thoughts. In this instance, the intended distracter will serve as a reminder of the unwanted thoughts (Wenzlaff, Wegner, & Roper 1988). LR's immediate distraction after she left home, was her relationship with her boyfriend George. She

threw herself into a relationship that was based around sexual activity to avoid the thoughts associated with her past home life. This technique helped her suppress her ruminations, however, they still managed to creep into her mind during certain situations. For instance, during sexual activity, she often had intrusive thoughts of some of the sexual positions that her stepfather had her in. The mechanism of distraction, comes from the deliberate attempt to avoid thinking about something. This has the propensity to paradoxically heighten the mental accessibility of the particular unwanted thought (Wegner, Schneider, Carter, & White 1987).

Along with distraction, goal disengagement has been considered to be an effective way to block ruminating thoughts. This means that one may avoid intrusive thoughts by abandoning the desired goal that the rumination was intended to decrease. Since people ruminate about goals that are central to their well being, giving up such goals, would involve a sense of losing one's identity (Wickland & Gollwitzer 1982). Central to our subject's rumination was the goal to visualize and reframe the events in a way where she was not at the center of blame. She wanted to know and feel that she was correct to feel violated and she longed to abandon feelings that she was a willing accomplice. At certain times during her development she was forced to abandon this goal in order to maintain friendships and her family structure. When she dropped the court case against David because her mother told her that she was breaking up the family, she coped with this by abandoning her gut feelings that she was not to blame. Whenever one of her friends or family members told her that she should have told someone, LR abandoned her goal of being guilt-free. To

abandon such goals will in turn will lead to feelings of frustration and depression (Klinger 1975), thus worsening an already existing depression, which may then push towards further rumination rather than an effective solution to decrease the intrusive thoughts.

Of the three methods to decrease rumination, goal attainment appears to be the most effective way to stop rumination (Koole, Smeets 1999). However, goal-attainment is usually fraught with difficulties. Goal striving is a fluid process that does not have a definite beginning or end. When self-defined goals are sought, they are never attained completely within a lifetime (Wicklund & Gollwitzer 1982). The loose construction of these goals also makes it difficult to know with certainty whether a goal has been reached. In our model we assume that the goals behind the rumination of sexual abuse are as follows: (1) To decrease feelings of guilt associated with the abuse (2) To view oneself as having a support network (even if this must be found from within) that cares about one's feelings (3) To destroy the image of oneself as used goods.

SYMBOLIC SELF-COMPLETION THEORY

It is of importance to note that goal striving is highly flexible. This flexibility is deeply embedded in the fact that goals are hierarchically ordered (Vallecher & Wegner, 1987). Low-level goals are used in attempts to reach high-level goals. If one of the low level goals is blocked, alternative means of obtaining super ordinate goals are sought. Symbolic self-completion theory SSCT holds that people search for substitute activities when goal blockage poses a threat to an individual's valued

identity (Wickelund & Gollwitzer 1982). If one perceives the blocked goal as a threat to their identity, a state of incompleteness will be experienced, and in turn they are driven to find renewed efforts to win a sense of the identity that they wish to be associated with. Activities will be substituted and acted on in order to satisfy the particular identity with the hope that doing so will bypass the need to have attained the blocked goal. When rumination is subconsciously used in attempts to satisfy the goals of a person's self identity and results in failure, in an attempt to preserve one's valued identity, substitute activities can be used to reach the valued identity. In this study, the substituted activities are the daily affirmations.

SELF AFFIRMATION THEORY

Failed attempts to accomplish tasks designed to satisfy the individual's valued identity, leads to a reduced positive affect. Decreases in positive affect will paradoxically increase the frequency of ruminative thoughts (Brunstein & Gollwitzer 1996). Parallel to the SSCT is the Self Affirmation theory (SAT). According to SAT, people strive to maintain a positive self-image this concept is similar to the SSCT concept of identity preservation (Steele 1998). SAT maintains that whenever self-image is threatened, an internal process is begun that seeks to restore the image. According to this theory, it is not necessary to deal with each insult to the self-image, because the goal is to maintain a global positive self-image.

Early research into SAT found that people did not feel the need to reduce cognitive dissonance after they affirmed an important self-aspect. In essence, when given conflicts between one's thoughts and behavior, an individual had a much easier

time handling the dissonance, if they were able to spotlight a completely different positive self-attribute. It has been postulated that self-affirmation is effective because it promotes an individual to trivialize the blocked goal (ie, it encourages one to downplay importance of a blocked goal), which in fact will aid in the maintenance of a positive self image (Simon, Greenberg, & Brehm 1995). Whereas some theorize that trivialization is behind the success of self-affirmation, Simon et al (1995) state that it is instead attributed to the cognitive reframing, that there is a cognitive comparison between the personal value and the blocked goal. According to this explanation, self-affirmation will increase the salience of personal value. As a result, the blocked goal, which lies at the core of ruminative thoughts, may seem of lesser significance when self-affirmation is present. For example, a victim of CSA with a blocked goal of longing to have never been sexually molested by her father would be able to use her loving relationship with her husband (if deemed important) as the self-affirmation needed to maintain a global positive image of herself and to thereby decrease rumination and flashbacks of the traumatic sexual experience. In this context the success of self-affirmation to decrease rumination is the result of a cognitively based comparison between an important personal value and the blocked goal, which underlies the rumination. In our case, LR's blocked goals included the following: (1) The goal to be guilt-fee (2) the goal to have a mother that would have protected her daughter against such a violation (3) the goal to not see herself as used goods and (4) the goal to know that someone appreciated the horror of the situation.

It follows that if ruminative thinking begins as a blockade of a high level goal, it may be stopped by affirming some other aspect of the self (Sander et al. 1999) Tesser et al.(1996) present the notion that self-affirmation reduces the accessibility of failure related cognitions by means of a process of motivational substitution. The common medium of this motivational substitution that underlies the process of self-affirmation may be affect (Tesser, Cornell 1991). Kool et al. (1999) found results consistent with this idea by using a disguised mood test, they were able to show that variations in positive affect were able to explain variations in the accessibility of goal-related cognitive thoughts caused by self-affirmation. This is the first research that provided direct evidence for Tesser and Cornell's hypothesis that self-affirmation processes are mediated by affect. Evidence appears to conclude that affirming an important aspect of the self leads to positive affect, which in turn signals well-being (Schwartz, & Bohner 1996) and reduces accessibility of goal-related cognitions, which is central to the concept of ruminative thinking. In the same study that Tesser et al. (1999) provided evidence that self-affirmational processes are mediated by affect, it was also found that self-affirmations led to more positive implicit self-evaluations.

Present research suggests that self-affirmation is an important way to prevent failure related rumination. This notion implies that those individuals with a lack in self-affirmational resources would find it more difficult to stop ruminative thoughts. Parallel to present line of reasoning, chronic negative self-images may indicate a lack of self-affirmational resources (Steele et al. 1993) and therefore play an important

role in maintaining ruminative thinking. (Pyszczynski & Greenberg 1987). Therefore interventions designed to increase an individual's self-worth could be expected to provide relief from rumination. It is important to note that present analyses indicate that these interventions do not have to be directed towards a decrease in the specific goal discrepancy that caused the rumination, but instead any self-esteem enhancing intervention is likely to be effective.

Analysis indicates that self-affirmation is an important way to prevent failure-related ruminative thinking. This concept implies that individuals who lack self-affirmational resources would find it more difficult to stop their ruminative thinking. In conjunction to this concept, chronic negative self-images are associated with depression and higher levels of ruminative thinking (Pyszczynski & Greenberg 1987). In accordance to this line of thinking (Steele et al. 1993), postulate that chronic negative self-images may indicate a lack of self-affirmational resources, at thus play an important role in the maintenance of ruminative thinking. Interventions that are aimed at improving an individual's self worth can be expected to provide relief for the undesirable state (Koole et al. 1999). Any self-esteem-enhancing intervention is likely to reduce ruminative thinking. In chronically depressed individuals, it has been noted, that their behavioral passivity may limit the number of opportunities for them to engage in self-affirming activities (Khule & Helle 1994). Koole et al. (1999) suggests that therapeutic interventions could be aimed at helping depressed individuals to initiate new self-affirming activities.

In the case study we encouraged LR to participate in self –affirming activities, with the concept in mind that they would help to increase her availability of self-affirmational resources needed to lead to a positive affect and at the same time to increase her internalized self-worth. LR was instructed to get dressed every morning even if she did not have any plans to do anything of real significance. This was aimed towards directly increasing the number of opportunities for her to engage in self-affirming activities. If LR went to the grocery store, bookstore, or even the library, she looked great and that would help her feel good. Studies indicate that people are nicer when you look good to them. By always being dressed for the day instead of wearing sweat pants and baseball caps, LR was able to spend many of her days interacting with new people and enjoying a wealth of complements, which helped to increase internalized feelings of self worth.

LR was asked to write about personal and physical aspects that she had great pride in. She was told that it did not have to be anything that anyone else that she knew agreed with or even considered to be special, the only requirement was that when she thought about the characteristics, they made her feel proud that the descriptions were aspects of who she is or who she strives to become. She was told to take the assignment very seriously. This exercise was designed to allow LR to realize and understand that as her self-image is threatened on a daily basis and that it is her responsibility to maintain positive self-image. She used her list to design daily self-affirmation cards. Reinforcement of very important personal values helped LR

maintain a positive self-image, which paradoxically decreased the intrusive thoughts that lie behind the blocked goal at the heart of the intrusive thoughts.

To augment the process of self-affirmation, LR was to listen to daily affirmational cassettes on her way to work and school. She says that playing the tapes in her cassette player helped her to feel like she possessed more power. She became more assertive at work, began to feel comfortable walking around her house without clothing on, she even decided to for the first time ever, go out to eat by herself. These events were reported after our third session together. It may bring some to question how affirmations about trivial personal attributes can actually have an impact on goal directed rumination that is as serious as those experienced by victims of CSA.

SAT posits that we have a self-established system to maintain a perception of global integrity. We all undergo a self-affirming process to protect, restore, or maintain our image from anything that threatens it. These threats can be negative judgments of others or even one's own behavior. Through constant reinterpretations of life experiences, this occurs until the image is either restored or created. It is a system of self-justification and rationalization (Steele, Spencer, & Lynch 1993). The goal of this system is to maintain a complete image of self-integrity and it is not the dismissal of each threat to the image that comes into play. One can respond to threats by accepting it without countering it or its implications, and by instead, affirming some other important aspect of the self that reinforces self-adequacy. Consider the image-maintaining flexibility of the obese physician. When every rationalization for

being obese has been disqualified by scientific studies and society alike, the obese physician can still cope with the threat to her integrity by affirming something that demonstrates her overall adequacy, for example, recalling that that she has just received a salary increase because of her award as physician-of-the-year.

This type of interchangeability demonstrates the flexibility of the self-evaluative system. Early studies by Steele and Lui (1983) showed that subjects were less bothered by self-threatening inconsistencies after they affirmed self-important values, even when they were unrelated to the threat. Tesser and Cornell (1991) provide a compelling demonstration of this type of flexibility. Subjects that experienced self-image distress eliminated the distress through value affirmations that reduced dissonance. The self-image distress that arose from the dissonant act was eliminated when they recalled favorable social experience for comparison.

CHAPTER 10

JOURNAL WRITING AND IT'S EFFECT ON VICTIMS OF CSA

We have already established that rumination about stressful events reinforces negative affect (Nolen-Hoeksema & Morrow 1991). When thoughts are suppressed, there is an associated increased physiological arousal. The contributions of self-affirmations to the decline of rumination were explored in the previous section. In this section confrontation and disinhibition through writing will be highlighted as providing a beneficial effect on the affective impact of remembering a traumatic event.

WRITING AS A FORM OF DISCLOSURE

It has been documented in many difference instances that disclosure about stressful events is associated with improvements in physical and psychological well being (Smyth 1996). At the core of many psychotherapeutic interventions is emotional expression and disinhibition (Styles 1995). In studies of homosexual men that were HIV positive it was discovered that, the disease progressed more rapidly in those who kept their sexual identity hidden as opposed to a slower progression of disease in those that were open about their identity (Cole, Kemeny, Taylor, Visscher, & Fahey 1996). This type of evidence suggests that the tendency to conceal or not express significant experiences to others may have dramatic effects on health.

There is also ample evidence to support the idea that through confronting traumatic and stressful life events by means of writing there is a higher level of reported health, higher physiologic functioning, and higher psychological well-being (i.e., higher positive and lower negative affect) (Smyth 1998). Inhibition can be defined as the tendency to conceal or not express significant experiences to others (Lepore 1997). Disinhibition has been proposed as the mechanism to explain the beneficial affects that writing or talking about experiences has on health (Pennebaker, 1989). Pennebaker (1989) expresses that inhibition is unhealthy for two reasons: (1) the work to inhibit serves as a cumulative stressor and (2) the failure to talk about, and account for, the stressful events will lock the cognitive assimilation process. When the cognitive assimilation process becomes locked, the stressful events have not been completely processed and the person is not allowed the opportunity to work through his or her thoughts and feelings concerning the issue. Individuals tend to remember unfinished tasks (Karniol & Ross 1996). If the thoughts are unfinished, they will ultimately ruminate and be remembered. Inhibition provokes a rebound effect, individuals that suppress repetitive and intrusive thoughts about stressful events tend to dwell on them to a greater extent. This is compounded with the fact that when rumination about stressful events occurs, it reinforces negative affect in the individual (Nolen-Hoeksema & Morrow 1991). When theses events are suppressed, it is associated with an increase in physiological arousal.

If intrusive thoughts are considered to be results of incomplete assimilation of trauma-related information into preexisting schemata, or the result of an incomplete

accommodation of the preexisting schemata (Lepore 1997), then it follows that successful assimilation and accommodation of the trauma related stimuli would cause a decrease in the occurrence of the intrusive thoughts (Horowitz 1975, 1986).

On the section where we explored rumination, it was noted that the problem with avoiding stressor-related material is that it may impede the assimilation process or even instigate new intrusions (Gold & Wegener and above noted). One way to allow people to confront as opposed to, avoid stressor-related thoughts and feelings is to make them engage in tasks that foster emotional expression (Pennebaker 1989). Journal writing allows an individual an opportunity to emotionally disclose events. For some reason, people find that it is easier to write about significant events, then it is for the same events to be talked about. The subject in this case study reported that she had no problems writing the events and that she actually enjoyed the exercises. However, the greatest discomfort that she experienced was when we sat down to read aloud and discusses some of her thoughts and feelings. It is worthwhile at this point to reiterate that emotional expression appears to only facilitate cognitive processing and emotional adjustment when it occurs in a safe and supportive context (Lepore 1997). The studies conducted on violence exposed children, cancer survivors (Lepore, 1997), and children exposed to inner city violence, suggest that expression in a nonsupportive social context may lead victims of trauma to further inhibit themselves from thinking and talking about their traumatic experiences.

Pennebaker argues that when people are provided with the opportunity to express their stressor-related thoughts and feelings, this facilitates adjustment by

diminishing the frequency of the intrusive thoughts. According to his theory, emotional expression, either verbal or written, involves confronting, which he defines as contemplating and evaluating, stressor-related thoughts and feelings. This process helps to restructure their cognitions surrounding the event. Through this assimilation process, people may be able to resolve the discrepancy between preexisting schemas and information inherent in the stressful events. By working through and resolving the discrepancy, emotional expression should free people from their distressing and intrusive thoughts. Pennebaker attributes the adjustment following the emotional expression to the resolution of the thoughts coupled with the decline in the frequency of the intrusive thoughts.

In LR's preexisting schemata, she viewed her mother as a willing accomplice in her victimization. She felt that her mother should have detected something was wrong, that she should have left David when the information was disclosed, and that she should have been more supportive when she found out. LR's mother responded as many mothers do, with disbelief. She believed David when he told her that LR had seduced him, and that he had never penetrated the victim. LR felt betrayed when her mother opted to stay with David and when she told her that by talking to the authorities, she was trying to break up the family. These feelings and thoughts ruminated in LRs mind during present day conversations with her mother.

LR's mother has recently been diagnosed with a form of leukemia, mother's day has recently passed, and the grandmother that that proved to be LR's sanctity as an adolescent died. Now, more than ever, her mother has reached out for her

daughter's support and compassion. LR finds comfort in the fact that her mother realizes that she was not a good mother. On mother's day she broke down and told LR that she did not deserve all of the beautiful gifts or the cards that she had been given. LR has been able to realize that the past is the past and that she will not ever be able to understand the thoughts that ran through her mother's mind. But what she has come to understand is that her mother is very sorry for what happened, and that the events have worked to mold LR into a stronger person.

LR attributes the change in her thoughts to being able to reexamine the events in a context in which she removed all of the self-blame. Her first assignment was to recall the events in a manner that removed any inference of responsibility on her part. She recalls that she had to erase a lot of what she said and try to reframe the sentences and word choices in a way that placed all faults onto the possession of David, and she concedes that it was very difficult. This was the first time in the past twenty-five years, that LR knew without a doubt that what happened to her was in no way her fault. She says that even though her grandmother was supportive and some friends have also been, she always had the impression that they felt she was somewhat at fault. Friends asked her why she let it happen for so long, and her grandmother repeated what David had said about LR starting the activity by flirting with him when she was five. This reiterates the importance of a supportive ear. In essence, LR had two supportive ears. One was her nonbiased friendly therapist, and the other was her journal that came with explicit instructions that she was not to imply that any of the events were caused by actions taken or not taken by her.

There is much debate concerning the mechanism behind the beneficial effects of confrontation on victims of trauma. Emotional self-disclosure may have a positive effect on traumatic and emotional events due to different causes: (1) Confrontation breaks the pathological feedback loop of avoidance and rumination. This works to diminish the negative affect associated with rumination. There has been an association between confrontation and a decrease in the accessibility of automatic images, memories, and correlated avoidant coping (Leventhal, 1984). (2) Confrontation can act as an impetus for habituation through diminished arousal and affective reactions, after exposure to a threatening stimulus (i.e. memories of the traumatic event; Mendolia & Kleck 1993). (3) Finally, confrontation of a traumatic experience helps one to make sense of and reframe the event. It allows the individual to change the original appraisal of the negative event into a more palatable and benign evaluation (Harbor & Pennebaker 1992). All of these hypotheses surrounding the underlying mechanism behind the effectiveness of confrontation stem from an attempt on the part of the victim to reconstruct the event into a more meaningful and controllable form. (Brewin 1996; Greenberg et al. 1996). Even though there has been great debate as to the mechanism behind the success of confrontation, a universal thought among those that recognize the successes is expressive writing or verbal disclosure in a protected environment or empathetic social context, allows people to successfully adapt to highly traumatic events.

In our model, the journal writings were shared with and read by myself. In this situation, I acted as the therapist, which is in essence a supportive ear. Similar

results would probably be noted if she had to have written the responses and discussed them with any socially supportive listener. The social situation in which I was introduced to the patient allowed for our definition of therapy sessions to extend into the definition of a social setting. She was very comfortable in my presence and felt as if she was disclosing and opening up to a friend. This allowed the patient the opportunity to disclose details and feelings about the traumatic sexual events in a supportive environment. The extent to which she wrote answers to the questions allowed her to reframe the events and assimilate them into a picture that she can now deal with and understand. At the beginning of the sessions she reported feelings of anger towards both her mother and her stepfather. During our last session, she disclosed that she no longer had strong feelings of anger towards her mother or David. Angry feelings towards her mother were replaced with empathetic feelings directed at how hard it would be to walk in the shoes of her mother. At the end of the sessions she was able to acknowledge that David was her father figure when she was a young girl and that she now feels as if he had no direct intentions to harm her, but that in his own sick way, he cared about her very much, almost in a girlfriend kind of way.

Writing about traumatic events has been shown to provoke distress in the short-term (Paez, Velasco, & Gonzalez 1999). Individuals that wrote on traumatic experiences showed higher levels of negative affect after a brief writing task of three minutes for one day. There were no changes in affect or in the remembering of the event were induced by confrontation. Brief writing on undisclosed trauma was found

to increase the negative appraisal of the event. This suggests that the recollection of trauma in the absence of cognitive work may provoke psychological problems. But this same study demonstrated improved long-term mood after writing about the traumatic event when the participants of the study wrote for three consecutive days for twenty minutes each day, about the event. These participants showed a significant decrease in the emotional activation induced by replaying the event, an increase in the perception of controllability of the event, and a change towards a higher positive mood. Interesting to note is that the immediate effects of writing, whether it was in the 3-minute group or the twenty-minute group, showed an immediate increase in negative mood, a decrease in positive mood and, an increase in physical symptoms. The deleterious effect of brief writing affirms the importance of qualitative self-disclosure. The raw frequency of talk of an emotional event is not important for the assimilation process. What is important is the in-depth revelation and understanding of feelings (Rime, et al. 1992).

This affirmed the importance of LRs assignments including in depth writing assignments. She estimates that she wrote an average of 45 minutes each time she sat down to write. She states that the first assignment proceeded slowly, but by the second day she began to realize that she enjoyed the writing exercises. As a youngster LR kept a journal. She remembers that she wrote all of her thoughts and feelings about the abuse. When she was fourteen, David found her diary and read all of her entries. Her rage and embarrassment over the violation, led her to throw away her journals. Since that time she had not been able to recapture her love of writing.

She feels as if journal writing is something that she will continue to undertake. When asked if she will maintain her 45 min a day regimen, she said that she might have to reduce it to 10-15 minutes because 45 minutes proved to be exhausting.

At the end of therapy LR stated that she has been able to share her experiences with other people without worrying about judgments that may be made against her. She uses different words when discussing the abuse and is no longer afraid to hear the words come out of her mouth. She has also joined in on a number of online chat groups for women survivors of sexual abuse and during these discussions, she assumes the role of the survivor that has dealt with and through many of the issues and problems that the other women face.

CHAPTER 11

MEDITATION AND IT'S BENEFICIAL EFFECTS

A great deal of emphasis has recently been placed on the beneficial effects of meditation on an individual's mental and physical well being. You can hardly flip through the pages of any self-help book without some mention of meditation as being used to decrease many forms of symptamatology. Meditation has provided researchers with subject matter that documents the effects of mediation in the areas of life including mind, body, behavior, and society.

Whereas meditation has traditionally been viewed by popular media as a form of mysticism. In fact Freud interpreted the experience as a reaction formation of omnipotence to infantile helplessness (Freud 1961). He equated meditation with religious, irrational, and nonscientific thought. Freud established an attitude towards meditation that was adopted by many of his followers. Jung adopted similar feelings about meditation:

> People will do anything, no matter how absurd, in order to avoid facing their own souls. They will practice yoga and all its exercises, observe a strict regimen of diet, learn theosophy by heart, or mechanically repeat mystic texts from the literature of the whole world-all because they cannot get on with themselves and have not the slightest faith that anything useful could ever come out of their own souls (Jung 1968)

Whether or not the founders of the analytical movement are responsible for how most members of our society view the practice of meditation remains a mystery. But what can be established as fact is that members of our society still view mediation as alternative and holistic approaches to healing. Meditation is a form of confrontation. Transcendental meditation allows the meditator to confront ruminating thoughts and traumatic experience with results very similar to those seen with journal writing.

BENEFITS OF MEDITATION

To grasp the psychophysiological benefits of meditation, it must be denuded of cultural and religious biases (Kutz et al. 1985). This can be achieved if meditation is defined as an intentional regulation of attention from moment to moment (Kabat-Zinn 1982). Concentration meditation is the most basic form of meditation. This is achieved when one restricts attention to a single repetitive stimulus, such as a sound, word, prayer, phrase, breath, or a visual object, while at the same time, maintaining a passive attitude (Benson, Berry, & Carol 1974). Any other mental activity is perceived as a distraction from the object that is being concentrated on. When the mind does in fact wander, the meditator is to passively disregard the intrusion by focusing attention on the meditative stimuli. As one's ability to meditate develops, a variety of sensations ensue that range from deep relaxation to marked emotional and cognitive alterations. The experience of emotions and the flow of consciousness have been termed altered states of consciousness (Davidson 1976). These altered states of consciousness have also been shown to have profound physiological effects.

The physiological changes that are related to meditation have been called the relaxation response (Benson et al. 1974). This is an integrated mind-body response that reduces peripheral oxygen consumption, heart and breathing rate, blood pressure, serum lactic acid levels, and increased skin resistance (Morse et al. 1977). There has been shown to be a decreased arousal of the sympathetic nervous system secondary to decrease end-organ responsiveness to norepinephrine. These physiological changes have been proven as effective primary or adjunctive treatment for: hypertension (Benson 1977), pain relief (Kabat-Zinn 1982), anxiety relief (Benson et al. 1977), tension and migraine headaches (Benson 1974), asthma (Wilson et al. 1975), claustrophobia (Boudreau 1972). During EEG monitoring of the brain during meditation there is increased synchronicity of brain-wave activity in the form of alpha and theta waves (Travis, Kondo, & Knott 1976; Morse et al 1977;Shapiro 1982; Woodfolk 1975; Schuman 1980; Kassamatou, 1969).

The physiological effects constitute powerful, yet indirect evidence for alterations of brain physiology during meditation since these peripheral responses are coordinated by centers in the brain, and the EEG evidence substantiates the validity of meditation even further.

PSYCHOLOGIC GOALS OF MEDITATION

In Eastern traditions, particularly Buddhism, the attainment of higher states, is brought about through the understanding of one's own psychology (Goleman 1981) Mindfulness meditation and detached observation is the form of meditation that LR undertook. The focusing of attention is a prerequisite for all forms of meditation.

Awareness of breathing is the first thing that must be established. After concentration is achieved, the meditator experiences cognitive splitting where she or he is able to observe the procession of thoughts and mental images that travel through the mind (Kutz et al. 1985). The individual's attention is allowed to detach itself from the breathing, to scan through the images and thoughts, and shift freely from one perception to the next. No thought or sensation is considered to be an intrusion. Instead, when these drift into the mind, they are observed in a detached fashion. One is not supposed to become totally involved in the mental content of the thoughts or sensations, but instead must maintain the positioning as an observer. If the individual does in fact become lost in their emotions or thoughts, she or he is to focus and concentrate on their breathing and will thus regain the detached observation point from which they are to continue to view thoughts, images, and emotions. The idea is that eventually the meditator will become aware of the content of thoughts, images, and begin to recognize the patterns and habits that dictate thought formation (Kutz et al. 1985).

For example, if the meditator is exposed to an unpleasant thought, in our case, ruminating thoughts that LRs mother should have recognized that something was wrong, she will first become intensely aware of the quality of the thought and will follow the process of concept formation as the thought is registered in her mind as an unpleasant assumption. After this, in a detached fashion, LR would witness the arousal of an emotional response in the form of anger, frustration, and sadness. Then as a participant observer, she will note the bodily sensations that are associated with

these particular emotional responses. She will realize that as she looks at the situation as a detached observer, that her mother may not have in fact realized that anything was wrong because she was preoccupied with her own tumultuous relationship with her step father. This form of meditation allows the participant to perceive a mental event and its related emotion as separate, distinct entities (Kutz et al 1985). The feelings of anger, frustration, and abandonment is not viewed in terms of self, but is instead viewed as separate from the observer. Instead of thinking, I am angry, sad, and frustrated, she will think, there is anger, sadness, and frustration. This separation will lead to the recognition that these are one's own feelings that reside within and appear without in various attires sometimes with and sometimes without provocation.

Primary-process thinking is known today as an indispensable mode of mental functioning known for its flexibility and multidimensional treatment of psychic content. It is responsible for combining data and feelings into internally meaningful schemes (Noy 1978). It has come to be considered as the process by which the self and its needs, through the integration of cohesiveness of the self, are maintained. As situated as the detached observer, the meditator is able to examine thoughts and feelings which undergo extensive change as the result of the altered state of consciousness. It has been hypothesized that this change in mind state causes a shift towards a greater use of primary process thinking.

During meditation, primary-process thinking is experienced as intensified perceptual awareness (Kutz et al. 1985). Mental representations of feelings and

objects are more vivid. Thoughts and objects in this state can be seen for what they are rather than for what they represent. Since this is the first time that these thoughts or objects are seen in this light, they then carry a quality of firstness, which carries with it a newly original meaning. These primary experiences allow for the meditator to become introduced to conceptual flexibility, which makes it possible for the meditator to consider objects, events, and thoughts outside of their usual conditioned context. The usual context in which events are considered is secondary mental processing. Secondary processing is meant to make sense of information by linear and sequential analysis of the data according to socialized logical and formal rules. In this case LRs conditioned response of her mother's lacking ability to detect the abuse as signs that she did not care about her.

Heightened awareness of thoughts, event, and objects is carried beyond the meditation session itself. Meditators report that familiar objects, activities, and people, are suddenly perceived in a new light (Kutz 1985), LR experienced this same type of phenomena. She began to see her mother in a new light. She no longer vilified her actions or her lack of actions. It was as if, she began to empathize with her mother. It is unclear whether her new found empathy was the result of news that her mother had leukemia, or whether it was the result of her being able to reframe the events of her childhood in a way that allowed her to in a detached way, observe the events and conclude that her mother was not guilty of what she had previously considered her to be guilty of. When a recurrent scene arises during meditation, new details and different perspectives are added (Kutz 1985). The meditator has been

known to scan childhood interactions involving his or her parents, and instead of just recalling memories, they actually witness the drama as if it were being replayed with details that had been buried and hidden in the subconscious before the meditation. The new information is a new clear form that facilitates the process of self-understanding. The emotional receptivity during meditation will loosen the defenses and repressed material will emerge. The material is then reexamined by the plasticity inherent in primary process thinking.

Meditation creates a heightened emotional state as a direct result of enhanced perception and cognition. In terms of therapy, the altered emotions are relevant for their provision of a sense of self or centeredness. This centeredness has been described as feelings of inner trust and serenity (Kutz 1985). The soothing effects of such a state lead to a form of defenselessness that allows emotions such as joy, anger, fear, and love to erupt. During meditation, the emotions cannot be transferred. There is nothing to cling to and nothing remains except for what is at hand. During meditation, LR uncovered feelings of abandonment. She says that she tried to fight the feelings at first, but that she felt herself let go. Letting go was difficult and painful. She felt lost and helpless for moments. Soon after, the feelings switched and she felt safe. From somewhere inside of herself she was able to sit and watch her fears until the pain dissolved. It was a new feeling for LR to experience an react to her feelings.

The experience of meditation allows for these feelings of injury that are experienced as a loss of safety are temporarily counterbalanced by the enhanced sense

of tangible self that meditation appears to create (Kutz 1985). Balancing the secure self with the inner sense of danger is a process of desensitization true of any explorative therapy (Kutz et al. 1985). The enhanced sense of self which is inherent to meditation is viewed by many as identical to the reassuring presence of the therapist. In both situations, the individual is provided with the same kind of protective distancing which is important for the creation and the maintenance of observed ego. The result is a confrontation with emotions , which had previously been avoided. When these emotions are allowed to surface and are then exposed to conscious experience, the therapeutic effect is that they are then robbed of their subversive force.

Repeatedly experiencing the patterns of one's mental process has a therapeutic value. Concepts are restructured as a result of the cognitive and emotional alterations. This is then followed by relabelling and restructuring an individual's thoughts and feelings. Continuously categorizing and decategorizing mental events gradually provides the daily meditator with insight and understanding into how the mental associations were created (Goleman 1977). The meditator begins to realize that he or she plays a pivotal role in writing and directing the dramas playing through their mind and as so, they discover the element of choice in the cutting and editing of perceptions into reality (Kutz et al. 1985). At once he or she is able to identify and leave behind mind habits that have been conditioned to linger and reverberate as ruminating and purposeless obsessions.

Kutz et al. (1985) clinically observed that 20% of their patients who joined a stress-reduction and relaxation group programs that involved mindfulness meditation were able to recognize their personal attachments to somatic fixations and were at the same time able to identify the basis for their pain and suffering.

At the core of the practice of meditation is the ability of the meditator to reexamine traumatic events as an observer. This in turn works to help him or her to restructure thoughts in a contextual framework that allows the individual to come to terms with and understand ruminating thoughts. As we explored in previous sections, there are many proposed strategies to decrease ruminating thoughts. Meditation can be added to that list. In addition to rumination as a benefit of meditation, there are many more. To combine Meditation with journal writing appears to be a complementary pairing when we examine the proven benefits of both practices.

CHAPTER 12
CONCLUSION

LR was molested by her step father from the age of five until the age of eighteen. As a victim of CSA she exhibited many of the symptoms that characteristically are associated with adults who were molested as children. She had ruminating thoughts surrounding the abuse, flashbacks, pinned up anger towards her mother and her stepfather, low self esteem, and fear of the opposite sex. LR was treated with therapy that consisted of journal writing on explicit questions regarding the abuse, mindfulness meditation, and exposure to daily affirmational resources. Through this combination, we were able to decrease her anger towards her mother, decrease ruminating thoughts, and increase her level of self-esteem.

LR was a very willing subject. She believed strongly enough in holistic healing to give this model a try. These results would be hard to duplicate if the victim considered meditation and self-affirmations as a wasted form of mysticism. Studies indicate that some people react negatively to meditation (Benson et al., 1974, 1975; Carrington & Ephron 1975; Walsh & Roche 1979). Plus, it is important to note that LR may have stopped meditating after therapy ended . There is no data to indicate that an individual will continue to reap the benefits of mediation once he or she stops. It is of interest to note that when drop-outs of meditation were compared with continuers, it appears that the ones who are most likely to remain meditators are the ones who need it the least (Delmonte 1980).

Affirmations can also be viewed as silly mysticism. It will undoubtedly require that the victim be of a certain mindset in able to 1) feel comfortable sticking note cards through their personal spaces, 2) forgo listening to the radio for affirmation tapes, and 3)see the potential in repeating words and phrases in the mirror.

The effectiveness of this strategy hinges on the individual's perception of the three components. Journal writing has caught on as a fad and many women have at least made attempts to carry one. So, for journal writing, it is not the individual's perception that might impede the progress associated with this form of disclosure. But, for every few women that have begun keeping journals, there are just as many that stop after the first few days. Whether they stop or continue, this practice is also contingent on whether or not the individual likes to, or even knows how to read and write. Further studies may indicate that there is an educational or socioeconomic bias embedded in the concept of writing as a form of therapy.

Perhaps this model will not help every victim of CSA, but after the completion of therapy, we can certainly report that it helped one individual.

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