

The body as a site of knowing: Sexual abuse counsellors' responses to traumatic disclosures

MARGARET PACK

Abstract

This article reports a qualitative study which explores sexual abuse counsellors' 'most difficult' practice scenarios and how they coped with disclosures from their clients that were 'hard to hear'. The findings suggest that helping professionals who engage with traumatic disclosures actively evolve strategies and resources that act to buffer the more negative effects of the work. The protective factors identified include therapists' awareness of their own counter-transference including sensations that are experienced in the body. By attuning to their body awareness, counsellors were able to assist the client to connect to what was unspeakable, and which therefore remained unsaid. This support of the client's way of revisiting and re-authoring their experiences had positive benefits for the self-esteem of the therapist. Through engagement in an ongoing dialogue with professional peers and supervisors about their experiences in therapy with sexual abuse survivors, the counsellor-participants in the present study were found to actively evolve positive interpretations of their work with trauma survivors despite various obstacles and a variety of therapeutic outcomes.

Introduction

When clients choose a pathway to freedom from trauma from the one that the counsellor had in mind, the counsellor needs to revise and reformulate their view of what 'recovery' from trauma constitutes. This article focuses on sexual abuse counsellors' efforts to revise their initial expectations of the outcome of therapy with clients who choose a different healing trajectory from the one their counsellors had anticipated. These existential dilemmas are similar to those experienced by health practitioners whose patients do not conform to the ideals of 'recovery', when returning to a state of 'health' previously known is no longer a viable option without some radical reformulation of identity and way of being in the world.

Sexual abuse counsellors who witness accounts of trauma take on the role of healer in a similar way to other members of the helping professions and so are involved in a moral as well as a clinical enterprise. However, when attempts to restore health and well-being are unsuccessful, the intent to do what counsellors are socialised to do is challenged and a search for alternative meaning is generated. Reference to the theories of feminist writers such as Dr Judith Herman (1992), who views sexual abuse work as a political act of witnessing, fitted the experiences of the counsellors and psychotherapists interviewed for the research more closely than the psychoanalytic discourse in which much of their original training was grounded. To begin to explain the meaning making that occurs for sexual abuse counsellors, I draw on theories of embodied experience from the French essentialist feminists, exemplified in the writings of Irigaray (1980, 1993).

Theorists writing from an essentialist feminist position such as Irigaray value the idea of women's autonomy and difference based on the lived experience of the female body. Irigaray critiques ideas that are prefaced on 'gender' as bodily sameness and view the goal of women's attainment of equality within male-stream systems as failing to liberate women from the patriarchal discourses that render their experiences, and so their corporeality, invisible. Language is

a major concern of Irigaray and the French essentialist feminists. To use language indiscriminately is unintentionally to confirm and promote patriarchal thinking (Irigaray, 1980, 1993). Irigaray considers that we need to find new ways of writing about women's experience in an attempt to free language from patriarchal thought in which it has become enmeshed. She develops discourses that suggest that women's ways of knowing, based on the lived experience of the female body, are important sources of wisdom. For example, Irigaray interviews Dr Helen Rouch, a scientist who has reformulated our understanding of the relationship between mother and child in utero. Dr Rouch describes the placenta as existing in a symbiotic rather than parasitic relationship described in medical discourses (Irigaray, 1993). Irigaray, drawing from such reformulations, challenges the duality and sense of separation based in the predominant scientific discourses. In so doing, Irigaray brings direct, bodily experience within the realms of what counts as 'knowledge'.

For those counsellors interviewed, facing situations in which their clients did not 'recover' from trauma led to a crisis of meaning that manifested in their bodies. Feeling 'distressed' and having breathing problems was one example of this theme. One of the counsellor-participants, who wishes to be known as Audrey, explains her shock and disbelief when a child client she was seeing for assessment was abducted. Audrey thought this was a direct experience of being traumatised herself on the job:

From memory the main thing I thought was I hadn't so much had vicarious traumatisation as having been traumatised from the horrible stuff people told me and being made anxious by family group conferences, courts, and those incidents I told you about where actual things happened that distressed me. Like the child being abducted. So I was thinking of another way of looking at it. That is there is trauma that happens to us on the job.

Paradoxically it was through the awareness of bodily feelings and physical sensations that the counsellor-participants were able to discern a disruption in their relationship with the client. However, immersing themselves in these practice dilemmas and exploring this sense of physical disjuncture offered alternative ways of making meaning from experience. For example, Angela, another of the counsellor-participants, noticed that when she was writing up client assessments in the absence of her clients, she experienced a feeling of anxiety in her body and noted a 'fight or flight' response:

When I have to write without being in relationship to them [clients], that's the worst for me. Sometimes, I've just got to walk away or I'd sit there and yell at them [the reports] [laughs]. A lot of what is in the reports, content wise, is, of course, quite cruel and violent as well as sexual. I find that traumatic. [Voice trails off. Pause to self reflect] It can't help but affect your spirit, your whole being, working with someone who tells you these things. It's like your heart just punctures, really.

Existential dilemmas associated with moral crises and VT

The maintenance of health and well-being are goals that are socially defined and upheld. However, when returning the client or patient to health and well-being is not possible, a moral crisis ensues for the helping professional. Good (1994) has conceptualised medical knowledge as having a 'salvational' function in Western society, replacing religious conceptualisations of redemption by equating them with 'health' in the material world rather than in the life hereafter. 'Witnessing', in terms of hearing client accounts of traumatic events, has been similarly identified as having a therapeutic and salvational meaning as well as being of wider social and political value (Herman, 1992). Recovery from traumatic events takes on a salvational significance that evokes images of the re-ordering of life, or at the very least, a reduction of suffering.

The effects of hearing daily accounts of trauma and abuse can include an erosion of trust and esteem of others, and disruptions to the worker's sense of the world as a safe place (Cun-

ningham, 2003). These shifts in belief and world view have been connected to the experience of working intensively with trauma disclosures and more specifically with work involving interpersonal violence (Moulden & Firestone, 2007). Vicarious traumatising or VT, as it will be referred to hereafter, is a process that occurs when psychotherapists' sense of self and world view is negatively transformed through empathetic engagement with traumatic disclosures from clients (Pearlman & Saakvitne, 1995). The effects are considered to be cumulative, permanent and irreversible if unattended (Pearlman & Saakvitne, 1995). The basic premise of 'cognitive self-development theory', underpinning the concept of VT, is that individuals "construct their own personal realities through the development of complex cognitive structures which are used to interpret events" (McCann & Pearlman, 1990, p. 137). Self-constructivist development theory explores the effects of exposure to trauma on five fundamental psychological needs which relate to the dimensions of "safety, dependency, trust, esteem and intimacy" (McCann & Pearlman, 1990, p. 137). In later writings, 'frame of reference', 'independence' and 'imagery systems of memory' were added to this list (Pearlman, 1997; Pearlman & MacIain, 1995; Pearlman & Saakvitne, 1995; Pearlman et al., 1996). The hypothesis of constructivist self-development theory is that the therapists' cognitive constructs relating to these 'fundamental needs' will be altered, often permanently, by continued involvement with traumatic material. These ideas are congruent with those of Dutton (1992) who discusses some of the common changes in belief that therapists routinely encounter when working with domestic violence survivors, and Moulden and Firestone (2007) who discuss them in relation to the impact of work with sexual offenders.

The context of sexual abuse counselling in New Zealand

In New Zealand sexual abuse therapy is publicly funded as survivors of sexual abuse are covered by a 'no-faults' public insurance scheme under the Accident Compensation Corporation (ACC) which provides funded psychotherapy to claimants as the main means of 'recovery'. Psychotherapists, counsellors, social workers and clinical psychologists register for their work with survivors of sexual assault who are covered by a 'sensitive claim'. Currently there are in excess of 12,000 active sensitive claims, 3,500 having been lodged in 2006. The cost of sensitive claims amounted to more than \$32 million in 2006 (ACC Treatment Providers' Newsletter, 2007). Due to the wide availability of public funding for sexual abuse assault survivors, an increasing range of counselling professionals including clinical psychologists, psychotherapists and social workers have chosen to register to provide this specialised service.

Initial aims, research design and methodology

Between 1998 and 2001 I interviewed 22 sexual abuse therapists as part of my doctoral research on counsellors' responses to stress and trauma. The participants in the sample were selected systematically from ACC's Register of Approved Counsellors. The participants, who were aged between 38 and 60 years, were trained as counsellors, clinical psychologists, psychotherapists, and social workers. One participant self-identified as Māori, one as Pākehā-Samoan and the remaining sample self-identified as being Pākehā. Two participants were men. In addition to the 22 counsellor-participants, a focus group of five experienced psychotherapists met with me over the duration of the study to provide a sounding board for the development of the methodology and to analyse and interpret key themes from their collective practice knowledge and wisdom.

Traditionally the topic of counsellor stress and trauma has been studied using large scale quantitative studies (for example, Pearlman & Saakvitne, 1995). The topic of VT has been

studied using survey research from the perspective of clinical psychology (Pearlman, 1997; Pearlman & MacIan, 1995; Pearlman & Saakvitne, 1995; Pearlman et al., 1996). However, given the specific focus I had selected, other methodological choices fitted with my chosen focus on what was difficult for psychotherapists to hear in their work. As a woman interviewing largely women colleagues about working with women who had been abused sexually, I found I that I needed to remain more relational with my research participants than traditional research approaches suggested but which feminist researchers described (Cook & Fonow, 1986; Reinhartz, 1992). Allowing counsellors a larger space for engaging in an ongoing reflection with their practice experiences seemed more appropriate to my research question. In the research literature, I was more drawn to the studies that allowed participants to tell their stories to provide multiple, shifting and competing accounts of practice (Cook & Fonow, 1986; Reinhartz, 1992). This wider discourse in which counselling is reformulated as an act of 'witnessing' social injustice on a broader scale, as suggested in the writings of the feminist psychotherapists such as Dr Judith Herman (1982) and Dr Charlotte Dalenberg (2000), seemed more appropriate.

The process of interviews

During in-depth interviews, I asked counsellors who were experienced practitioners working with sexual abuse survivors about their responses to the VT literature and whether it resonated with their experiences on the job (Pearlman & McCann, 1990). In line with the recommendations of the focus group I included the broader question: 'What do you find hard to hear in psychotherapy with clients who have been sexually abused?' This question elicited responses that were revealing of the counsellors' intrapsychic processes and coping strategies. Often the participants told me that this material was hard to hear because the traumatic events that were recounted to them fell outside the range of commonly encountered experience, consistent with the conceptualisation of traumatic stress (Stamm, 1996) and VT (Pearlman & Saakvitne, 1995). Congruent with the VT literature, the world became a more complicated place when abuse disclosures were witnessed; the counsellors' belief systems and world view were transformed through their empathetic engagement with clients' traumatic material.

To understand the language of their clients and of their own suffering, the counsellors' awareness of various bodily sensations became a guide to connecting with the unspoken content of trauma which the client communicated through affect and often through impulsive actions including situations involving self-harm. To understand the content of this non-verbal material, the counsellors found that they needed to connect with the experience of their own bodies. As a means of making this connection, a variety of bodywork theories such as Vipassana meditation and Hakomi were used. Body work theories such as Hakomi, a branch of psychotherapy informed by Eastern philosophies, aim to bring the mind and the body into a greater alignment. These therapies direct attention to bodily awareness and use techniques such as meditation and mindfulness activities around the experience of the body and connect these experiences to what is occurring in the mind. By reformulating their own mind-body awareness as a source of knowledge, the counsellor-participants discovered that they were able, over time, to transcend the dissociation that accompanied work with sexual abuse survivors to more effectively engage with clients whilst avoiding the worst effects of VT. For example, Linda a counsellor-participant, looked at the process of colonisation of New Zealand by Pākehā as being a parallel process to the abuse and violence experienced by women. Linda developed her thinking about the connections between abuse and colonisation as a result of her involvement in feminism and, more recently, in coming to identify what being Māori meant for her personally. She drew on this knowledge to guide her practice with clients who identified as Māori:

Originally I think I was coming very much from a feminist perspective. The cultural aspect for me has come alongside my own personal development in terms of being Māori because when I first got involved in this work, I was struggling in terms of my own identity. So it was a parallel process, really. So for me, as I have become more whole, in terms of being a Māori woman, I've developed a bigger picture understanding of how this area of work relates to Māori in particular because I very rarely work with non-Māori. The identity issue is really important. So if we look at that it would be about people making contact with your whānau and exploring their whākapapa and finding out where they come from and their particular iwi and to be able to go home, being able to know where their marae is.

Data analysis

The data analysis occurred at each phase of the research process rather than being an activity focused at the end of the data collection phase. Broadly, thematic analysis was applied to the data from the interviews using the focus group as a sounding board. Thematic analysis is a method for identifying patterns or narratives within data. Braun and Clarke (2006, pp. 79-81) define 'theme' in thematic analysis as "a patterned response or meaning within a data set [which] theorizes language as constitutive of meaning and meaning as social". The themes that are identified often go beyond the original questions posed for the research as the significance of patterns is interpreted as the analysis moves from description.

I was able to check on the wider applicability of themes by making comparisons across, as well as within, the individual responses of the counsellor-participants and in relation to gathering the focus group's responses. In addition to referring to existing theories such as VT, I aimed to explore the discourses that the counsellor-participants developed themselves, drawing from their own examples illustrating their practice wisdom. My reading of feminist approaches to social work practice research suggested the fruitfulness of this line of inquiry (Cook & Fonow, 1986; Fook, 1996; Napier & Fook, 2001; Reinharz, 1992). Asking about the themes that the counsellor-participants found 'hard to hear' was a counter-balance to what the feminist theorists, such as Irigaray have referred to as the privileging of vision in patriarchal discourse (Irigaray, 1980, 1993).

Themes from the interviews were analysed with a focus group of trauma therapists to verify emerging ideas and to promote cycles of action and reflection throughout the study. The integration of the focus group into the research enabled an ongoing reflection of the research process through each stage of its development (Reinharz, 1992).

The focus group, which met throughout the project, had a consultative function as the five group members shared a similar professional background to the counsellor-participants, and as a group they interacted as peers on the basis of their accumulated knowledge and experience. Consultation with the focus group avoided the researcher's world view being the only frame of reference for interpreting the interview responses. The group provided a sounding board for my ideas and interpretations in a peer review setting and their ideas were integrated into the research findings with their consent. Their responses to my ideas triggered a critical reflective process about the research methodology and the approach to the interviews, and assisted in the interpretation of the data that was emerging from the interviews with the participants.

Prior to each meeting, I would post each member of the group key literature or early drafts of my writing of the results, requesting feedback on particular themes. At the next meeting the group would discuss their responses to this theme by discussing their views and specific examples from their individual practices and experiences. This process clarified my thinking about the ideas I had been developing which led to further cycles of revision and refinement of my original ideas between group meetings.

Given the specific focus I had selected, as I began reading the interview transcripts and collating key themes, I realised that I was theory building from data in an area of the psychother-

apy literature that had been researched from a predominantly quantitative research tradition. Thus, I wanted to include larger stretches of narrative from participants to allow for 'rich' or layered meaning rather than 'thin' or surface description (Geertz, 1975). So the analytic process moved from my reading and re-reading of transcribed data, description and organisation of themes to show patterns, and reflecting on these themes. In this way, I began to move beyond the original literature on VT to reflect the broader meanings and implications that were beginning to evolve from the narratives of the individuals interviewed. The analysis was a recursive process of shuttling backwards and forwards between the literature and the individual participants' narratives as an interpretive process involving the focus group in cycles of action and reflection.

In agreeing to the interview I requested that participants sign a consent form to enable the material to be transcribed and used in an unidentified form using pseudonyms of their choosing. I made every effort to write in such a way as to avoid including any information that might identify any individual. In some cases I chose to cluster responses and summarise themes due to the sensitive nature of the material and to avoid any unintentional breach of confidentiality through direct use of quotations from participants.

Disjuncture

In the 'most difficult' case scenarios experienced by the counsellors, they faced a variety of situations. Often the material was 'hard to hear' because the traumatic events fell outside the usual range of human experience. Dissociation, common to empathetic engagement of trauma (Dalenberg, 2000) causes a temporary disruption in the relationship with the client and therapist until this process enters the therapist's awareness and can be explored and reflected upon.

To engage empathetically with their clients the counsellor-participants said that they often struggled with a sense of shock and disbelief. Audrey, who spent time on extended, silent Vipassana meditation retreats, used her breathing to explain the dynamics of therapy and her own responses to clients. She discovered that the shallowness of her breathing was reflective of her responding to the surface detail of what was occurring in the present between her and the client. Audrey gave an example of the importance of body awareness in her work. When she returned from a silent retreat she had heard news of a client's suicide and describes 'shutting down' in shock when hearing the news. After being so open to her own emotions and experience of mind and body on the retreat, she realised she had to shut down in an attempt to protect herself from becoming overwhelmed and dissociated. Usually she said she was aware of stiffness in her neck as a sign that she was stressed, but in this instance, she just recalled: "closing down completely".

Those disclosures that were 'hard to hear' involved situations occurring through client drop-out, unaddressed counter-transference, shortfalls in funding to continue therapy, personality issues, and in two instances, a client's death by suicide. When the counsellor-participants were unable to follow through their original intentions to help clients into action, a moral crisis ensued. Two male counsellors who were interviewed discovered that their unique positioning as men working with female survivors of sexual assault affected their personal relationships with women more generally as they had a sense of shame at the prevalence of abuse that generated guilt, anxiety and withdrawal. As Kevin explains:

One of the things that has affected my personal relationships, I'm in no doubt at all about that, it has made it a lot more difficult for me to relate to women because one of the things I'm almost unconsciously looking for is trauma, then I withdraw. Some of my closest friends are also women who have been traumatised, so at best, that ends up simply being a friendship. It wouldn't be the case if I hadn't worked in this area.

In the case of traumatised clients who attempt to take their own life, opt out of therapy or put themselves and others at risk, the counsellor-participants were made aware that their clients did not share their vision of 'hope' and 'well-being'. Explanations to locate their clients' current self-harming behaviour in the past through Freudian psychoanalytic concepts such as the 'repetition compulsion' were considered somewhat helpful. The clients' unconscious need to re-enact traumatic experiences offered a useful point of reference to explain ruptures in the therapeutic relationship, caused by clients choosing a different course of action to the one envisaged. The counsellor-participants found these explanations based on psychoanalytic theories somewhat helpful to guiding their work with clients. They were able to reframe the present actions of clients in their clients' past personal biographies to understand more clearly the reasons for them. However, they considered that any explanation based in the demise of the therapeutic relationship from a traditional psychoanalytic perspective was limited to understanding: 'what went wrong'. Angela, another counsellor participant who is herself a survivor of abuse, discussed the intergenerational legacy and denial of abuse as being based in the history of New Zealand as a colonial outpost:

My theory would be that being so far away people weren't so accountable to society. It's intergenerational and happens because people don't do their personal work. I think power and sexuality and control issues are huge and New Zealand has a long history of it [sexual abuse]...in this people get an opportunity to really explore their beliefs, culture and values. I've been abused, it had many consequences, yet it wasn't confronted for many years.

The sense of disjuncture left by such discourses left counsellors to seek answers, solutions and remedies from other sources to ameliorate their own loss of hope arising from such situations. Beth, a participant in the current study, discussed witnessing abuse and trauma through client disclosures as engendering in her being a sense of 'unbelievability'. She had a sense of being 'ungrounded' and 'overwhelmed' that often resulted in headaches. She offers an account of the after-effects of arduous therapy sessions:

Sometimes I will be sitting working in this very room and listening to disclosures of awful stuff and then go out there [pointing to the tea room/kitchen area] for a cup of tea. I don't have a feeling of being in contact with something evil but I do have a feeling of almost like awe or disbelief that my mind is stretched about the human capacity for harm and about the unbelievability of the awful things that people will do to people. I won't be listening to any other conversation in the room. I'll be in a completely other place. It's about having gone on an unbelievable journey. So it's a kind of feeling of having to get my head around. It's about my mind stretched with human calamity.

In enquiring about what was 'unbelievable' from Beth's perspective, I found the writings of feminist theories of embodiment insightful. The connection between pain as being inscribed on the body through various abuses is described as bringing to awareness our physical mortality and loss of voice (Bakare-Yusuf, 1998). Beth's awareness of her mind being "stretched with human calamity" may reflect the client's process and her inability to verbalise in the presence of pain, by the person in pain. This splitting between language and the body represents the disjuncture as Bibi Bakare-Yusuf (1998, pp. 315-316) explains between the person who can verbalise experience and the body whose boundaries have been transgressed yet cannot speak. This disjuncture between mind and body mirrors the relationship between the abuser and the abused:

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

Most often the counsellor-participants' responses to 'hard to hear' material were connected

to memory traces and residues of abuse inscribed on the bodies of their clients. These memory traces, often unspoken verbally, were communicated in affect. Through the counsellor-participants' empathetic engagement, they discerned the emotional content of these memory traces which then become related to the counsellor's own responses and recalled in the body of the counsellor.

Towards an understanding of the body as a site of knowing

The counsellor-participants' efforts to help and restore well-being in practical terms involved an alignment to using their bodies as a barometer to what was occurring in therapy with their clients. This was particularly so when their clients' healing was impeded by a variety of circumstances. Sophia (not her real name) was one of the counsellors who participated in the study. Common to all the participants interviewed, Sophia discussed being puzzled by her responses to her clients' unspoken trauma as manifesting in various bodily sensations. At first she thought these sensations were evidence of a medical problem so it was to her doctor that she turned for advice:

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

The counsellor-participants discussed these crises of intent or defining moments in their practice as manifesting most often in their bodies as physically experienced symptoms and signs. Their awareness of various bodily sensations became a guide to connecting with the unspoken content of their client's trauma, which was communicated through the language of affect rather than words.

Being out of relationship: A bodily experience

In the process of reflecting on the content of traumatic disclosures that formed a background to therapeutic engagement, the counsellor-participants described an array of emotions, visual and tactile images, flashbacks and cognitive intrusions. These responses, in turn, often triggered behavioural-physiological reactions. Counsellors talked of using an awareness of their own bodies using this 'knowledge' as a guide to discerning what was happening in relation to their clients. They drew from a theoretical background of bodywork and various forms of meditation which brought the mind and body into a greater alignment than their original training grounded in psychoanalytic and psychodynamic theories. In the face of the inadequacy of verbal language to explain the experience of trauma, the body of the counsellor constituted a frame of knowing as a basis for interpreting what was occurring in the therapy. Ways of working based on various body therapies positioned the counsellor-participants in close proximity to the client and the client's material in making effective connections with clients in a way that feminist theorists have discussed as being encompassed in the notion of 'embodiment' (Dalmyia & Alcoff, 1993; Schott, 1993). These ways of knowing challenge radical feminist claims that to critique patriarchal rationality, as knowing is based on "transcendence of the temporal, embodied world" (Schott, 1993, p. 172).

Feminist theory and embodied practice were described as 'a homecoming' and a vital source of practice wisdom, as one of the counsellor-participants wishing to be known as Brenda, explains:

When I went to do social work training, feminism in social work theory was a real homecoming for me because there wasn't really even any feminist counselling material out at that time that wasn't psychodynamic. But I like the idea of being in solidarity with people as they changed their perception of themselves, as they begin to appreciate themselves in this way and so I always just used that.

Similarly, Dalmyia and Alcoff (1993) suggest the knowledge of midwives exemplifies ways of knowing based on the midwives' own bodily experience to guide women through the processes surrounding pregnancy and birthing. In a similar way, counsellor-participants' ways of knowing were grounded in the experience of their own healing from various personal issues and traumas from the past. This knowledge, underpinned by the experience of their own healing journey, was then available for working with clients who were on a parallel journey of self-discovery to the counsellor.

Glenda, one of the participants, espoused Hakomi and bodywork theories derived from her background in Buddhist psychology and meditation. She focused on her awareness of her body as a guide to her practice with traumatised clients. She recounted the most difficult case as being related to a child she had worked with. Her interaction with her client manifested as an awareness within her physical body. Recalling the session during our interview, she remembered it as evoking acute nausea and vomiting:

It was about a little girl that had been raped by her father since the age of four until the age of seven. And then a multiple rape by thirteen teenagers and she couldn't walk because of it (breathing becomes audible followed by a deep sigh). And I felt so ill afterwards I actually puked. I mean just looking at her. Without a doubt that was the strongest.

If I think about her, like right now, my stomach will hurt and I will have the same feeling – not as intense but just so sad for her, how incredibly hard her life will be...

Some of what was hard to hear involved the content of the abuse disclosure. Incest was the most commonly discussed as constituting disturbing material encountered on the job. There was a realisation that the legacy of abuse was for a life half lived in another abusive relationship or in the worst possible case scenario, that healing and recovery proved insurmountable so resulted in the client's eventual decision to end her life. For Sally, one of the counsellors interviewed, her client had taken her own life following re-integration back to her family of origin where she was again abused. This was a tragedy that challenged Sally's core beliefs and she experienced a reformulation of her world view. As a trained minister of religion she drew upon her spiritual beliefs to contemplate a life for her client beyond the one the client had found intolerable:

My reaction at the time and even now, I think, it changed my belief about suicide, because very dramatically she made the very best choice in her life, and I believe that suicide can be a good choice. So I no longer have a horror of suicide. I don't believe it is a good choice for most people, but sometimes it can be a good choice and for her I think it was a good choice.

Rose, another participant, who has remained celibate since leaving her marriage and joining a spiritual community, noticed a deepening of her spiritual beliefs since working intensively with sexual abuse disclosures. One of her clients had decided to end her life once the therapy was completed, bringing the need for a change in the way Rose viewed her work and her beliefs based on her experiences. She described the growth and deepening of her spirituality as being a resource to continue enabling her to practise:

It put my life and therapy in perspective. I lost more of my idealism of thinking that I could change the world

and at the same time value therapy. [Pause in interview to enable reflection, then interview re-starts at participant's request.] I'm just thinking of that occasion of not having the answers, as I'm thinking of many more people who I have worked with who seemingly had far more experience of terrible abuse and came through amazingly. And that the wonder of the resilience of some people, and not being able to make sense and letting go of having to make sense of it. I think that is the big learning. Of accepting. There's a lot of humble learning in that.

With time, Rose decided that she did not have to have all the answers and came to an acceptance of her client's decision whilst reflecting on the resilience of other clients who had decided to continue living. It was the hope of other outcomes that enabled Rose to continue to hold hope for her clients. This reformulated view offered hope and a different way of being in the world which she said enabled her to continue to practise in the field of trauma therapy.

Conclusion

The counsellor-participants, who connected empathetically with sexually abused clients, found themselves relegated to their own corporeality and disconnected to their sources of sustenance in a parallel way to their clients. Both counsellors and their clients are brought into a greater awareness of their corporeality as women living within male stream discourses through these experiences. Irigaray and other feminists writing from an essentialist feminist perspective have suggested that the place of the unspeakable (the body) is also a place of desire, celebration and joy. There are also emancipatory stories of the body that are resistant or even impervious to trauma. These are narratives of the body that are resilient to living within the predominant discourses whilst, simultaneously, learning to live outside them. The transformation of the body as 'voiceless' to the remaking of the body through reformulated discourses creates a counter culture within the predominant patriarchal discourses and returns subjectivity or voice to the speaker.

The development of a spirituality that returned counsellor-participants to their subjectivity allowed the counsellors interviewed to help their clients to reclaim their voice and so re-author their identity. What these counsellor stories of practice suggest is the importance of remaining relational with clients until they have integrated the awareness gained in therapy. However, in the cases discussed as 'difficult' there were impediments to achieving this goal that included continuing client self-harm, victimisation and suicide. Referring to feminist theories of the body to understand the counsellor-participants' narratives suggests another way of working with clients and with the reformulation of material that is 'hard' for counsellors to hear. The challenge faced by the counsellors is one of reconnecting with their own subjectivity to enable clients to re-connect with theirs. To do this, the counsellor-participants actively pursued sources of knowledge that allowed them to re-invent themselves using the lived experience of the body.

Bakare-Yusuf (1998, pp. 321-323), citing the narratives of oppression of Afro-Americans as slaves, likens this construction of alternative meaning to experience as "reconstructing the flesh". She calls the process a survivor of assault goes through to return from being reduced to corporeality through trauma as the creation of "counter-memory":

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

Trauma typically denies its victims the facility of verbal language to express the traumatic experience and so reduces experience to the level of the flesh. The counsellors interviewed

re-authored their own personal narratives including the body as a site of inscription and re-inscription.

MARGARET PACK, Graduate School of Nursing, Midwifery and Health, Victoria University of Wellington; email margaret.pack@vuw.ac.nz

References

- ACC Treatment Providers' Newsletter, 2007.
- Bakare-Yusuf, B. (1998). The economy of violence: Black bodies and the unspeakable terror. In J. Price & M. Shildeck (Eds.), *Feminist theory and the body: A reader* (pp. 311-323). Edinburgh: Edinburgh University Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 77-101.
- Cook, J.A., & Fonow, M.M. (1986). Knowledge and women's interests: Issues of epistemology and methodology in feminist sociological research. *Sociological Inquiry*, 56(1), 2-29.
- Cunningham, M. (2003). Impact of trauma work on social work clinicians: Empirical findings. *Social Work*, 48(4), 451-459.
- Dalenberg, C. (2000). *Countertransference and the treatment of trauma*. La Jolla, CA: American Psychological Association.
- Dalmyia, V., & Alcoff, L. (1993). Are old wives' tales justified? In L. Alcoff, & E. Potter (Eds.), *Feminist epistemologies* (pp. 217-243). New York: Routledge, Chapman & Hall.
- Dutton, M.A. (1992). *Empowering and healing the battered woman: A model for assessment and intervention*. New York: Springer.
- Fook, J., & Gardner, F. (Eds.). (2007). *Practising critical reflection: A resource handbook*. Maidenhead, UK: Open University Press.
- Fook, J. (1993). *Radical casework: A theory of practice*. New South Wales: Allen & Unwin.
- Fook, J. (2002). *Social work: Critical theory and practice*. London: Sage.
- Fook, J. (1996). (Ed.). *The reflective researcher: Social workers' theories of practice research*. St Leonards, NSW, Australia: Allen & Unwin.
- Geertz, C. (1975). *The interpretation of cultures: Selected essays*. London: Basic Books.
- Good, B. (1994). *Medicine, rationality and experience*. Cambridge, UK: Cambridge University Press.
- Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.
- Irigaray, L. (1980). When our lips speak together. (Carolyn Burke, Trans.). *SIGNS: Journal of Women in Culture and Society*, 6(1), 69-79.
- Irigaray, L. (1993). *Je, tu, nous: Toward a culture of difference*. (Alison Martin, Trans.). London: Routledge.
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131-149.
- Moulden, H. M., & Firestone, P. (2007). Vicarious traumatization: The impact on therapists who work with sexual offenders. *Trauma Violence and Abuse*, 8(1), 67-83.
- Napier, L., & Fook, J. (Eds.). (2001). *Breakthroughs in practice: Theorising critical moments in social work*. London: Whiting & Birch.
- Pearlman, L. A. (1997). Trauma and the self: A theoretical and clinical perspective. *Journal of Emotional Abuse*, 1(1).
- Pearlman L.A., & MacIain, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 26(6), 558-565.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York: Norton.
- Pearlman, L. A., Saakvitne, K.W., & Staff of the Traumatic Stress Institute. (1996). *Transforming the pain: A workbook on vicarious traumatization for helping professionals who work with traumatized clients*. New York: Norton.
- Reinharz, S. (1992). *Feminist methods in social research*. New York: Oxford University Press.
- Stamm, B. H. et al. (Eds.). (1996). *Secondary traumatic stress: Self care issues for clinicians, researchers and educators*. Lutherville, MD: Sidran Press.
- Schott, R.M. (1993). Resurrecting embodiment: Toward a feminist materialism. In L. M. Athony & C. A. Witt (Eds.), *A mind of one's own: Feminist essays on reason and objectivity* (pp. 171-181). Boulder, CO: Westview Press.