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THE HEALING JOURNEY: SURVIVORS OF RITUAL ABUSE

**A thesis presented in partial fulfilment of the
requirements for the degree of Master of Arts in
Nursing at Massey University.**

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1994.**

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ABSTRACT

This thesis offers a feminist analysis of how women heal from ritual abuse. Ritual abuse has only recently come to public attention, and is currently the focus of considerable debate. Nurses, who are often in the position of caring for women and children who have been ritually abused, have little knowledge of this abuse or how women heal.

Feminist theoretical assumptions underpin the case study approach and the data analysis. In depth, unstructured interviews are the primary method of data collection, with some reference to field notes. The data from each participant is presented in separate chapters.

The analysis of the data demonstrates that ways that each participant has developed in order to enhance her own healing. The analysis highlights the similarities and differences between the participants.

It is suggested that nurses play a critical role in the care of survivors of any abuse, and that nurses have a particularly important role to play as advocates. This study also highlights the strengths that feminist research has to offer nursing research.

This research provides valuable knowledge and a source of hope for the participants, myself, other survivors, health professionals, and particularly nurses.

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This work has been possible with the inspiration and support of many people, who are either survivors, supporters of survivors, health professionals, or academic staff. Many of you are unable to be named, but I am sure that you will know who you are.

To Moira, Janice, Kirsty, and Michaela a special thanks. Your courage, time, and energy is acknowledged and much appreciated. In order to participate, you had to trust me and my stated motives and objectives. I hope that this is perhaps part of your individual healing processes - that you have demonstrated to yourselves that you can place your trust in another person.

I would like to say that as my thesis supervisor, Valerie Fleming, has been a wonderful source of encouragement and support at all times. She had a difficult task at times, and has yet to persuade me to participate in a full triathlon.

I would also like to thank the readers of the final drafts for their corrections and comments - Maureen Leamy and Jan Rodgers. A special mention must be made of my fellow masters students, who have also been an invaluable source of inspiration, support and humour.

Finally, I would like to inform my family and friends that I am now back on the social scene full-time.

PREFACE

As this study uses feminism as the theoretical framework, the researcher is also a participant in the research process. Consequently throughout the research I use the first person, rather than the third person. While this is still not common in academic writing, by using the first person and making my thoughts explicit, I remain true to the method. The use of the first person in academic writing has recently been demonstrated by Fleming (1994) and elaborated on by Webb (1992).

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CHAPTER ONE

INTRODUCTION

When a subject is highly controversial - and any question about sex is that - one cannot hope to tell the truth. One can only show how one came to hold whatever opinion one does hold.

(Woolf, 1929, p. 4)

INTRODUCTION

My interest in the phenomenon of ritual abuse developed while employed as a Practice Nurse¹. Women who had talked of past child abuse began to tell of other things that had happened to them in their childhood, and in some cases were still happening. While I believed what I was told, the reported events and abuses were frightening and beyond my own experience.

Practice Nurses in particular, are a group of nurses who frequently get to know families in their practice very well over several years. Most Practice Nurses are in the position of being able to offer valuable insights into individual family dynamics. These family dynamics may involve issues of abuse, and those who have been or still are being abused, tell about the abuse in very subtle ways.

Just as children have ways of communicating with adults, perhaps abused women have different ways of communicating with others. Or, when women talk of past abuses, they use ordinary words but arranged in an unusual way, so that what they are saying is not understood by the listener (Byatt, 1985). Just as adults need to understand children's ways of

1 A Practice Nurse is a Registered General Nurse or Registered Comprehensive Nurse, who is employed by a General Medical Practitioner.

communication, so do we need to understand that abused women's ways of communication or word usage may be arranged in different ways.

Parker and Gardner (1993, p. 29) say that "everyday talk is an important dimension of nursing practice and is empowering for patients". Talk is exceedingly important but for talk to be significant, it must be listened to and believed. While Parker and Gardner (1993) discuss how nurses make extraordinary life events ordinary, perhaps when nurses do this we are minimising the abuse experiences and re-traumatising the survivor.

When talking about making the extraordinary ordinary, it could be postulated that because sexual abuse (and other abuses against women) are so common, they could be considered "normal developmental crises for women" (Carmen, Russo and Miller, 1981, p. 1321). Sexual abuse is perhaps another method of subordination of women.

After talking to other health professionals, asking questions and searching the literature, I found that there was much debate surrounding this subject known as ritual abuse. However, once I uncovered the underlying arguments in the debate, and was still convinced that this abuse was real, I decided that to be proactive and work for change, I would research the healing process as described by women survivors and report on the strategies that they identified as being useful for themselves.

Initially I sought the opinions of local counsellors and health professionals to ascertain the relevance of this research for survivors and professionals.

While I believed that this was an important topic for women and nursing in general, I wanted to ascertain the degree of importance and relevance for survivors, their supporters, and counsellors.

AIMS

The aims of this study are:

- To explore ways that women survivors of ritual abuse heal from the abuse.
- To make explicit the ways that women heal from ritual abuse, so that health professionals such as nurses, doctors, social workers and counsellors can make positive use of the information.
- To make the information gained accessible to women, so that survivors of ritual abuse will have access to relevant information.

The following is a brief outline of the controversy, the definitions used within the study, and an outline of the thesis.

THE CONTROVERSY

Twenty years ago there was considerable debate concerning the truth of reports of alleged sexual abuse of young children. What began as a few media reports led to an escalation in the reporting of child sexual abuse. Initially the existence of childhood sexual abuse was doubted or denied. After years of research (Browne & Finkelhor, 1986; Russell, 1986) and debate it is now generally accepted that sexual abuse of the young and vulnerable does occur.

It is well researched and documented that a large percentage of the population have been abused as children (Courtois, 1988; Finkelhor, Williams & Burns, 1988; Kotch, Chalmers, Fanslow, Marshall & Langley, 1993; Russell, 1983). This abuse has long-lasting effects which often manifest

in later life and have considerable impact upon the health and well-being of adults (Browne & Finkelhor, 1986; Elliot & Briere, 1992; Glod, 1993; Hall, Sachs, Rayens & Lutenbacher, 1993; Summit, 1983).

Research has demonstrated that sexual abuse in childhood happens to one in four girls under the age of sixteen (Russell, 1986) and one in seven boys under the age of sixteen (Department of Psychological Medicine, 1991). It is only in recent years that health professionals, police and the legal profession have generally accepted that child sexual abuse does occur to this extent. Today, the issue is something just as controversial. There are those who debate or deny the existence of ritual abuse. While debate is healthy and necessary, care must be taken, as debate may be part of a discourse that can serve to hide deeper issues. The debate covers such issues as: Who are the perpetrators? Are groups such as the Freemasons involved (Caldwell, 1993; Kent, 1993b)? Are Satanists involved (Ganaway, 1992)? Where is the evidence (Bucky and Dalenberg, 1992)? Can women who talk of abuse be believed (Scutt, 1992)?

As a consequence of their horrific abuse, many survivors have developed coping strategies which have led to them becoming clients of the psychiatric services. Consequently their stories may be discredited by some as they may be considered to be unreliable sources of information.

Others (Barnett & Hill, 1993; Best, 1992; Jenkins, 1992) assert that ritual abuse stories are a social construction by right-wing fundamentalist religions (Richardson, Best & Bromley, 1991), feminists (Nathan, 1991), psychiatry, therapists (Mulhern, 1991a), police (Hicks, 1991) and women's groups (Jenkins & Maier-Katkin, 1991). What women would make up these stories? Are the reports part of the fundamentalist religions' aim to return all child

care to the home and mother (Barnett & Hill, 1993; Best, 1992; Jenkins, 1992; Kent, 1993a; Kent, 1993b; Richardson, Best & Bromley, 1991)?

I could not accept that women and children would make up stories of horrific physical, sexual, psychological, spiritual and emotional abuse. While telling their stories they were obviously suffering a great deal of pain. However, they were always diffident and concerned that they would not be believed. It became apparent to me that the issue of believing the women was most important. By believing them, I was accepting their realities and the associated pain.

However, it was also apparent that I was ill-equipped and ill-prepared to deal with an issue such as ritual abuse. I decided that mere belief was not enough, so set out to find out more. Nurses and other health professionals often see the effects of past childhood abuse, and are at a loss to know how to deal with the issues. I was in this position. I could see the effects of the abuse and the way these women were attempting to cope with their past and present life. In order to be of assistance to these women I needed more information about how I, as a health professional, could help them.

The literature search involved searching nursing, medical, psychiatric, psychology, social work, women's studies and legal books and journals. The many phone calls and questions were often, but not always, met with blank walls. I was trying to find out about something that could not be seen. There was no evidence, but there was a lot of fear. And if it could not be seen, then did it really exist? A colleague likened this to the wind. We cannot see the wind yet we know that it exists because we can see its effects.

Of great concern is the physical, psychological, spiritual, and emotional abuse to which some children are subjected. This thesis studies how women heal from ritual abuse. It is not the intention of this study to investigate which particular therapy or counselling is 'best', but to elicit what strategies or supports the four survivors adopted and found useful in their individual healing journeys.

This is only the beginning of research on ritual abuse in New Zealand, and it is not possible to cover all aspects of this controversial area in one research project. Initially, a definition of ritual abuse is provided. In order to understand the healing process from this abuse, the concept of abuse must first be understood.

It is necessary to define the type of abuse being discussed in order to understand the effect on women. In the past patriarchy has denied women's experience by defining experiences and events in masculine or male-defined terms (Gilligan, 1979). Court (1989) for example argues that the word 'rape' names rape from the perpetrator's view, but that there is no word to name the survivor's experience. Accordingly, the word 'abuse' denotes the perpetrator's action but does not name what the woman experiences.

DEFINITION

Ritual abuse is considered to be the repetitive, systematic, and planned physical, psychological, sexual, and emotional abuse of children, usually by groups of multiple perpetrators (Finkelhor, Williams, & Burns, 1988; Kelley, 1988). However, some perpetrators of this abuse may not work within a structured group. Finkelhor, Williams and Burns (1988) consider that there are three types of ritual abuse: cult-based ritualistic abuse, pseudo-ritualistic abuse, and psychopathological ritual abuse.

The emotional, psychological, and physical abuse serves to keep the victim in a state of terror so that she fears for her life should she choose to leave the group. It has been suggested that Satanic groups who worship the devil are responsible for this type of abuse (Kelley, 1988). However, others report that it is not only Satanists involved, but some with Christian beliefs may also be involved (Smith, 1993).

Another aspect of cult-based ritualistic abuse is that many generations of the one family are involved. This is referred to as multigenerational abuse (Shaffer & Cozolino, 1992; Smith, 1993). Smith (p. 3) describes a cult as "a group of people who share an obsessive devotion to a person or idea". There are obviously cults who do not abuse children in any way, but there are others who do abuse children as part of their belief system.

A definition used by the Report of the Ritual Abuse Task Force, Los Angeles County Commission for Women (Riddell, 1991) is:

Ritual abuse is a brutal form of abuse of children, adolescents, and adults, consisting of physical, sexual, and psychological abuse, and involving the use of rituals. Ritual does not necessarily mean Satanic. However, most survivors state that they were ritually abused as part of Satanic worship for the purpose of indoctrinating them into Satanic beliefs and practices. Ritual abuse rarely consists of a single episode. It usually involves repeated abuse over an extended period of time.

The physical abuse is severe, sometimes including torture and killing. The sexual abuse is usually painful, sadistic, and humiliating, intended as a means of gaining dominance over the victim. The psychological abuse is devastating and involves the use of ritual/indoctrination, which includes mind control techniques and mind altering drugs, and ritual/ intimidation which conveys to the victim a profound terror of the cult members and of the evil spirits they believe cult members can command. Both during and after the abuse, most victims are in a

state of terror, mind control, and dissociation in which disclosure is exceedingly difficult (p. 1).

It is considered that those who have been ritually abused are survivors of an on-going trauma and terror that lasted for many years (Briere, 1992; Ehrensaft, 1992; Kelley, Brandt & Waterman, 1993; McShane, 1993; Young, Sachs, Braun & Watkins, 1991). As well as being sexually abused they were forced and tricked into maintaining silence by physical, psychological, and emotional abuse. As children they were the victims, but part of the abuse involved forcing them to abuse others, so that the victim in turn became the victimiser. So, as adults still involved in ritual abuse situations, they may be at one time the victim, the victimiser and the survivor.

Psychological and emotional abuse

In addition to the more commonly described physical and sexual abuse, there are three further types of abuse relevant to this study. Psychological and emotional abuse are often defined as being one and the same.

Distinctions must be drawn between abuse of the mind and associated cognitive processes, as opposed to emotional abuse which is abuse of the emotive processes or feelings. The child abuse literature has, for some years, focused on child sexual abuse, while the more harmful effects of emotional and psychological abuse have been either added on as afterthoughts, or attributed to sexual abuse.

Emotional abuse occurs when the emotions and feelings of the child or adult are attacked or invalidated. According to Burgess, Hartman and Kelley (1990) emotional abuse refers to:

Behaviours, activities and words that intimidate, threaten, deride, or degrade the child; blaming the child for the abuse; and threatening the child not to tell. In some

situations the child is threatened with harm or death to self or family members (p. 10).

When referring to ritual abuse, threats may also involve potential or actual harm to animals and friends.

Psychological abuse in ritual abuse survivors refers to the planned, systematic, and repetitive programming to which a victim is subjected while suffering extreme physical and/or sexual abuse and/or emotional or sensory abuse or deprivation (Gould & Cozolino, 1992). Silove, Tarn, Bowles and Reid (1991) discuss the needs of torture survivors, and explain that the torture process involves such intolerable pain and humiliation that the victim will betray previously held beliefs. The subsequent effect on the individual is guilt and shame.

Spiritual abuse

There are few references to the spiritual abuse to which children are subjected (Friesen, 1992; Valente, 1992). Spiritual abuse destroys the innate sense of right and wrong in the individual, and the individual's sense of self as being essentially good.

Ritual abuse

Ritual abuse refers, then, to combined spiritual, physical, sexual, emotional, and psychological abuse of those who are powerless, by others who hold positions of power and for their self-gratification. Perpetrators of ritual abuse may come from all walks of life, and anecdotal evidence suggests that members of any religious, spiritual, cultural or occupational group may be involved.

Survivors

I have chosen to use the word survivor because every woman who lives through this extreme form of abuse is a survivor. All adults who have been abused as children are survivors (Briere, 1992). Sadly however, some do not survive the traumas of the abuse. Use of the word survivor recognises that these women have an incredible strength and the use of this word goes some way towards recognising this.

The impact of ritual abuse is devastating. Sexual abuse has caught the attention of professionals and public alike, while the less sensational spiritual, emotional, psychological and physical abuses are regarded less seriously or receive scant attention. Briere (1992) asserts that the combined effects of all child abuse must be taken seriously.

HOW WOMEN TELL OF PAST ABUSE

Women who have been sexually abused have ways of being in the world that have kept them reasonably safe and able to cope with these hideous secrets. According to Briere (1992) these have probably been their coping responses. However, when the coping responses can no longer keep the secret, women start to reveal their stories. The stories are generally revealed very slowly, as if the teller is 'testing the water'. If believed she may reveal more, but if she is not believed she may doubt that it ever happened and continue to suffer in silence. Nurses may often find that they are the first person a survivor may tell of her past. For this reason, nurses need to be aware of how women reveal past abuses, appropriate means of support, and agencies of referral.

Silence is one of the ways of knowing as outlined in the research of Belenky, Clinchy, Goldberger and Tarule (1986), who assert that women have five

ways of knowing. They categorise these ways of knowing as being silent, received, subjective, procedural, and constructed. Those women who are at the silent stage believe that authorities have all power and do not trust their own ability to understand the world, their situation, or their feelings. While these women may have some memories of past abuses, they actually doubt these memories as being the truth.

Those women who are received knowers listen to others but lack the confidence to speak for themselves. They, too, do not value their own knowledge. Belenky et al. (1986, p. 46) found that these women "devote themselves to the care and empowerment of others". There is presently anecdotal evidence that many of the women who attend Rape Crisis training courses later find that they have unaddressed issues of their own past sexual abuse.

Those women who are subjective knowers listen to their inner voice and intuition. Belenky et al. (1986) found that women at this stage had lost their trust in male authority, and that the background to this lack of trust was often sexual harassment and sexual abuse. These authors say that these women are "literally unsure if they really know what they know" (p. 60). They are at the stage where they are beginning to listen to their inner voices and perhaps feel anger at their past silence or inability to speak.

Those women who are procedural knowers have travelled through the silent and subjective knower stage. These women are beginning to reason, as they listen to their inner voice and use subjective and objective knowledge. "They are trying, with more or less success, to take control of their lives in a planned, deliberate fashion" (Belenky et al., 1986, p. 99). Procedural knowers learn to see the world through another's eyes by developing empathy. At

this point women learn to share their stories with each other and there is trust that the other is telling a true story.

The women who are constructed knowers have reflected, analysed, and integrated subjective and objective knowledge. As described by Belenky et al. (1986, p. 135) "You let the inside out and the outside in". It is only now that women suffering from the effects of ritual abuse are beginning to let the inside out, and as nurses we need to be comfortable with their stories.

It is possible that women who have been sexually abused, and who are trying to talk, are at the stage of being silent, received, or subjective knowers. Those women who have spoken about their past abuses are possibly at the stage of being procedural or constructed knowers who have actually made the private public or 'let the inside out'. As is demonstrated later in this thesis, all the participants identify talking as an important part of the healing process.

HEALING

Healing is not defined at this point as I did not consider it appropriate to impose a definition of healing. As becomes apparent in this study, healing is an individual process of change and is discussed in greater depth in Chapter Two. In this study the participants define healing for themselves.

THEORETICAL FRAMEWORK

According to Maynard and Purvis (1994) the methodology must be appropriate to the research question and the context of the research. After careful consideration, feminist research was chosen as the theoretical framework for this study and is explained in the Chapter Three. Feminist analysis is used because it provides explanations of patriarchy and the

subordination of women. I have chosen to use feminist theory in this research because I believe that the voices of the women need to be heard throughout the study. Feminist theory may help survivors, myself and other health professionals to understand the abuse of power and the subordination of women. It is of the utmost importance to study how women heal from this form of abuse. Generally, it is women who are speaking out about how they were abused and its effects on them as individuals. As these women are brave enough to speak out this needs to be acknowledged.

THESIS OUTLINE

Chapter Two is a review of the literature. Chapter Three outlines the methodology and the research process. Chapters Four to Seven present the individual case studies of the four participants - the data chapters. The four data chapters are integrated and critiqued in Chapter Eight. This is where the similarities and differences in each participant's healing strategies are highlighted. Chapter Nine is the concluding chapter in which implications for nursing practice, suggestions for further research, and limitations of the study are discussed. General conclusions are also drawn.

CHAPTER TWO

LITERATURE REVIEW

INTRODUCTION

While the purpose of this research is to understand how women heal from ritual abuse, it is first necessary to explore some related issues that are raised prior to reviewing the literature on healing as these are the areas in which most research has been carried out. First, a brief overview of the effects of abuse on women's health will be explored.

Because survivors of ritual abuse so often are treated by members of the psychiatric profession, some explanation is also given of the psychiatric diagnoses that may be assigned to survivors of ritual abuse and the subsequent problems these may engender.

Also included in this review is an overview of the controversy surrounding the issue of ritual abuse and the origins of the debate. This will enable the reader to understand not only the controversy but the energy-sapping effect that the debate has on survivors, their supporters, counsellors, and researchers.

The context of abuse and its effect on women's health

Research demonstrates that the effects of any abuse on children and women have profound emotional, spiritual, and psychological effects both in childhood (Terr, 1988) and later in life. Abused children have been taught that they were powerless and had no control of their own lives and as adults, often seek reasons as to why they were abused. As adults, women have continued to be oppressed in a patriarchal society that values men and

masculine values, whilst devaluing women and women's values. Lovell (1981) discusses the social, political, and economic forces that influence women's health.

In a review of the literature, Lempert (1986) found that sexual abuse is an issue that has considerable impact on women's health. She discusses unequal power relationships and goes on to say that powerlessness is a major component of psychological distress and clinical illness. Sampsel et al. (1992) discuss the scope of significance of abuse against women.

Briere (1992) and Rosier (1992) critique societal attitudes that permit and support the abuse of children or those who have no power. These attitudes also serve to deny and minimise the effects of child abuse (Summit, 1988), while at the same time doubting the credibility of the complainant or blaming her (Briere, 1992).

Domestic violence in New Zealand is of concern to the Ministry of Health, the Public Health Commission, health professionals, Women's Refuge, Rape Crisis, and many other community groups. Much of this violence, be it physical, sexual, or emotional, is directed towards children and women, and is very often fatal (Kotch, Chalmers, Fanslow, Marshall & Langley, 1993; Polk & Brown, 1988; Rosier, 1992).

It could be said that when women's groups see the effects of family violence they speak out, while historically health professionals have demonstrated that they are usually slower to respond and act as advocates. It could also be said that in the past nurses have generally shown reluctance or an inability to publish about the effects of abuse. A feminist analysis of this silence may demonstrate that nurses and nursing have been controlled and kept silent by

a patriarchal, powerful, and vocal medical profession (Lovell, 1981). Often, when members of a patriarchal society challenge previously held views they are discredited by way of criticism of their practice or professionalism (Rosier, 1989), or whether they are in fact telling the truth (Scutt, 1992). Conversely it is often the case that professionals, in their search for evidence, re-traumatise survivors of many forms of abuse by denying, minimising and trivialising the abuse and the subsequent effects (Briere, 1992; Shaffer & Cozolino, 1992; Urbancic, 1992).

NURSES AND HEALING

Generally, nurses like to deal with 'real concrete things', or as Byatt (1985, p. 14) says "Nurses liked gallantry and real problems". Nurses would appear to be happier 'doing' things rather than 'being' there for women. In general, nurses have been educated to 'do' things for people and so demonstrate their nursing care by doing rather than being. At the core of all nursing care in all practice situations must remain respect for the client (Perry, 1993).

When the nursing literature refers to healing, it is generally related to physical healing from accident or illness (Geary & Hawkins, 1991) and in reality means cure. Oliver (1990, p. 12) found that the concept of "nurse as healer" or "healing behaviours" appeared infrequently in the nursing literature, while McGilloway (1985) warns that neglect of the spiritual aspect may be damaging to the individual's integrity. However, there are several exceptions. McGlone (1990) regards healing as being made whole or a development of a sense of self, Taylor and Ferszt (1990) regard spirituality as the individual searching for meaning, while Heliker (1992) argues that nurses and nursing must be cognisant of the spiritual dimension of the individual.

Nurses may believe that they do not have the right skills to help those who have been abused (Henderson & Erickson, 1994). An alternative view is that nurses and nursing may be controlled by other health professionals, such as medicine, who may have a narrow perception of the role of nurses (Lovell, 1981). Dent-Brown (1992) asserts that the assessment and intervention of child sexual abuse should not be left to a few specialists, and that this type of work must become familiar to all practitioners.

Gillespie (1993) asserts that nurses play a valuable role in helping survivors of sexual abuse, but is limited because he refers to survivors as victims and patients, and the reader gains the impression that the nurse maintains power and control in the therapeutic relationship. However, Kapsch (1991) is one nurse who demonstrates, through a case study, that nurses are involved in working with abused children, and that children can develop the skills of trust and communication that have previously been missing from their lives.

Burgess, Hartman and Kelley (1990) write about a child abuse checklist that registers symptoms and behaviour on a sensory, perceptual/cognitive, and interpersonal level. These authors noted that children who had been ritually abused scored higher on the symptom score scale, so indicating that they have been more adversely affected. Health professionals, and particularly nurses, are often unaware of this form of abuse and the effects on the individual (Kelley, 1988). Kelley (1989) has studied the effects of sexual abuse and ritual abuse on children in day care centres, while Clark (1993) presents a case discussion on the disruptive effects to the sense of self when forgetting child sexual abuse as a means of defense.

Valente (1992) highlights the roles that nurses can play in the recognition, diagnosis, treatment, and research into ritual abuse. She also asserts that

"Nurses are in a critical position to detect and begin healing wounds of ritual abuse" (p. 37). Of paramount importance to Valente is that nurses believe what they are told.

HEALING

I have found no published research about how women heal from ritual abuse. Riggio (1992) reports on suggested healing strategies by two survivors of ritual abuse and Smith (1993) writes from the perspective of survivor and counsellor. Some of the sexual abuse literature does make limited reference to ritual abuse, but could probably be considered inadequate in order to be of significant assistance to survivors and their supporters.

However, there is an abundance of published literature about sexual abuse and its effects (Bennett, 1992; Briere & Conte, 1993; Briere & Zaidi, 1989; Browne & Finkelhor, 1986; Brown & Garrison, 1990; Elliot & Briere, 1992; Gillespie, 1993; Kelley, 1986; Kondora, 1993; May, 1991; Rowan & Foy, 1993; Summit, 1983), physical abuse and the effects (Glod, 1993; Hall, Sachs, Rayens & Lutenbacher, 1993) and psychological abuse and the effects (Armstrong & Holaday, 1993).

Many writers have published on healing from sexual abuse. These range from self-help for survivors of sexual abuse (Ainscough & Toon, 1993; Bass & Davis, 1988; Brady, 1992; Wisechild, 1991) to others who suggest how survivors may be helped (Gil, 1988; Starke, 1993). There are also those who have conducted studies on what is needed, what helps, and therapy for those who have been sexually abused (Briere, 1992; Courtois, 1988; DiPalma, 1994; Doob, 1992; Finney, 1992; Giarretto, 1982; Leitenberg, Greenwald & Cado, 1992).

An overwhelming impression from the literature on healing from past abuse is that there is a large amount of work involved for any survivor. In her study on the healing process of adult incest survivors, Draucker (1992) found that participants described the healing process as laborious, active, and constructive. Brady (1992), who provides a writing journey for sexual abuse survivors, also discusses the theme of the survivor building herself anew.

Another impression gained from the literature is that survivors of childhood abuse have developed many ways of coping in order to survive the severe trauma (Briere, 1992; Browne & Finkelhor, 1986; Courtois, 1988). DiPalma (1994) studied patterns of coping and adaptation that may facilitate healthy adjustment following sexual abuse. These childhood patterns of coping involved the use of fantasy, reading, becoming a protector of others, nurturing dreams, having places of safety, using creativity, and maintaining relationships with special people. DiPalma identified adults breaking from and distancing themselves from the past, promoting independence, minimising the severity of the abuse, situating the abuse in context, identifying personal needs, seeking information and explanations, telling their stories, and integrating the abusive experience as being ways of coping and characteristics of high-functioning incest survivors.

Many of the above coping strategies for sexual abuse survivors were used by children as a result of conditioning in order to survive the abuse. What were considered appropriate strategies in childhood, are in adulthood sometimes considered to be inappropriate or self-defeating behaviours (Courtois, 1988). Probably considered most important of these is for the abuse survivor to remain 'grounded' or focused on reality and the present, rather than continuing to display dissociative behaviour (Bass & Davis, 1988; Briere,

1992; Courtois, 1988; Gil, 1988), while Smith (1993) also emphasises the importance of this for ritual abuse survivors.

Several authors provide step-by-step workbooks that guide a survivor through the healing process (Davis, 1990; Brady, 1992). These are writing guides that encourage survivors to express their long suppressed feelings and explore new ways of coping.

Many survivors of sexual abuse benefit from the support of other survivors in support groups (Bass & Davis, 1988; Gillespie, 1993). Support groups allow for sharing of common experiences and reactions, and assist survivors to build a safe network (Courtois, 1988). Ryder (1992) advocates ritual abuse survivor support groups, and Shaffer and Cozolino (1992) found in their study that survivors found support groups necessary. However, the safety and usefulness of these has yet to be demonstrated or proven.

Many of the strategies suggested for survivors of sexual abuse are perhaps applicable to survivors of ritual abuse. Raising the individual's self-esteem and sense of independence is considered to be very important (Ainscough & Toon, 1993; Bass & Davis, 1988; Briere, 1992; Courtois, 1988; Finney, 1992; Gil, 1988). A rise in self-esteem is associated with the notion that the survivor can learn to forgive herself (Bass & Davis, 1988; Bauer et al., 1992), and accept herself as being good, or as Briere (1992, p. 87) says, reject the notion of "personal badness".

Reflecting on and acceptance of the past is suggested for survivors of sexual abuse (Ainscough & Toon, 1993; Courtois, 1988; DiPalma, 1994; Drauker, 1992; Russell, 1986) and ritual abuse (Smith, 1993).

Several authors identify the importance of breaking down the feelings of isolation often held by survivors (Coker, 1990; Courtois, 1988; Gil, 1988; Gillespie, 1993). This sense of loneliness may be broken by the survivor learning to express her feelings either by writing or talking (Ainscough & Toon, 1993; Bass & Davis, 1988; Bowers, 1992; DiPalma, 1994; Randall, 1991). Briere (1992) suggests that the survivor should express her anger at the perpetrator or society that permits the abuse, rather than herself. Riggio (1992) also states that the expression of previously repressed feelings is important for ritual abuse survivors. Another way of breaking down the isolation is for survivors or their supporters to speak out about abuse in order to break the secrecy (Riggio, 1992). Another means of breaking down isolation is to have a wide support network. This is identified by Smith (1993) and Riggio (1992) as being useful for survivors of ritual abuse.

Establishing trust in relationships is particularly important for any person who has been abused (Coker, 1990; Courtois, 1988; Gil, 1988), while Drauker (1992) and Brady (1992) suggest that a survivor needs to restructure her present relationships so that there is no imbalance of power. From her group work with survivors of sexual abuse, McEvoy (1990) suggests that sexual abuse survivors benefit by regulating their relationships with other people, or, as is commonly termed, regulating personal boundaries.

Briere (1992) asserts that a survivor of child abuse benefits from gaining insight into aspects of her abuse, Drauker (1989) suggests that it is useful for an incest survivor to search for meaning for the abuse or reasons why it happened, but Courtois (1988) argues that this is not always therapeutic. Silver, Boon and Stones (1983), in their study of seventy-seven women survivors of incest, found that seeking reason for the abuse was a useful adaptive function.

In her interpretive research, DiPalma (1994) concluded that survivors of sexual abuse in her study, often attempted to protect others from the abuse when they were children. Using grounded theory, Drauker (1992), found that adult survivors often acted as child advocates or worked towards assisting those who had also been abused.

An aspect of all survivors that Briere (1992) identified is their amazing strength, which has helped them to survive. In her article on response to adversity, Kadner (1989) refers to this as resilience. Rose (1990) conducted a phenomenological study of women's inner strength and identified nine themes that comprised women's inner strength; a significant theme being the use of humour.

The literature places a heavy emphasis on counselling and aspects of counselling that are recommended. Ainscough and Toon (1993), Bass and Davis (1988) and Courtois (1988) all assert that the therapeutic approach of the counsellor must be appropriate for the individual survivor. Bass and Davis (1988) and Kemper (1992) stress that counsellors must believe accounts of sexual abuse, while Gil (1988) asserts that counsellors must validate survivors. With regard to ritual abuse, Shaffer and Cozolino (1992) reiterate these views and add that the therapist must also believe in the individual's capacity to recover. Courtois (1988) asserts that counsellors need to be open and accepting of sexual abuse clients, while Drauker (1989) and Sanders (1992) emphasise that counsellors must not demonstrate horror or show fear of the survivor.

Throughout the literature there is an underlying and often unstated theme of hope for the future, and the suggestion that there will be a better life for the

survivor. While not referring to ritual abuse, McGee (1984) presents a model of hope and suggests that hope is a factor which influences crisis resolution.

Ross (1994), in her description of a framework for spiritual care, discusses how the spiritual dimension of life influences the health and well-being of the individual, while Labun (1988) suggests that spiritual care is an important element in nursing care planning. For ritual abuse survivors, Friesen (1992) holds firmly to the view that spiritual healing must be addressed at the same time as psychological healing. Friesen also goes on to say that because ritual abuse survivors have been subjected to spiritual abuse, some may benefit from deliverance or exorcism.

Finney (1990) discusses the need for an abuse survivor to overcome her fears, while Kelley (1988), McShane (1993), and Smith (1993) all assert that ritual abuse survivors need to acknowledge and accept their fears, as well as placing these fears within the context in which they occurred. This view is reiterated by Shaffer and Cozolino (1992).

HEALING FROM RITUAL ABUSE

From the above literature, some strategies that help survivors of ritual abuse can be identified. Briefly, these are: to accept that the past did happen (Smith, 1993), to learn to express feelings (Riggio, 1992), to have a wide support network (Riggio, 1992; Smith, 1993), to speak out about ritual abuse (Riggio, 1992), and to acknowledge and contextualise the fears (Kelley, 1988; McShane, 1993; Shaffer & Cozolino, 1992; Smith, 1993). Smith also says that "healing from ritual abuse is about learning to live with what happened to you" (p. 72).

Several authors have written from the perspective of providing therapy for ritual abuse survivors (Gonzalez, Waterman, Kelly, McCord & Oliveri, 1993; Gould & Cozolino, 1992). Suitability of various types of therapy are discussed, while Hudson (1990) writes with regard to therapy for children who have been ritually abused.

Woodsum (1990) identifies various aspects which she considers must be addressed when working with survivors of ritual abuse. These aspects involve the suggestion that three or four-hour counselling sessions may be necessary, encouragement of the survivor's independence, belief in the survivor's innate goodness, education of the survivor, maintenance of safety, and validation of the memories.

Smith (1993) writes from the perspective of being a survivor and a researcher of ritual abuse. She emphasises the need for a survivor to learn to live with what has happened to her, and learning to express previously silenced feelings. Smith also asserts that survivors generally have multiple personalities who all need to be acknowledged, and that integration of the personalities is the result of healing rather than the goal.

Gould and Cozolino (1992), Neswald, Gould and Graham-Costain (1991) and Woodsum (1990) present an opposing view, and assert that abusive cults have created alter personalities in order to serve a particular purpose for the cult. So, there is disagreement between survivors and some health professionals on the issue of alter personalities. There are three perspectives to consider. Firstly, there are those who believe that alter personalities have served to previously protect the survivor, and secondly there are those who believe that the alters are cult created.

The third perspective is that of the Christian community and some counsellors who debate the differential diagnosis of multiple personality disorder or alternate personality states. They argue that these personality states are a manifestation of possession by demons or evil spirits (Friesen, 1992). Friesen believes that therapy for ritual abuse survivors must address both the psychological and spiritual areas at the same time.

So, while there is disagreement in this area, it has to be acknowledged that survivors of ritual abuse have survived and coped with a trauma far worse than any human could be expected to cope with (Kelley, 1988; Kelley, 1989; Shaffer & Cozolino, 1992; Smith, 1993; Valente, 1992).

RITUAL ABUSE SURVIVORS AND MENTAL HEALTH

Survivors of ritual abuse display a wide cluster of behaviours and characteristics. These behaviours and characteristics have, in the past, kept the individual safe and alive. The survivor with these characteristics is very often accorded a psychiatric diagnosis according to the American Psychiatric Association (1987). This may be for ease of treatment, or it may be that health professionals feel more comfortable with labels, that reified psychiatric diagnoses (Mirowsky & Ross, 1989) signify 'ownership' of the client, or it may be a means of maintaining control of women (Ussher, 1992). The common diagnoses attributed to survivors of ritual abuse are multiple personality disorder, borderline personality disorder, or post-traumatic stress disorder.

Multiple personality

Multiple personality disorder and post-traumatic stress disorder are but two of the psychiatric labels ascribed to survivors of ritual abuse. Multiple personality disorder is considered to be a psychological defense mechanism

on the extreme of the continuum from disengagement, detachment, observation, and amnesia (Briere, 1992).

A person who has two or more distinct personalities which recurrently take full control of the person's behaviour is considered to have multiple personality disorder (American Psychiatric Association, 1987). It is considered that people with this condition have been exposed to an often unbelievable experience that is often outside the realm of most people's experience (Drew, 1988; Lego, 1988).

Multiple personality disorder was first mentioned in the literature in the 1800s (Lego, 1988). Since then, books such as *Sybil* (Schrieber, 1973) and *When Rabbit Howls* (Chase, 1987) have popularised the disorder. The dissociation that occurs is a defense mechanism and serves to protect the abused child at the time of the abuse, but later in adulthood the dissociation may become uncontrollable (Briere, 1992).

Authors such as Putnam, Guroff, Silberman, Barban and Post (1986), Drew (1988), Ross et al. (1990) and Briere (1992) report that many individuals who meet the criteria for multiple personality disorder have been physically or sexually abused as children.

The ritual abuse literature makes many references to survivors and perpetrators having different personalities or alters (Gould, 1987; Gould & Cozolino, 1992; Hudson, 1990; Lockwood, 1993; Valente, 1992). Survivors often experience memory lapses, parts of the day that cannot be remembered or the need to sleep for a much longer period of time than usual (Smith, 1993).

However, as discussed earlier, some Christian therapists assert that the survivor does not necessarily have multiple personalities, but is possessed by demons (Friesen, 1992).

Post-traumatic stress disorder

Post-traumatic stress disorder has been recognised since 1980. Prior to this the cluster of symptoms attributed to this was known as shell shock (Gersons and Carlier, 1992; Herman, 1992). According to American Psychiatric Association (1987) the symptoms indicative of post-traumatic stress disorder are re-living or re-experiencing the feelings associated with the trauma, avoidance of some situations, and heightened irritability. Gersons and Carlier (1992) assert that this diagnostic category facilitates compensation claims for war veterans and victims of violence.

Many survivors of sexual abuse are considered to suffer from post-traumatic stress disorder (Rowan & Foy, 1993). The same could be said of survivors of ritual abuse. They too have experienced a trauma that is outside what could be considered the normal human experience.

However, it could be argued that attributing a diagnosis to a cluster of symptoms and signs that are the result of severe physical, sexual and psychological abuse will hinder understanding of the effects of the trauma (Mirowsky & Ross, 1989).

In her book on radical feminist therapy, Burstow (1992) suggests that women who have been assigned these psychiatric labels could perhaps be said to be suffering emotional difficulties as a result of, and subsequent to, excessive stress or trauma. The attribution of psychiatric labels to women who have been abused only serves to medicalise a normal reaction to an abnormal

event. Dyehouse (1992) takes this analysis further by saying that women are often worse off for their experience within the psychiatric system.

DEBATE

While some attention must be given to the debate that surrounds this emotive and controversial topic, the differing viewpoints will only briefly be outlined. While the debate is not the topic of this research, it does have considerable impact upon the healing process of ritual abuse survivors. The debate in this area involves discussion in the academic literature (Barnett & Hill, 1993; Jones, 1991; Mulhern, 1991b; Putnam, 1991; Young, Sachs, Braun & Watkins, 1991), the popular press (Samson, 1993; Watters, 1993) and amongst health, legal, and law enforcement professionals working in the field.

Ritual abuse has only recently come to the attention of health and law professionals. The debate has polarised and set believers against non-believers. Those who accept the reality of ritual abuse are generally either survivors, supporters of survivors, or counsellors. The belief of these groups of people is based on personal knowledge or experience. Those who deny the existence of ritual abuse base their belief on the absence of personal experience and the lack of objective proof, evidence, or prosecutions.

The reaction and subsequent discussions are reminiscent of debate that has taken place over the past twenty years regarding the occurrence and existence of child sexual abuse. In that debate those who denied the existence of child sexual abuse sometimes attacked the credibility of health professionals.

Often the scenario that occurs, when accounts of ritual abuse begin to surface, is that professionals usually divide into the believers and the disbelievers (Jones, 1991). While physical evidence is not usually found, there is widespread interest, and professionals attack each other, their motives, and their practice. Jones concludes:

Finally the situation ends with widespread disbelief, suggestions of mass hysteria, and bruised professionals and children (p. 615).

The experience of two medical practitioners (Jonker & Jonker-Bakker, 1991, 1992) further corroborates this analysis. These authors have been criticised for their findings and publications on the instance of ritual abuse that they found at Oude Pekela in the Netherlands (Rossen, 1992).

The argument against the occurrence of ritual child abuse comes from sociology, psychiatry, law enforcement, and popular literature (Barnett & Hill, 1992; Best, 1992; Hicks, 1991; Jenkins, 1992; Mulhern, 1991a, 1991b; Richardson, Best & Bromley, 1991; Samson, 1993; Watters, 1993).

Many survivors of ritual abuse report that they were abused by groups of people who worshipped Satan. Others report that they were abused by those who worshipped the Christian God. As a result of their research, Belitz and Schacht (1992) suggest that involvement in Satanism may be a means of legitimising past abusive experiences. Part of the argument by those who discount reports of ritual abuse is that Satanism has been socially constructed as a contemporary social problem (Richardson, Best & Bromley, 1991). Victor (1992) supports the view that anti-Satanists have constructed an argument against Satanism. Richardson, Best and Bromley (1991) assert that the anti-Satanism movement developed from fundamentalist

Christianity, the anti-cult movement, child savers, medical professionals, and feminists. However these authors provide no reply to those survivors who assert that they were abused by groups of people other than Satanists (Lockwood, 1993).

It is argued that fundamentalist Christianity uses the fear of Satanism as a ploy which will encourage women to leave the workplace and return childcare to the home and parents (Barnett & Hill, 1992). Others argue that the anti-cult movement developed in response to the need to remove young people from new religious groups (Richardson, Best & Bromley, 1991).

Child savers are considered to be those who are concerned about child abuse, pornography and prostitution. Richardson, Best and Bromley (1991) suggest that the combination of child savers, anti-cultists, anti-Satanists, and fundamentalist Christianity have facilitated the development of a large network of professionals who are child advocates and seek to protect children from all forms of abuse.

In addition to this group of people, Richardson, Best and Bromley (1991) assert that medical professionals became involved in child abuse issues when social problems such as alcoholism became medicalised. The authors assert that the application of the medical model to doubtful cases of child abuse has contributed to the anti-Satanism scare.

Feminists are considered to have contributed to child abuse allegations by referring to 'victims' of sexual assault as survivors (Richardson, Best & Bromley, 1991). This is the type of discourse that demonstrates how a patriarchal society does not accept women's language or women's values.

Use of the word 'victim', serves to keep women in a position of dependence, while the word 'survivor' connotes a sense of independence and ability.

One organisation that perpetuates the discourse is the False Memory Foundation, comprising approximately four thousand families (Freyd, 1993; Lockwood, 1993). The False Memory Foundation asserts that adults who report sexual abuse by their parents in childhood are mistaken or have been deliberately misled by overzealous therapists who are looking for evidence of sexual abuse. In her study on memory and children who had endured traumatic events, Terr (1988) concludes that traumatic events create visual images, which are then displayed in behaviour. Terr suggests that the traumatic memories of childhood stimulate actions rather than words.

Taking the middle ground in this debate are those who say that while we have a limited understanding of the topic, children and adults could not make up these stories but that there is a lack of corroborative evidence (Jones, 1991).

It seems important to reiterate that there are no experts in this area but there is a wealth of relevant expertise which can be usefully brought to bear in the assessment of allegations at the local as well as the national level. (Jones, 1991, p. 169). Putnam (1991) also discusses the lack of substantial evidence of this form of abuse.

There is also confusion surrounding terminology. Some refer only to Satanic ritual abuse (Gould, 1987; Nathan, 1991; Putnam, 1991; Rosik, 1992). This implies that only those who worship Satan are involved. Others refer to ritual or ritualistic abuse (Finkelhor, Williams & Burns, 1988; Hudson, 1990; Kelley, 1989; Kelley, 1990; Young, Sachs, Braun & Watkins, 1991).

Nurcombe and Unutzer (1991) refer to ritual sexual abuse. These authors make no mention of the emotional, spiritual, and physical abuse that should be considered salient aspects of what has come to be known as ritual abuse (Finkelhor, Williams & Burns, 1988; Schaffer & Cozolino, 1992).

Putnam (1991) and Jones (1991) both refer to the lack of evidence. However, their argument demonstrates that they do not accept that emotional or psychological signs and symptoms are evidence.

Finally, there are those who accept that ritual abuse occurs either by virtue of being survivors (Ryder, 1992; Smith, 1993), those who have been given first hand accounts (Core & Harrison, 1991; Jonker & Jonker-Bakker, 1991), and those who have researched the effects, responses, and disclosure (Gonzalez, Waterman, Kelley, McCord & Oliveri, 1993; Gould, 1987; Hudson, 1990; Kelley, 1988; Kelley, 1989; Kelley, 1990; Kelley, Brandt & Waterman, 1993; Young, Sachs, Braun & Watkins, 1991). There are also newsletters and magazines (*Beyond Survival*, *Connections*, *Believe The Children*, *The Healing Woman*) which provide personal stories for survivors and their supporters.

CONCLUSION

Those who accept the reality of ritual abuse concede that while there is often no 'physical' evidence, the psychological and emotional signs are sufficient indication of severe trauma. This chapter provides an overview of the literature on healing from sexual abuse, a review of the available literature on ritual abuse, and a concise account of the ritual abuse debate. Mention is also made of the psychiatric diagnoses attributed to survivors of ritual abuse.

CHAPTER THREE

THEORY AND METHOD

METHODOLOGY

The first section of this chapter explains the theoretical and methodological framework for this research. I then go on to outline the research method: case study design, participant selection, method for data collection, and ethical considerations.

FEMINIST THEORY

Feminism is a paradigm that values women and challenges the structures that keep women in a subordinate position in society, based on gender bias. Speedy (1986, p. 21) says that a "feminist philosophy is based on the assumption that women are oppressed and that their position in society results from patriarchal dominance".

Feminism opposes hegemonic structures such as those which place men in a position of dominance and women in a position of subservience, by believing that the male point of view, characteristics and values are normal and neutral (Burstow, 1992). These structures may be laws, customs (Kettle, 1993), values, beliefs, language, or accepted behaviour (Court, 1989). These are all the supports of patriarchal society. Once these supports are exposed, other ways of viewing the world and society can be employed (Millman & Kanter, 1987).

Another way of viewing the world is by the use of feminist theory. Generally there have been considered to be four main feminist theories.

Court provides a concise description of liberal, radical, marxist, and socialist feminist theories:

Liberal and radical feminist analyses expose ideologies associated with sex-role stereotyping and point to a pattern of male domination in social relations and structures: these explanations see gender inequalities resulting from the one system of *patriarchy*. Marxist and socialist feminist theories which show how the patriarchal and the capitalist systems interlock in social relations that exploit women's labour in varying ways (Court, 1989, p. 6).

In the past, feminists have debated the attributes of each of the four mainstream feminist theories. Out of this debate has come an emergence of general principles of feminist theory. Feminist theory now seeks to challenge current patriarchal thinking, while finding new ways to understand and describe women's experiences. In general, principles underpinning feminist research are concerned with seeking ways to understand women's diverse experiences, while also presenting a critique of the structures that have previously controlled research 'on' women (Munford, 1989).

Harding (1986) postulates that the development of feminist epistemology has three stages. Feminist empiricism argues that it is possible to remove bias from research, but no attempt is made to question the accepted assumptions of science. Feminist standpoint argues that feminist research of women's oppression will produce knowledge that is complete and not distorted. Feminist postmodernism focuses on "fragmentation, multiple subjectivities, pluralities, and flux" (Maynard, 1994, p. 19). Harding argues that feminist research is currently situated at the feminist standpoint stage. Sampsele (1990) identifies the three tenets of feminism as being the

affirmation of gender equity, an individual's value in society must be based on her ability to contribute, and that women must have the same rights over their bodies as men. It is these basic principles, rather than the four theories that are starting to be evident in nursing literature.

Feminism and Nursing

Chinn and Wheeler (1985) said that the nursing "profession has been notably absent from the women's movement, and with few exceptions, nursing literature has not incorporated feminist thinking and feminist theory" (p. 74). Nursing has long realised that the individual's experience cannot be compartmentalised and that one aspect of life affects all others. It is in this area that nursing and feminism are on common ground. While published nursing literature does not often draw upon feminist theory, nurses have actually benefited from the women's movement. Chinn and Wheeler (1985) go on to say that nursing needs a feminist perspective.

Many within the nursing profession renounce feminism, its values, and its principles. According to Speedy (1986), feminist analysis suggests that nurses are an oppressed group because they lack autonomy and accountability. Speedy argues that feminism has much to offer nursing, so that the status of nursing will be raised.

Chinn (1991) asserts that silence is both a feminist and a nursing issue. In order to bring about change and break the silence, nurses need to make the private public (Reinharz, 1983) and encourage women to let the inside out (Blenkey et al., 1986). As nurses we need to validate what women are telling us: we need both to believe them and believe in them. By so doing nurses can empower these survivors of sexual and ritual abuse to take positive emancipatory action.

FEMINIST RESEARCH

Lather (1988, p. 571) says that "to do feminist research is to put the social construction of gender at the centre of one's inquiry". The aim of feminist research is to see the world from the woman's view and to bring an end to her subordinate position in society. Feminist research will also make women's voices heard and identify their ways of knowing as explained in Chapter One. Lather (1986b) argues the case for a collaborative research approach in order to provide advocacy and empower the participants.

Shields and Dervin (1993) assert that feminist research must comprise four unifying themes.

- 1) That feminist research values women's experiences within their social and personal worlds.
- 2) That "gender and gender relations must be recognised as learned social constructions and not the natural result of sex-linked biological traits" (Shields & Dervin, 1993, p. 66).
- 3) (a) The need for gender-sensitive reflexivity. This places the researcher on the same level as the participant, and the researcher takes cognizance of her own biases and background.
(b) There is a need for inter-subjectivity, that is, a two-way sharing of knowledge between the researcher and the participant. Both are participants in the research.
- 4) Research for women must be emancipatory, that is, the research must provide women with information so that they can comprehend the structures that oppress them, and provide the tools with which to bring about emancipation.

Lather (1991) argues for a research approach that was openly committed to a more just social order. To be emancipatory, research needs to critique the status quo and help to create a more equitable and just society. Opie (1992) asserts that involvement in feminist research may empower all involved in three ways: by making a social issue visible, by reflecting on their experiences of the research process, and the combined outcome that the previous two may produce. Feminist research needs to demonstrate that it makes a difference to the women studied (Parker & McFarlane, 1991; Seibold, Richards & Simon, 1994). Feminist research aims to generate and explicate useful knowledge that may be used by all women to "make a difference" (Kelly, Burton & Regan, 1994).

Feminist Research and Nursing

Feminist research within nursing and by nurses has the potential to reconceptualise nursing theory, education, and practice. Feminist research also has the potential to help nurses comprehend clients' lives and their world, so that client care can be vastly improved (MacPherson, 1983). Feminist research has the potential to offer woman-centred qualitative subjective research which takes into account the context of women's experience.

Hall and Stevens (1991) say that feminist research in nursing:

- 1) Reflects the concern of particular groups of women.
- 2) Is done for the purpose of finding answers for women.
- 3) The researcher's history, assumptions, motives, and interests are open to close scrutiny.

Feminist research can assist nursing to look at the relationships of power that exist within the hierarchical system, and empower nurses with the skills to bring about change or emancipation for women, nurses and nursing.

CASE STUDY METHOD

"Method" in this research project involves the technique used for obtaining the data, protection of identity for the participants, and care of all the participants including myself during the research process.

Yin (1984) identifies 'how' and 'why' questions as being particularly suited to case studies. The case study approach is chosen as the method for collection and arrangement of the data because the research is about four women healing from ritual abuse.

There are different opinions as to what constitutes a case study (Lincoln & Guba, 1985), and the value of these (Hickson, 1988). Case studies are an in-depth investigation of a phenomenon, person, group, or institution (Field & Morse, 1985; Polit & Hungler, 1989; Woods & Cantazaro, 1988), and may lead to theory development (Kenny & Grotelueschen, 1984). Kenny and Grotelueschen (1984) suggest that case studies may comprise the following aspects:

Data are qualitative; data are not manipulated; studies focus on single cases; ambiguity in observation and report is tolerated; multiple perspectives are solicited; holism is advocated; humanism is encouraged; and common and/or non-technical language is used (p. 38).

Stenhouse (1988) describes four broad types of case study: ethnographic, evaluative, educational, and action research, while Hutchinson (1990) identifies three types of case study as being descriptive, exploratory, and

explanatory. Hutchinson (p. 181) goes on to state that case studies may be used to "describe, verify, or generate a theory".

Woods and Cantazaro (1988) suggest that case studies may be descriptive or exploratory. The descriptive method chosen in this study is used because it provides the researcher with an in-depth method to obtain and describe data. The advantages are considered to be that the method would yield in-depth, high quality data that would provide insight into the healing process for survivors of ritual abuse.

Seaman and Verhonik (1982) describe several advantages of the descriptive case study. These are that the approach can: provide informative and stimulating insights, describe processes of development, describe the adjustment process, and is flexible in terms of a researcher's timetable. Data for case studies may be collected by questionnaires, interviews, observation, or written accounts by the participants (Nieswiadomy, 1987).

Lincoln and Guba (1985) suggest that a case study report must contain a description of the researcher's credentials and reason for interest in the problem, a description of the method, and a description of the decision trail or trustworthiness at various points in the study. My background, credentials, and interest are stated in the first chapter. A complete description of the method and description trail is included. Hutchinson (1990) also suggests that the researcher's philosophy influences the study: feminist philosophy is explicit in this study.

It is considered by some, as is explained by (Sandelowski, 1986), to be a disadvantage of the method that the researcher may have bias, be subjective rather than objective, and be caught up in the participants' world. However,

I anticipated that it would be advantageous to the study to accept that there would be subjective bias. I would need to become involved with the participants in order to gain their trust and to be able to engage in frank and honest discussion. Another disadvantage as outlined by Field and Morse (1985), is that the topic of the research has potential to grow and have unlimited boundaries. While this may be so, I overcame this by adhering to a timetable. The participants also helped me by maintaining an ongoing interest in my progress and a desire to see the finished product.

Various authors (Nieswiadomy, 1987; Polit & Hungler, 1989; Seaman & Verhonick, 1982) describe the limited generalisability of the case study, as being the main disadvantage of the method. However, Woods and Cantazaro (1988,) argue that :

The point of the case study is not to discover what holds true for all people but to identify important factors in a given phenomenon (p. 157).

Hutchinson (1990) outlines the usefulness of case studies in areas such as psychology, sociology, and anthropology. Case studies hold particular value for nursing, because they have the potential to investigate "real-life problems" (p. 177), may generate hypotheses, and may influence nursing practice.

Reinharz (1992) suggests that feminist case studies have the potential for action or as a model to follow. The feminist case study has the potential to identify and describe women's lives.

Participant selection

Women are the only participants in this research, as there is anecdotal evidence that it is women who are speaking out about this form of abuse and its effects on them. As these women are brave enough to speak out, this needs to be acknowledged. If men were included in this research, it may minimise and trivialise the devastating effects on women. In addition the voices of the men may well be heard over the voices of the women. It is not my intent to ignore any form of abuse to which boys and men have been subjected. Once men begin to speak of their own abuses their stories may be accepted as truth and they may be believed.

Contact was made with counsellors who were working with those who have been sexually abused. They were provided with an information sheet for themselves, which outlined the study and its aims, and a separate information sheet for intending participants. Counsellors were asked to invite women whom they considered to be suitable potential participants. It was anticipated that those women who were considered 'suitable' would no longer be in abusive situations.

Contact was then made with potential participants and arrangements made for an initial meeting with each. At the initial meeting, the background to the study and reasons for my interest were explained. Each participant was given the opportunity to ask questions about me. All availed themselves of this opportunity. These questions included: Why my interest in the topic? What would happen to the information? Did I propose to do anything with the information on completion of the thesis? How was I going to take care of myself? Did I have supervision and people with whom I could talk?

As a feminist researcher I was obliged to answer all the participants' questions and provide explanations. This was not difficult and I believe I demonstrated that I was able to return something to the participants. According to Cowles (1988), when researching sensitive topics this is a very important aspect for any researcher to consider. This involves reflexivity, an essential theme in feminist research where there is reciprocal sharing of knowledge between a participant and researcher (Hall & Stevens, 1991; Lather, 1988; Shields & Dervin, 1993).

I chose this topic for study as I believed that the topic would be a political action, a catalyst for change in society, and of help to survivors and their supporters. Fine (1992) suggests that feminist researchers need to be activists, a view which I endorse and wish to demonstrate in this research. Some have said that the topic is 'controversial' or 'difficult', but I see no reason not to do something for either of these reasons. As nurses we claim that we are client advocates, and in order to be credible, I believe that we need to be seen to demonstrate this through our research and practice.

Various authors have defined advocacy in several ways. Curtin (1979) suggests that advocacy should be based on the premise of our common humanity. Abrams (1979) describes five models of patient advocacy. These are the counsellor, the advisor, the patients' rights advocate, the patient representative, and the monitor of the quality of health care. Gillette (1979) critiques Abrams' five models and concludes that they all have limitations for women and nurses. In a study based on narratives of expert nurses Segesten (1993) highlighted the important role of nurses as advocates, but also suggests that many nurses lack sufficient self-esteem and professional identity in order to act as advocates. Copp (1993) identifies the vulnerable and powerless as being those in need of advocacy, and that the ethical

principles of autonomy, disclosure, integrity, veracity, confidentiality, justice, beneficence, nonmaleficence, and moral authority all support advocacy. Copp also outlines reasons that nurses may give for not being advocates. Only Clarke (1989) discusses nurses and advocacy with regard to the wider issue of health policy. Fleming (1991), in her study of nursing advocacy suggests that nursing education programmes need to include preparation of nurses for the role of advocate.

Despite all the research and literature on advocacy, in the area of ritual abuse nurses have not been seen to be acting as client advocates. To this end, this research will give myself and others a sound framework from which to practice when we seek to be advocates for survivors of ritual abuse.

ETHICAL ISSUES

Ethical issues usually refer to the ethical concepts discussed below. Those issues considered more pertinent to feminist research, particularly on sensitive topics are addressed in greater depth. Permission for the study was sought and obtained from the Massey University Human Ethics Committee and the following areas were addressed.

Potential participants were accessed through counsellors. It was made possible for women who were considering participation to obtain further information from either myself or my supervisor. The participants were fully informed about what their consent involved (Refer Appendix Four). Signed consent was obtained at the initial meeting. At each subsequent interview verbal consent for ongoing participation was obtained on tape.

In order to maintain anonymity a pseudonym has been used for all participants. Tapes of the interviews were transcribed by myself and upon

completion of the study will be either returned to each participant or destroyed. During recorded interviews the participants had the right to turn off the tape. The participants also had the right to delete any of the dialogue from transcripts. Only background information about the participants is provided, so that they remain completely anonymous.

It was acknowledged that the nature of the research may have caused participants to reflect on their past. It was made explicit to the participants and counsellors that I was not a counsellor, and that some issues that arose from interviews may need to be discussed with a counsellor. This research involved a controversial and sensitive subject and I anticipated that strong emotional responses would be evoked in both the participants and myself. Cowles (1988) identifies key issues such as emotional responses, timing and length of interviews, and use of sensitive information. I had planned accordingly for any such anticipated problems.

The participants had the right to withdraw at any stage of the research. At all stages of the research, participants were informed of progress, and at times asked for advice and clarification. The study and results are being presented as a Master of Arts thesis. The findings will be of interest to survivors of ritual abuse, nurses, counsellors, and other health professionals.

With regard to conflict of interest, I set out to maintain the role of researcher and referred any other issues to the relevant health professional. The reason for this was that I did not wish to intrude upon the counselling relationship, and did not wish to be perceived as a counsellor. However, I did provide participants with information when so requested, but always with the knowledge of the counsellor.

DATA COLLECTION

Yin (1984) asserts that data collection for case studies may take the form of using documents, artifacts, interviews, and observations. This study has used unstructured taped interviews as the method of data collection. Participant observation was not used, but trust was demonstrated by relaxation of the participants as time went on.

After each interview I personally transcribed the tapes in order to become familiar with the data. While this was time-consuming I considered it to be an important part of the research process and the methodology, and necessary for my understanding of the participant. A copy of her own transcript was then sent to each participant. At the following interview, each participant was given the opportunity to delete from the transcript anything with which she was unhappy. Only one participant made use of this opportunity, choosing to have three words removed from one transcript. After reading each transcript, each participant elaborated on, or clarified points she had raised in the previous interview.

The fourth interview took place after each participant had read her individual case study. Initially one participant was unhappy with her case study as she believed that there was not enough focus on her abuse. She discussed this with her counsellor and at the fourth meeting with me, she was able to read the draft background chapter in which ritual abuse was defined and described. As a result she was satisfied with her case study. All the participants suggested word changes, and one requested a quote be deleted for fear of identification. Two participants gave further explanations and background information.

Hutchinson, Wilson, and Wilson (1994) highlight the benefits, for participants, of interview participation. These are: catharsis at expressing feelings, validation of the individual, sense of purpose (so that others may benefit), gaining a new perspective of themselves, empowering for change, healing, and providing a forum for their previously silent voices to be heard.

Hutchinson (1990) asserts that case study researchers may have difficulty remaining focused when investigating complex phenomena. To overcome this problem, I regularly reviewed the research question and design, theoretical framework, and data collection strategy. The transcribing of the tapes assisted this process.

For this research, descriptive case study is used to understand what women do to heal from ritual abuse, and what others may do that may aid the healing process. It is expected that this may be of assistance to others carrying out research in this field and to all health professionals.

The initial interviews were conducted over one and a half to four hours and took place in the counsellors' rooms. All participants gave three interviews. Holland and Ramazanoglu (1994) describe interviews as being rather like conversations, and could be likened to a social event. Like Kelly (1988), I found that the length of time spent with the participants was often longer than the actual interview. I also found myself emotionally drained after the interviews (Holland & Ramazoglu, 1994).

DATA ANALYSIS

Problems may arise when the researcher analyses the data, and emphasises her own interpretations. As Acker, Barry and Esseveld (1983, p. 429) question, "How do we explain the lives of others without violating their

reality?". In this research, similar problems were anticipated, and in an effort to minimise these participants were involved in the analysis process. Maynard and Purvis (1994) suggest that all interpretation is of a social nature, and Holland and Ramazoglu (1994) go on to emphasise that the researcher must clarify how she reached her conclusions.

Analysis of the data involved returning interview transcripts to each participant for her to review. At the following interview I would explain what key strategies the participant had identified as helping her in her own healing process, and ask for her opinion and clarification of the concept. At subsequent interviews these were discussed further. After the third interview, drafts of the individual case studies were written. These were posted to the participants, and at the fourth meeting they were given the opportunity to comment or suggest changes.

Yin (1984) identifies two general strategies for analysing the data of case studies. These are "to follow the theoretical propositions that led to the case study" (p. 100) and "to develop a descriptive framework for organising the case study" (p. 101).

Data analysis in this study comprises description (Schatzman & Strauss, 1982) of strategies used as identified by both the individual participants and myself (Yin, 1984), and viewing the data through the theoretical framework of feminist theory. The data analysis chapter integrates the data from the four data chapters, and compares and contrasts the healing processes of all four participants.

RELIABILITY AND VALIDITY

Reliability may be referred to as the dependability of the research process (Hall & Stevens, 1991). There needs to be careful documentation of theoretical framework, participant selection, data collection process, data analysis and dissemination of results. The conclusions and recommendations made by the researcher need to be supported by the data. Reliability can thus be ascertained by complete review of the methodology and data analysis used by the researcher. Reliability has been demonstrated when similar conclusions can be drawn from the data by use of similar data analysis and use of the same theoretical framework (Hall & Stevens).

These authors also identify several factors which may be considered in order to achieve adequacy or validity in feminist research. This encompasses reflexivity, credibility, rapport, coherence between the data and the conclusions, reflection of the complexity of reality, consensus (between verbal and non-verbal communication, and consensus of recurring themes), relevance, honesty and mutuality, naming and relationality (collaboration with others).

Reflexivity is achieved when the researcher examines her own values and assumptions, and considers how these affect all aspects of the research process. The analysis must be credible so that it "presents such faithful interpretations of participants' experiences that they are able to recognise them as their own" (Hall & Stevens, 1991, p. 21). The feminist researcher must also establish a depth of rapport with the participant, so that the participant is comfortable with the researcher and able to provide specific in-depth information. Coherency in the conclusion is demonstrated by consistency with the data and presenting it in a logical manner. Feminist research must also demonstrate the complexity of real life, so as to highlight

the differences. Greater accuracy of the data can be confirmed by the emergence of recurring themes from the data, which Hall and Stevens call consensus. Feminist research must also be relevant to women and address women's concerns. In order for the data to be dependable there must be honesty and mutuality, so that the researcher is honest with the participant and considers the participant to be a truth teller. Relationality is also considered to be an aspect of adequacy. Relationality refers to the researcher working in collaboration with other researchers, and with members of the group being studied.

While Hall and Stevens (1991) have one way of describing validity, Lather (1986a) describes it in another way. Lather refers to validity as triangulation, reflexive subjectivity, face validity, and catalytic validity. Triangulation refers to the inclusion of interview data, the different sources of data, and a strong theoretical framework. While there is only one source of data (the interviews) in this study, the data from each participant is portrayed in her own chapter, and throughout the study, reference is made to and adherence is demonstrated to the theoretical framework.

An aspect of validity is interpretation of the data. I established the legitimacy of my interpretation of the data by returning typed transcripts of the interviews to the participants and explaining key concepts that I saw emerging from their individual interviews (Maynard & Purvis, 1994). At each interview I confirmed with the participant the accuracy of the key points that I had identified.

Reflexive subjectivity is used during each part of the research process, so that the researcher is constantly reflecting on her own values, assumptions, characteristics and motivations to see how they affect the research (Hall &

Stevens, 1991; Lather, 1986a). Lather (1986a) also asserts that there needs to be some documentation of how the researcher's assumptions have been affected by the data.

Face validity is obtained by ensuring that participants are truly participating in the research process. This is achieved by participants reading their interview transcripts, and being informed of data analysis and conclusions. Catalytic validity is achieved when there is evidence that the research process has caused the participants to reflect on their experiences and grown as a result.

CONCLUSION

This chapter outlines the methodology on which this study is based. Further explanation is also given of feminist theory and research, and their relationship with nursing. Some of the many views of case study method and design are also briefly explained, along with the advantages and disadvantages. Along with information about selection of the participants, further information is provided about myself as the researcher. Interviews as the method of data collection are explained along with analysis of the data. Explanation of reliability and validity in feminist research is also provided.

INTRODUCTION TO DATA

Each of the participants' stories is presented in a separate chapter. The case studies of the participants (Kirsty, Moira, Janice and Michaela) are not presented in any particular order. The background of each participant is initially outlined. Chapter Eight presents an integration of the data, and highlights similarities and differences amongst the participants.

For ease of reading the following explains the conventions used to present the data and commentary.

Key to transcripts

Quotes are indented. Participant quotes are in italics. My comments are in standard print.

...	Pause.
(...)	Material edited.
[]	Editorial comments.
Numbers	For example, 1:2. Interview one, page two.
Bold	Emphasis eg loud speech.

CHAPTER FOUR

MOIRA

BACKGROUND

Moira is in her middle thirties. She is married to a very supportive husband, has four children, and presently lives in a small rural area. Moira chose to discuss many of her childhood experiences and background. This background knowledge enabled me to understand more of Moira's past and the reasons why she chose to use some ways of healing and not others.

Moira describes her husband as also having a violent childhood.

... 'cos he came from a violent... childhood... the only way to sort things out was a good hiding. (2:3)

Moira was not ritually abused in a group situation as a child. She was ritually abused as an adolescent and has never forgotten this. Moira has not lived through the trauma of piecing together events, yet has always had to live with the abusive events of her adolescence.

Moira recalls that her childhood was far from happy and she now considers that her mother was mentally ill, but that this was not recognised at the time. When Moira was a child her mother was unable to show any affection to her and was emotionally and physically abusive towards Moira.

... I can remember once as a child being cuddled... and that's it (...) that memory is so vivid and I've never forgotten it (...) She actually sat there rocking me for quite a while

*and I didn't want it to stop... and I still remember that now...
and that's the only incident I can actually recall being
cuddled. (2:2)*

Moira remembers that her father acted as a peacemaker in the home in order to keep her mother happy. Moira also holds very fond memories of her paternal grandmother who rescued her from home sometimes.

*I'm sure my grandmother knew because I used to talk to
her. But there was nothing she could do... But I used to go
there a lot. (1:10)*

In DiPalma's (1994) study of children living through the incest experience, she regards dreams as an avoidance strategy. Moira also dreamt of being rescued by the Queen.

*My great ambition was to see this Queen. I hoped she'd see
me... 'cos I thought... in one of your childhood dreams, that
they might come and... take you [me] into their lifestyle.
(2:10)*

Moira's family have no knowledge of her mother's background and Moira feels this loss acutely.

*... So it's like Mum really never had a past... and that part
of Mum is part of my past... so there's a bit missing... a blank
bit. (3:9)*

When Moira was a child her mother frequently told her that she was a child of the devil, that the devil lived within her, and that she was a mistake.

And she kept on telling me... that I was sired by the devil... child from the devil. As a child... it was drummed into me that I was useless and this was the case. From then on I believed it. Tried to do something about it. (1:2)

... The idea that they'd get rid of the devil... I mean that was just too... too much of a temptation not to try... it had been in there for a long time... (2:3)

Consequently, Moira wanted to get rid of the devil that lived within her. When she was about fifteen years old some workmates offered to help Moira and a friend, by inviting them to a group with which they were involved. She was led to believe that this group of people would be able to rid her of the devil.

... The idea was to get this... I thought the devil was in me (I'd been told as a child), to get this devil taken out... (1:5)

Initially Moira and her friend were treated well and given drugs that relaxed them so that they could talk about their problems. Moira had inadvertently become involved a group that worshipped Satan. Moira's experience is similar to that researched by Belitz and Schacht (1992) who studied ten adolescent boys who viewed themselves as evil, and found that they had become involved in Satanic activities as a result of abusive childhoods.

As time went on both Moira and her friend were abused by all members of the group. She escaped from these people, even though they attempted various means to force her to stay. One of these means was to give Moira an object and tell her that it must be kept safe or that harm would come to someone. On one occasion Moira threw the object into the sea and a week later her friend drowned at the same spot. This resulted in Moira blaming herself for many things that happened to others or hurt them.

While it was before she was ritually abused, Moira has attempted suicide in the past in an attempt to cope with the hurt and pain. The first such attempt was when she was twelve and she cut her wrists. In her research, DiPalma (1994) found that thoughts of or attempts at suicide were seen as a means of escape by children who had been sexually abused. When Moira first cut her wrists her parents told her

... to put a plaster on it. But it kept bleeding through and I just kept putting a plaster on it... then when I'd used about three they said "Stop wasting plasters", so I stuck it up with sellotape. (1:13)

An essential aspect of Moira's healing is that she has learnt other, non-harmful ways to express herself. Various authors who have written on the subject of healing from sexual abuse state that as children, survivors have not been able to express their hurt and rage so have turned those feelings inwards and harmed themselves (Ainscough & Toon, 1993; Bass & Davis, 1988; Finney, 1990; Gil, 1988).

When Moira's children were very young, she was raped by four gang members. Initially she was concerned that the abusers from the past had

found her, but she now realises that this is not so. Subsequent to the gang rape, Moira spent some time in a psychiatric institution, but while the issue of her rape was addressed, the past ritual abuse was never discussed.

... Was in a psychiatric institution for a few weeks... but I couldn't tell them... couldn't tell them about this bit [the ritual abuse] I knew it was there but couldn't say... like I felt it was my own fault (...) then when I had to accept that... I had to do something about it ... (1:7)

Now I look back and think, no that was meant to happen... 'cos it did make me have to face... I had to do something... to survive. (1:8)

As a result of both Moira and her husband's violent backgrounds and the subsequent effects on their lives, they decided that their own parenting had to be more caring, with no use of violent discipline. All Moira's children were wanted and planned, in contrast to her own family of origin.

My husband and I actually talked before we had the kids that... it had to be different or we wouldn't have any. (...) 'Cos I wouldn't put the kids through what I've been through (...) we both decided that our children would be brought up different [sic]. That was very forward thinking of you both. Yeah... well... seemed the only way. (2:3)

Despite Moira's deprived and abusive childhood, she knew that there were better ways to treat children so that they would develop into happy and able adults.

As a result of their research, Belenky et al. (1986) describe women's seven ways of knowing. Moira is now displaying subjective knowledge - her inner voice just knew that the family life of her children had to be different.

REFLECTION ON THE PAST

Drauker (1992) describes the need for an incest survivor to ascribe blame to the offenders, while at the same time treating herself with acceptance and caring. Moira found that she needed to accept and acknowledge what had happened to her, and that this is an important aspect of her healing.

... To accept and acknowledge it... it's got to be part of it (...) once you've accepted it you can work on it, but you can't work on something you haven't accepted either (...) it's impossible really... to work on something that you don't believe is there... So acknowledging that it happened... that that's your reality and you can't change that (...) Can live with it too (...) and grow from it... in the end... it's what I'm starting to do now. (2:7)

Acknowledge and accept fears

Riggio (1992) and Shaffer and Cozolino (1992) describe the importance of a ritual abuse survivor understanding the reason for her fears and phobias. For much of her life Moira has felt very unsafe and in danger in some situations. This is a result of the ritual abuse in her adolescence. She has had fears of many things including certain clothes, twilight, light dimmers, churches, some singing and chanting. This has been documented as a common experience for many survivors of ritual abuse (Kelley, 1988; McShane, 1993; Riddell, 1991; Ryder, 1992; Smith, 1993). Part of Moira's

healing has to be acknowledged and accept these fears, and situate them in the context in which they occurred.

... But I've decided through working through this that it's OK to be scared of some things, but as long as you acknowledge that you're scared of those things... and I find I've got to acknowledge... yeah its OK to be scared (...) but it's acknowledging that I'm scared rather than getting into a panic attack situation... (3:1)

Moira now confronts these fears and has strategies in place to help her overcome them as is suggested by Riggio (1992).

I used to sit there and shiver inside, but now I tell myself that it's OK... it's OK to be scared (...) I always go with someone... someone I can trust. (2:8)

Riggio (1992) and Smith (1993) discuss how a survivor's network of supportive friends, family, or counsellors can help her work through these fears. With regard to her fear of churches Moira says

[I'm] Still quite frightened about churches... but... when I go in there I consciously... keep reminding myself why I'm there... if it's for a wedding... or something... 'cos you usually go to a wedding of someone you care about... so you're there for them ... (2:8)

This statement of Moira's reiterates the findings of Shaffer and Cozolino (1992) who suggest that survivors need to be able to understand their fears.

Remaining focused on reality

It has been important to Moira that she stay grounded or focused on reality and the present. It is important for her to know that while recalling memories, they are not happening now, but that the feelings associated with the memories are very real. The previous quote also relates to Moira remaining focused on reality.

... It was basically to keep myself nice and stable. (...) So that I was not back there in those times. (1:13)

EXPRESSING EMOTIONS

As a child and adolescent Moira was silent. For years she could not talk about her abuse. Neither the emotional, psychological, and physical abuse by her mother, nor the ritual abuse. However, once she read some information about ritual abuse, she realised that her experiences were shared by others. The voices of other survivors validated her own experiences as documented by authors such as Bass and Davis (1988), Belenky et al. (1986), and Finney (1992), gave Moira the courage initially to write and then speak. Moira has always found it easier to express herself by writing rather than talking.

... I find a lot of difficulty talking (...) I write things down... I've always done that... I've always found it easier to write things down than to talk. (1:9)

... I can talk, but not about myself... and I found writing it down is really good (...) It didn't matter what I put on the paper, it was OK... and once I'd started I would go whether it meant I sat up all night to finish it... it would just sort of

flow... and it was all out... and it was a big relief. (...) And I see it on the paper and it's a good feeling. (2:14)

Riggio (1992) and Ainscough and Toon (1993) identify writing as being a useful strategy when healing from ritual abuse, while Brady (1992) has published a book intended to be used as a writing guide for survivors of sexual abuse.

Moira has not yet submitted her stories for publication but has ways of coping with various feelings. Moira says that when her writing has been about negative things or feelings, she burns them. The positive things that she has written about have, on the other hand, been kept as short stories. Newsletters and magazines for survivors often publish articles or art work, which may be cathartic for the survivor and enable another survivor to begin to speak about her own experiences and feelings (Wisecchild, 1991).

... I know I write feelings down sometimes, but if they're bad feelings I'll burn them. Good feelings I still like to make them into something else and that's good (...) And if they're good, then that's all right, but if they're bad it's best to get them out rather than keep them in. (3:3)

... A good way to work is to write down the good things about yourself. You don't have to share it with anyone. You can just keep it (...) That's how I feel about the good part of me, 'cos if I can't get in touch with it, I write the good things. (3:4)

...[I] write down why I'm feeling like this and often it's just a whole load of real negative things... and once I've got it down and read it all, I burn that and then start working on the positive things (...) And what do you do with the positive things? Make them into something (...) Maybe it's a little short story I write... and sometimes I've got paint out and painted them and that's quite good (...) So creating something out of the positive has helped you with your healing? And it's usually, Oh... painted into flowers... animals... Yeah, I'll show you my paintings one day. (3:1-2)

Expressing anger

Maira has often felt anger towards the people who abused her. Finding non-destructive ways to express and deal with anger safely are important according to Bowers (1992) and Courtois (1988).

... Like the anger wells up inside (...) like I can be doing something and all of a sudden this urge surges up and I just used to wipe everything off the table (...) Now I found I don't need to do that (...) that these people that did this... I don't have to do this for them (...) [I] Still feel angry that this happened, but breaking all my things isn't going to make it (...) So I find it's better to accept that I'm angry... be angry, but not destroy. (3:2)

Naming ritual abuse

Riggio (1992) states that breaking the secrecy surrounding ritual abuse enables the survivor to reclaim her own personal power, and so aid her healing. Moira is adamant that ritual abuse needs to be named and defined.

... You have to name it. All the nasty things about it. But nobody really says what it is and it becomes this big thing that consumes everybody and hides everything in secrecy (...) It needs to be named and described. (3:8)

So I wrote the account of what happened... and I put... ritual abuse down... and it was actually good that I didn't burn it (...) and I have actually read it since (...) and I see it on the paper and it's a good feeling... (2:14)

MUTUALITY

Creating new personal boundaries

In her study, Drauker (1992) describes the need for survivors of incest to protect their own boundaries, or restructure present relationships so that one person does not have power and control over another. Brady (1992) reiterates this view. Moira was unable to restructure the relationship with her mother when she was alive. It was not until her mother's death and relinquishment of power by proxy four years ago, that Moira was able to begin to deal with the issues from her childhood and adolescence. The death of Moira's mother gave her the freedom to deal with the abusive issues of her childhood and adolescence, and was a catalyst for change (Ainscough & Toon, 1993; Ryder 1992). This time of change marks the beginning of Moira's healing.

... It wasn't until she'd died that I could do any work on... myself (...) that was because of the power she held over me (...) and it still went on... right up until she died it was. She still had... power. (2:15)

... I couldn't have done it if she was alive. (3:4)

Moira's feelings for her mother have recently altered since previous years. Perhaps time has permitted Moira to have some understanding of her mother's life and to place some distance from the past.

... I feel sorry for my mother... I do, now I'm older. (3:9)

Safety

A common fear is that abusers from the past will find survivors and try to harm them (Smith, 1993). Moira also has this fear that the people who hurt her during her adolescence will return. However, Moira does have strategies in place to deal with these fears. Moira has ensured her own safety by having a multitude of protective measures in place (Smith, 1993). Moira says that she needs to be in control and this too is supported by the literature (Bass & Davis, 1988; Brady, 1992; Finney, 1990; Riggio, 1992).

... I still live with the fear that they could turn up on my door one day... because I don't know how much power they've got... (1:11)

... But I think I'm getting towards the end now... I still have funny spells of being frightened, but I can work them out now. (1:18)

Being believed

Several authors refer to the importance of survivors of past abuses being believed by friends, family, and counsellors (Ainscough & Toon, 1993; Bass & Davis, 1988; Gil, 1988). Being believed is very important to Moira.

... The main part of me healing is having someone that actually believes me, and don't throw their hands back and say "You're lying"... That's the first step in healing, when somebody believes (...) [I] need to be believed... that I'm not making it up, that I'm not funny in the head... because it's not the easiest thing to say. (1:11)

Supportive friends

While Moira has found that the friendship and support of other people has been of considerable value, there are only a few people who are aware of her past ritual abuse and that includes myself. Moira's husband has always been very supportive.

... He got me through the rough parts. [He] was always there for me. I don't know how he stayed but he did. But he was... But he was always there? Yeah. Must have wondered what was going on though. (1:7)

Moira's present counsellor is another supportive person. In recent years two friends have also been available to provide help and support for Moira.

These two friends have provided a great deal of support by being available, being non-judgemental, and being themselves. Of their support Moira says

*They were supporting me at the time... I just used to go there
feeling really bad and come out feeling OK... (1:8)*

Animals' love of Moira

Moira believes that if her other friends knew of her past, they may choose not to be her friends any longer. So while humans have not in general provided support, Moira's love of animals and their love for her has helped her realise that she is likeable. Learning to like herself has been an important, yet difficult, step for Moira.

*... I like my animals 'cos you can talk to them and they won't
hurt you (...) you can talk to them... and they don't expect
anything from me. They know me for who I am (...) yeah
they like that person, or if they didn't they wouldn't stay.
(...) If I did have a devil in me the animals wouldn't stay.
(1:9)*

COUNSELLING

Counselling is an important dimension of healing for Moira. However, she did visit one counsellor, on the recommendation that she was an 'expert'. After several consultations this counsellor was no longer able to meet her commitments to Moira. Moira interpreted this as total rejection and was consequently apprehensive about seeking further counselling. As with Drauker (1992, p. 7) who clearly states that "Responses by therapists that indicated shock were perceived as particularly destructive", Moira believed that she had frightened this counsellor.

So I think, yeah, if they... counsellors are going to work with any survivor of ritual abuse, they need to know what they're doing before they start and not to let anyone down. (3:3)

This is a very clear message that survivors need continuity and commitment from their counsellors as is stated by Bass and Davis (1988), Courtois (1988), Drauker (1992) and Gil (1988).

Trust

Trust is an important issue for any survivor of child abuse (Briere, 1992). As well as being believed Moira feels that she must be able to trust the person in whom she is confiding. Drauker (1992) describes the need for survivors of incest to have control in relationships. In her writing Riggio (1992) reinforces this suggestion. For her own safety, Moira needs to establish the trustworthiness of an individual before she begins to disclose her past. Smith (1993) asserts that trust must be given time to develop, and that a ritual abuse survivor must not be expected to take an individual's statement of trustworthiness at face value.

Moira's next quote demonstrates how she established my trustworthiness in particular, and although this was not verbalised she was referring to me prior to giving consent for participation in this research.

I actually need to know the person... people who... I tell... I like to know what they're like (...) asking my... friends of mine... do you know this person... what are they up to? (1:3)
I think the first step in healing may be trust... to be able to trust the person before they can tell... yeah... that's the hard

part. Telling is the hard part, but you've got to be able to trust the person before you can tell. (2:4)

HEALING

Difference between surviving and healing

Survival was an important issue for Moira in her childhood, adolescence and in the early days of her marriage. But now Moira says

Surviving is staying alive... staying still I guess, but staying alive and healing is moving on and one day looking back (...) that's what I'm doing now... I'm healing (...) I think I'm leaping ahead... lovely feeling! (2:10)

First healing

Moira says that her earliest healing was in the form of the song, **Some Say I've Got Devil (Some Say I've Got Angel)**, sung by Melanie Safca (Appendix One). The title of this song perhaps reflects the dilemma Moira felt when she believed that she had a devil inside her, as her mother had told her.

... but I had this song I could play and before I went to bed and that's what kept me going (...) I'm sure she wrote that song for me (...) that was my earliest healing. (1:6)

FORGIVENESS

Learning not to blame herself for what happens to others is an aspect of self-forgiveness that is described by Bauer et al. (1992). Briere (1992, p. 87) discusses how therapy helps a child abuse survivor accept herself and reject "the myth of personal badness". Moira often blamed herself for what

happened to her in her adolescence. Now she acknowledges that she was attracted to this group of people because they promised that they could get rid of the devil she believed was inside her. Moira says that she has had to learn to forgive herself for becoming involved in a Satanic cult.

... I weren't[sic] to know... I mean I was naïve anyway... at that age you are. (2:4)

Yeah, I felt for years it was my own fault, because I'd gone there by choice... like we'd both gone. My friend and I had both gone there by choice... rather than... like we weren't forced (...) the idea that they'd get rid of the devil... I mean that was just too...too much of a temptation not to try... it had been in there for a long time (...) it's the most important thing that... I had to do. (2:3)

... I look back now and I wonder if it was ever there. But at the time it was real. My whole body (...) felt like it was weighed down with it... and that if I spoke to people they would get it also... Mm... I wonder if it was there anyway. What made you realise that it wasn't there? I knew when I started to work on the healing... I thought... if I really did have a devil in me I wouldn't have... the children wouldn't be here, I wouldn't be in a good relationship, I wouldn't have animals. So maybe it wasn't there... I don't think devils are things that just sort of fall out of people... "oops I dropped my devil..." (Laughter) So I wonder if it was ever there. (2:5)

WOMEN'S STRENGTH

Humour

On reflection Moira thinks that while plasters were used in her childhood when she cut herself, that as an adult the 'plasters' she used were denial and humour.

I've always put plasters on everything... I have, when I think about it... then when the time comes I guess they get so saturated you got to work on it... you can't just go on plastering them up. So, what did you use as plasters? Mostly my sense of humour. (2:4-5)

Moira believes that her sense of humour has always been a source of strength to her. Rose (1990) found in her study of the inner strength of women, that humour was used as an energy release, a means of maintaining distance, and a way of lightening serious situations. Moira now values her sense of humour as it is a great source of strength for her.

It used to be making a happy face on the outside, when you were actually crying inside, but now that I've worked on things... I actually quite like it. I don't want to lose my sense of humour (...) it's more to let people know I'm OK now... (2:5)

... It used to be more to cover up when I was younger. But now I've actually got that I quite like it... and I'd be lost without it. So I do use it to have fun and make everyone laugh... not everyone, but people need to laugh. (2:12)

Moira demonstrates an inner strength which she recalls that she used as a child.

... I was one of those kids that... and I guess that was why I... got through things... I was a child that... knew if I wanted to do something, I'd do it... Right, you had determination. Yeah... and I'd give anything a go. (2:8)

Kadner (1989) describes this as resilience or the ability to cope in response to adversity.

As a child, Moira clung to dreams in the hope of a better life and future. McGee (1984) discusses how hope can be motivational and inspire an individual to look forward to the future. As an adult Moira, like Rose (1990), demonstrates and describes an inner strength and determination.

... One of my determinations (...) is to get over this... get on top of it. It's not going to rule me any more. 'Cos it has. It's ruled most of my life. (...) My determination is that I'm going to get on top of it. One day I'll look back on it... I don't think I'd laugh. Not look back on it but look ahead... and that's what I'm starting to do now. (...) I've got plans for the future (...) If I want dreams they're going to happen. 'Cos of my determination they will happen and if they don't it wasn't real. (3:4-5)

Moira believes that in contrast to men, women do heal and perhaps deal with the issues rather than expressing their feelings through violence towards others.

... I mean women heal. Men often go round being really violent and finish smacking up on their wives, but women don't usually. (...) I think women heal better than men. (...) Women take their time and think about what they're doing... (3:6)

While the truth of ritual abuse and its occurrence is still debated in some quarters, Moira believes that it will come to be believed once men start speaking out.

Well, they'll let the women cut the path and the men will walk it... when it's safe. (...) That's the way I see it. (3:6-7)

PROTECTION OF OTHERS

In her study, Drauker (1992) found that women survivors of incest sought to influence the community either by helping other survivors, becoming an advocate for children or victims of abuse, or becoming involved in abuse prevention programmes. As a result of what happened to Moira when she was an adolescent, she now makes a conscious effort to protect children and adolescents of today. Moira has taken on the role of protector as described by DiPalma (1994) and advocate as described by Drauker (1992).

... If I know that it is happening... I'll make an anonymous call to whoever (...) and just let them know to look into something. So how does that make you feel? Is that part of your healing? Yes, mm... protecting others. Right, protecting others. So it doesn't happen like they've got the hangups that I have (...) No child deserves that. (3:2)

SPIRITUALITY

Moira met a spiritual healer who encouraged her work on the spiritual dimension of herself. Moira has continued to maintain a therapeutic relationship with her. This woman assisted Moira to create healing rituals (Riggio, 1992) and nurture herself.

I did a lot of work on my spirituality. (...) She spoke of... that I was OK... and that I had a good aura (...) Wow, that's sort of like a halo... so the way I looked at that was well... devils don't have halos. So that was partly how I worked out that maybe he [the devil] wasn't there. And I work with crystals a lot (...) if I'm all tense and all worried about going to sleep... there's certain ones... I can hold them in my hand... and get the energy (...) and I know I'll be OK if they're by my bed. (2:5-6)

Visualisation

Moira uses visualisation as a safety mechanism that she uses to protect herself. Finney (1992) suggests that the use of visualisation can help a survivor to protect herself and overcome fear.

... I can put my guards up. I've got a "splatter screen" that no one sees, so if shit splatters it doesn't go on me. I can hold that up (...) If whatever is triggering me is too bad I actually leave the room (...) And then that place where I am at the moment. Visualising a dome. And that's my space... and nobody can get into that (...) Another one is a nice white bubble you zip up (...) You step into it and you zip it up. (3:5)

PARTICIPATION IN RESEARCH

Feminist authors assert that feminist research must value women's experience (Shields & Dervin, 1993) and present that experience without distortion (Lather, 1988). In Moira's case participation in this research has also contributed to her healing.

Just doing this and talking about it... into the real nitty gritty parts of my feelings and everything. I found this has been really healing. (...) It's all written down like how I say it... bad English and all. Yeah that's been good... and that it can be used. Maybe be the beginning of stopping all this... and the people accepting that it's real... (3:7)

HEALING METAPHOR

Healing to Moira can be likened to a rose.

I see it like a rose I think. You take off the hard outside bit (...) and there's this nice little tender bud in the middle... and that's what I'm going to be, right in the middle one day. Peel off the layers of rubbish (...) that's what it's like, peeling back the layers (...) and leaving them... and you don't forget... you learn to live... (2:11)

THE FUTURE

Raising self esteem

Numerous authors emphasise the necessity of raising the individual's self-esteem in order to aid healing from abuse (Ainscough & Toon, 1993; Bass & Davis, 1988; Briere, 1992; Courtois, 1988; Finney, 1992; Riggio, 1992). In the past Moira was not able to acknowledge the good aspects of herself.

Moira's self-esteem was very low and she thought of herself as being totally bad. After working with a spiritual healer, Moira realises that her spirit is intact and that she is a good person.

Which I didn't realise I ever had. I really thought I didn't have a good part. How did you find that you had a good part? By talking with this woman... and thinking, "Hey I'm not all that bad"... it's taken years though. (2:6)

Moira has plans for the future.

... that's what I'm planning to do one day... I'm going to have a party ... cos I've never had one. (2:3)

... And I know when I've had a party... I'm... the next best thing to healed. (laughs). (2:4)

CONCLUSION

While Moira did have a very unhappy childhood and adolescence, she now demonstrates that she has worked through these problems and the effects. This has required a great deal of work, time, and trust. However, Moira demonstrates that she now has reliable coping strategies and is looking forward to the future.

CHAPTER FIVE

JANICE

BACKGROUND

Janice is in her thirties, and lives with her two sons in an average sized town in New Zealand. Janice is a born-again Christian and has received a lot of support and counselling through her church.

As a child she grew up in an abusive family, and was abused by her father, her brother, her grandmother, and her father's workmates. Riddell (1991) discusses the pornographic involvement of children in ritual abuse. Much of the sexual abuse revolved around pornography, and Janice's involvement in pornographic photography. Her father's involvement and complicity in the production of pornography led to her family having a more affluent lifestyle than would generally be expected of a factory worker's family at that time. Janice was rewarded for her part by being given treats and spending more time alone with her father.

... Cos he was my idol. (4:1)

At present, Janice finds it is important that she maintains a balance between the spiritual, physical and mental aspects of her life. The spiritual refers to her faith in God, the physical to the balance between exercise and food intake, and the mental with regard to remaining mentally stable even if it requires the help of drugs. Heliker (1992) regards this balance as having regard for the multidimensional aspect of the individual.

REFLECTION ON THE PAST

Janice found that the discovery of one of her son's abuse was a catalyst to begin recalling her own abuse and to reflect on the reality of her own life (Ainscough & Toon, 1993; Ryder, 1992).

... Then everything collapsed around my ears when my son got abused. It was like... my world fell totally to bits... along with it the person who I thought was me... I'd made up a story about myself... and that's really hard to come to terms with. What you thought you were... it's not true. I wasn't this nice little girl, who was sweet and innocent... I didn't have this normal family that was loving and kind... I was this gross little girl that did all these terrible things, lived in a fantasy and I lived in a family that was all screwed up and that's reality and that's hard to come to terms with... and I am getting there. (1:11)

Janice's words clearly reflect the thoughts of Clark (1993), who discusses the effects of forgetting and remembering trauma on the sense of self. Gil (1988) discusses the pain that an adult experiences when she gives up her idealised version of her childhood. Many survivors of past abuse have no recollection of past abuses until something triggers their recall of an event (Rose, 1993; Smith, 1993).

Janice has found it difficult to accept the memories that she has as the truth, and often tries to change the memories in her own mind but realises now that what she remembers is the truth. This could be said to be typical of survivors of sexual abuse (Courtois, 1988; Leitenberg, Greenwald & Cado, 1992; Russell, 1986). According to Courtois (1988), a survivor's acceptance of

the awfulness of her reality helps to break the silence of abuse. This was also the case with Janice.

... I often look around to find out... to find a good memory of my childhood... one day one guy said to me, "You're just going to have to come to terms that you do not have one", and that's been really hard for me... so no happy memory of childhood. (1:12)

... I've got the memories and I can't change the memories (...) trying to change them doesn't work, you've got to stick to the facts 'cos the truth shall set you free... (1:7)

Focusing on reality

Staying grounded or consciously staying in the present and focusing on reality has been important to Janice. Other writers, such as Smith (1993), have also discussed the importance of staying grounded and realising that the memories are part of the past and that the survivor no longer lives there.

... In the cult I learnt techniques of um leaving my body (...) so I've had to consciously make a decision and make sure I don't drift off. (1:19)

... So I stay grounded... none of this floating off bit. (2:15)

Search for meaning

As with many survivors of past abuses, Janice has sought a reason why this happened to her (Silver, Boon & Stones, 1983). Draucker (1989) found that

survivors of sexual abuse cognitively cope by searching for meaning or an explanation of why the abuse occurred.

Janice says that she was particularly affected by emotional abuse that was used in conjunction with physical, psychological, and sexual abuse. The emotional abuse that she recalls is the derisive comments and taunting laughter, so that she became intimidated and very frightened. Briere (1992) suggests that emotional and psychological abuse have more detrimental effects than has been previously acknowledged in the child abuse literature.

EXPRESSING EMOTIONS

Learning to express her emotions has been difficult for Janice. In the past, expression of her emotions meant that she was no longer in control, and for Janice it was always very important to be in control at all times. Janice's mother taught her how to cope with the unpleasant aspects of her life by repressing her thoughts and memories. Janice regards her suppression of memories as a learned behaviour. This is in contrast to claims by members of the False Memory Foundation, their supporters and sceptics who claim that many survivors of childhood abuse are victims of false memory (Freyd, 1993; Ganaway, 1992; Watters, 1993; Wylie, 1993; Yapko, 1993).

... Actually she is the one that taught me that you repress your memories... if something happens that you don't want to know, you go out and work in the garden or you get on and do something else and push it away... and she does that all the time... like now... she's always done that. (1:15)

... We didn't show emotions (...) you built up this exterior where you smiled (...) So when I came to church I learnt

how to cry (...) that has been such a main thing (...) When you cry you're out of control... and one of my biggest things in my life is always trying to keep everything under my control... so... I'm safe (...) I still struggle now... and I hate it still now, but I know it's good for me 'cos it does release things (...) I mean I even get angry... before if I got angry I just buried it and um... I get angry... and I even get angry and I shout... before I got angry on the inside and that was it, nobody knew about it. And who got hurt? Me. I realise that now... trouble is you've got to learn a whole new way of being angry. (1:5)

Since Janice has reflected on the abusive and frightening memories she has learnt to allow herself to express her emotions and to cry. Courtois (1988) speaks of the need for sexual abuse survivors to recognise and name their feelings. At times Janice has been embarrassed that others see her tears as she believes this is a sign of weakness. Janice was able to cope with her tears when a friend reframed the situation by telling her about a poem.

... There's a poem that says God... holds every teardrop and every teardrop is like a gem... and she said 'think of all the gems you've got stored up in heaven (laughs) ... oh man I'm going to have jewels... and that really encouraged [me] that did... (2:3)

Expressing anger

Bass and Davis (1988, p. 122-123) refer to anger as "the backbone of healing". Initially Janice felt anger towards her abusers, but through counselling and the passage of time has found that these feelings have subsided.

... If I get angry at them... that means they've got another part of me (...) I don't want them to have any more than they've already had... so if I get angry at them they get a part of me... and they destroy some more (...) I know I have been angry at stages (...) I've found that never got me anywhere (...) the angrier I got at them, the angrier I got at myself (...) I'm not angry at them. For my Dad I feel sorry for him... for most of those men... because they must have been trapped into it. (1:14)

Authenticity

Being real or authentic is important to Janice. Hutchinson, Wilson and Wilson (1994) identify this as participants having a sense of purpose, so that others may benefit from their insights.

... I want to be real... I want to... want to show people theres a hope in life... (2:11)

To be real is... to have your own true identity (...) To be real is to get enrichment, to be angry... to be vulnerable (...) that's part of being real... saying to people how you really feel. (3:1)

Ending isolation

As a child, Janice lived in isolation and sought times when she could be alone in order to be safe from her abusers. To Janice, isolation and being alone was the only time that she was safe. Janice demonstrates this when she speaks of her secret hiding place that she used as a place of safety as a

child. At the same time however, Janice was lonely for the company of other children.

As a child I was not allowed to have friends, because having friends meant bringing them home and that was impossible. (2:3)

Friendship

Learning to be with people whom she can trust has been a time of coming out of isolation. Coker (1990) suggests that ending isolation is an early aspect of the healing process. This reiterates what is said by Courtois (1988) and Gil (1988) who both speak of the need to break down feelings of isolation. Janice's childhood was devoid of childhood friends, as she was never allowed to have any friends or to have visitors to the house. Only as an adult and since her self esteem improved, has she discovered what it is like to have a friend. She has also learnt that it is not necessary to suffer alone, and that it is possible to have friendships that do not have ulterior motives.

... I actually got a friend... first time in my entire life that I had a friend... First time?... Yes, because as a child... didn't have friends. I didn't have anybody come over... and I just thought that was normal... and I never had anybody close. I never had anybody that I could talk to, share with (...) and then I got a best friend, and that's been so amazing. Having a friendship. I never knew it could be so exciting and that's been really neat. (1:3)

... Finding that I was capable of having a person around me without turning them off (...) But having a true friend you are to talk to and be accepted, no matter what... and that's really important... so friends are really important, really important step in healing. (2:3)

MUTUALITY

While counsellors may consider it important to keep a 'professional distance', it is apparent that survivors of ritual abuse need to know more of the counsellor in order to develop a trusting relationship. Perry (1993) discusses the need for empathy, respect, and mutuality in a counselling relationship. When describing mutuality, Hall and Stevens (1991) suggest that participants are assumed to be truth-tellers and are also considered to be equals to the researcher. Thus, the theme of mutuality is suitably applicable to both professional and non-professional relationships. Developing a friendship as well as a professional relationship with her counsellors has been important to Janice.

... I think actually, in a round about way, you have to develop a friendship (...) I think you have to become involved with them so you understand a bit about them (...) but I think going through ritual abuse you need... you need a counsellor that's a friend because you can't share this kind of stuff with anybody. (2:5)

Being Believed

In addition to believing her own memories, being believed by others is very important to Janice.

... Yeah, well it's like you coming here. You believe me and I know that and... if you were a bit iffy about it... then I wouldn't have done anything. 'Cos either you're a hundred percent believe me or a hundred percent you don't. There's no in between (...) also you've got to be careful who you choose... to tell. (2:7-8)

... I think even... even professionals have got to start believing what we're saying is true instead of saying "Can't possibly happen" ... people have got to start opening their eyes. (2:8)

Often survivors of past abuses do not wish to believe the memories that they have (Bass & Davis, 1988; Ryder, 1992). When a supporter or counsellor believes a survivor's account, her life and feelings are then validated.

Sharing experiences

Gil (1988) discusses the need for a survivor of childhood abuse to overcome isolation and develop a sense of affiliation with others. Telling her story is extremely important to Janice and other survivors of any form of abuse (Bass & Davis, 1988; Courtois, 1988; Gil, 1988). This refers not only to Janice talking, but others talking about the ritual abuse. This helps to overcome the feelings of isolation for Janice.

... Because nobody talks about it... you feel like you're really isolated... that you're the only one... (1:9)

... I chose sometimes not to talk about these things because I thought they were so horrific... and that caused me more

*problems. I think I've learnt to deal with it straight away...
don't hold on to it or it destroys. (2:6)*

*... I find that when I talk about things, that releases
something inside... (2:4)*

*I can't change the picture... and I'm hearing more about
it... it's like coming out of the closet and people are starting
to talk about it and if it wasn't true they wouldn't talk about
it... so it's true. (1:11)*

*... It's important [to talk] 'cos you're defeating what the cults
tried to do to keep you quiet (...) maybe it's a way of stopping
all this stuff (...) and so that's why I think it's important
that it be brought out into the open... (3:8-9)*

Contact with another survivor

Ryder (1992) supports the concept of ritual abuse survivor groups, but the value and safety of these has yet to be demonstrated in the literature. Part of Janice's support has been the friendship with another survivor.

*We realise that it's not just a small thing we've been through.
It's... it's really horrific and not a lot of people go through
this kind of stuff. (3:2)*

*... Yeah we've been left out in the rain a lot and we're a bit
faded on the edges... and I think it's time for us to be loved
now. (3:2)*

Unconditional support of friends

In addition to counselling and the support of her church, Janice has been supported by a close-knit group of friends.

You need a close-knit group around you... you just can't have the counsellors... but you've gotta have people around you who accept you when you're crying your eyes out (...) they just come and accept you (...) she just needs to be comforted, she just needs to be loved, she just needs to be held. Sometimes all I need is somebody just to hug me... hold me really tight. I don't need speaking things to me, because words don't matter at that time. It's the need to feel safe and secure, and to have a group around you. You've gotta have a support team... no matter what. (1:17-18)

COUNSELLING

Two counsellors have provided much support for Janice as they have worked as a team and always been available. Janice also differentiates between counselling for separation or divorce as compared with counselling for survivors of ritual abuse.

...But with my counsellors I can ring them at any time (...) and that is so important 'cos a lot of this stuff happens at night. It doesn't just happen when it's convenient, and I just think that stinks! Yeah. I have found that a lot of it happens at one or two o'clock in the morning (...) When I'm falling apart at two a.m. I can ring them (...) they'll come around or just talk to me. (1:8)

They should be available twenty four hours a day... there'll come a period when you don't need that but in the initial working through you need... sometimes you need counsellors twenty four hours a day. (2:5-6)

When I was going through a separation and divorce... you didn't need counsellors all the time. You could handle it. You would do things to avoid it until you saw them next, but with this stuff it's got to be dealt with here and now. You can't shelve it. (2:6)

Length of counselling appointments

Woodsum (1990) has also noted that three to four-hour appointments once a month may be more appropriate in many instances. Janice believes that the traditional one hour counselling appointment is inappropriate for a ritual abuse survivor.

*... Like I know sometimes with my counsellors we get past the trivial things in the first forty five minutes. That leaves fifteen minutes to deal with the real serious stuff and then once that hour is up, the sorry you've got to go now... It's never worked like that with my counsellors (...) you can't do counselling for ritual abuse in an hour... **no way**. (2:5)*

Counsellors being open and accepting

Courtois (1988) suggests that counsellors need to be open to and accepting of the client, while Sanders (1992) warns counsellors of the fear that they may feel. It is important to Janice that her counsellors have never shown horror at Janice's recollection of the things that happened to her as a child.

... Because I think when you're talking about this stuff you tend to look at your counsellors and if they have a reaction, you think they're reacting against you, not about the stuff. But that's how I see it (...) If they reacted it was against me and that meant they hated me (...) but they talked to each other later on so they could deal with some of the stuff too... (2:6)

The thing with my counsellors is they've never shown shock and disgust in front of me... They might have felt it but they've never ever shown it... and um... they love me... and they care for me. (1:8)

*... They sit and they listen to some... some horrendous stuff and they never have judged me (...) and they **never** say it's not true. They never have once. (1:9)*

Sanders (1992, p. 16) suggests the need for counsellors to situate the abuse in the socio-political context in which it occurred and to "face the reality of the abuse while not becoming immobilised by horror and impotence". Gil (1988) emphasises the need for counsellors to validate the experience of sexual abuse survivors, while in their study Shaffer and Cozolino (1992) found that counsellors must believe the reality of the ritual abuse and believe in the survivor's capacity to recover.

Trust

Bass and Davis (1988) discuss the levels of trust that develop in friendships and in particular the importance of trusting in oneself. Trust is an important

aspect of any friendship (Ainscough & Toon, 1993) or counselling relationship (Smith, 1993).

... I think you've got to develop a relationship with your counsellor and that's not something that you can... well I personally don't think it is something you can go and say "This is how it is", and just have... no rapport, no relationship... because you've got to learn to trust otherwise you just don't want to talk about it. (1:8)

... If you don't trust your counsellors you don't get healed... (2:5)

HEALING

Janice processes the memories of each family member in a piecemeal fashion, so that she is not overwhelmed. Janice also describes what healing means to her.

...I suppose I'm working through the memories of my family and healing from them separately... because I've learnt that you can't try and deal with all your family all at once... (1:16)

... I actually think you don't get completely healed (...) it's going to be your father's birthday... or it's going to be one of the days that are really... and you're going to have to deal with it... (2:16)

But I think I'm going to come to a place where... it's not going to be as difficult (...) it's like if you get crippled... you don't get healed, but you learn to live and accept... and I think that's what's going to happen... 'cos I'm learning to accept (...) so I am accepting... I am accepting my past... (2:17)

... Healing is getting to the stage of accepting all of the memories... you have to live with them (...) part of my healing is to give to other people... If they're going through the same thing I want to give something of me so that they can know there's a hope (...) but they'll be able to lead (...) a life that's not hidden in drugs (...) but being able to face each day as it comes... being free. (3:6)

FORGIVENESS

Survivors of ritual abuse often reflect on what they could have done to stop the abuse when they were children. This could almost be termed self-punishment; they mentally berate themselves for their participation. Bass and Davis (1988) emphasise the importance of self-forgiveness rather than forgiving the perpetrators of the abuse. This is reiterated by Finney (1992) and Gil (1988) in their books on healing from sexual abuse. Once a survivor comes to accept that she was a child abused by adults with power, then there comes the concept of self-acceptance and self-forgiveness as described by Bauer et al. (1992).

... and I want to be forgiven for what I've done, even though I was a young child... I still... feel... um... responsible. (...)
 You said that you that you don't like yourself. Is that

changing? I'm starting to do studies... on the Bible about who I am and God... It's taking a long time. I just... you know how you look in a mirror and put makeup on... well I look in the mirror, but I don't look... and I just can't stand even the thought of doing that because I see something different... (1:10)

... I still feel that's going to be the hardest battle... to come to terms with liking myself. (1:11)

Initially Janice found that the concept of forgiving the perpetrators was unthinkable, but through counselling has found that forgiveness is possible.

... It's like it had released me from the hold that was on me (...) until I forgave him he was going to be part of my life forever... and it was like just released... but it's not easy... (1:10)

... But forgiving... is a real key to my healing... So forgiving yourself and forgiving the people that did it. I'm still struggling with forgiving myself... forgiving other people has been a lot easier (...) because I don't like myself very much. (1:10)

...that's been a real key to my whole... this whole thing I'd had to learn to forgive... and that's been really amazing (...) (1:10)

... 'Cos I know when had to work through forgiveness I constantly hated these people and I constantly thought of them (...) but now I think of them and think.. you poor people (...) and I actually feel very sorry for them... (2:13)

Janice now realises that she is not responsible or to be blamed for everything that happened in the past, or is happening now.

... Not being responsible all the time for everything that happens... because I'm not responsible... I'm not supposed to be... (2:4)

WOMEN'S STRENGTH

In her phenomenological study of women's inner strength, Rose (1990) found nine themes that contributed to attaining or maintaining inner strength. Janice displays an inner strength which she refers to as stubbornness and tenacity.

... I think as a kid I was really stubborn (...) But I actually have tenacity... I hold on... I really hold on and I don't let go. I've decided that I am going to be well and that I am going to go and do the things that God has promised me I'm gonna do... and I'm gonna do them (...) I'm going to do them and I'm going to succeed... 'cos God promised me that much. (1:17)

... I know my ground and I'm going to stick to it and nothing and nobody are going to... pull me back from where I've

climbed to... I'm not up to the top of the mountain yet, but I'm getting there. (2:12)

PROTECTION OF OTHERS

As a child, Janice attempted to protect her sister from abuse. This verifies the findings of DiPalma's (1994) study which found that many abused children take on the role of protector in the family.

Subsequently Janice has since made every effort to care for her children in an emotional sense as well as in a physical sense. She has attempted to make home a safe place, to make her sons' friends welcome in her home, and to be a caring mother to her sons.

Janice has particularly protective feelings towards girls so that they are not harmed by abuse.

It's like I'm trying to protect... people and girls from... from letting it happen to them... because to me it's mostly females that are involved... I know the men are there, but it's mainly the women that get hurt (...) the men don't. (3:6)

SPIRITUALITY

Janice has been a Christian for seven and a half years, and has found her beliefs to be a great source of support and hope. Prior to this she had been searching for something that was missing from her life.

... The other thing was becoming a Christian. That... that has been vitally important (...) I actually don't think I

would have got anywhere near where I am now if I wasn't a Christian... um... Jesus Christ is my hope.
(2:1)

I'd been searching for a long time ... I'd been going to church before I was separated ... and I saw these people there, and they had something special that they never explained to me what it was (...) I'm tired of being this negative person that can't do anything and um ... then I accepted Christ into my life and um ... it's made a difference. It's made a difference in my life, it's made a difference in my kids. I've got something to live for... (1:2)

While some survivors of past abuses find comfort by having a belief in the Christian God (McGlone, 1990), others gain comfort by a belief in another form of spirituality (Martin & Carlson, 1988; Taylor & Ferszt, 1990). Survivors of ritual abuse have suffered spiritually, and so spiritual healing is an important consideration (Friesen, 1992; Labun, 1988; Leitenberg, Greenwald & Cado, 1992; McGilloway, 1985; Rew & Shirejian, 1993).

RESEARCH PARTICIPATION

Being involved in this research has prompted Janice to start writing. Bass and Davis (1988) and Brady (1992) encourage survivors of childhood sexual abuse to write as a way of expressing their thoughts and feelings. By talking with me, Janice has learnt that her experiences are shared by other survivors of ritual abuse, and that her responses are normal responses to extreme trauma (Gillespie, 1993).

... It's like seeing the transcripts when they come back. You think, "Oh man, did I say that". And here it is in black and white... but I did start writing a couple of weeks ago... (3:3)

... It's like the transcripts have started something off and that it's taken away a lot of the fear. So it's been important for you to see the transcripts? (...) That's probably been the most important thing... is I can read exactly what I've said so that it kind of... goes into me again... it stirs up and I can say "Yes, I did say this and it has been true"... so while the doubts come in... I know with what I'm doing is bringing healing. (3:4)

... It's given me confidence to... say "Right I can speak out" (...) and I know that somebody's doing something about all this stuff... and my life has maybe counted for something. It's going to make a difference to someone else... and that's important. (3:7)

... This I feel has been good because of having feedback, on being informed of what's going on all the time and it's... it's like a two way thing (...) you do tell me the truth and um... you answer the questions that I ask and um... you pass all the little trials. (3:7)

... In a strange way it's made me stronger... 'cos it's somebody who I didn't know... (3:7)

Once Janice saw the transcripts and the healing strategies that I identified, Janice acknowledged that she had used many strategies and had made significant progress.

... And I see with this is, I see how my healing... how much of my healing I've had... 'cos I actually thought I hadn't come that far, but with seeing it I realised that I've come a long way in two years... and... I felt proud of that. (2:11)

HEALING METAPHOR

Janice likens her healing to a journey up a mountain, and she often speaks of the "struggle". In her research Drauker (1992) found that survivors of incest often described the healing process in terms such as 'hard work'. Drauker uses the metaphor of construction, Sanders (1992, p. 16) uses the metaphor of "A Long Road Home" and Janice uses the metaphor of climbing.

... It seems to work in spirals... It's like you've got this tall mountain and the bottom is really wide, and you go round it and there's always problems. But as you get closer to the top, the problems get less and less. And it's like the memories of them "This can't be true", is happening less for me now... (1:16)

... It's always a steady progression up the mountain. You get stronger and stronger... each problem makes you stronger. (2:2)

... At the bottom of the mountain it was so hard because all this stuff was coming back that I'd never dealt with ... and

um... as you round the mountain and get more memories... back... but what I've found is it doesn't take as long to go round the mountain again because you're climbing upwards and... the memories are still painful and hard to deal with... but your resilience is a lot more... stronger... (3:5)

THE FUTURE

Raising self esteem

In the past Janice had not been encouraged in any way by her family. Part of the emotional abuse Janice suffered involved being told that she was useless in all aspects of life except to provide sexual gratification for others (Field notes, p. 12). This resulted in Janice having a very low sense of self-esteem and self-worth. Since becoming a Christian, members of her church have encouraged her to participate in activities and so nurtured her abilities, her belief in herself and raised her self esteem.

... All this talent that had been there just started coming out, because somebody encouraged me... (1:1)

My self esteem was non-existent. I had none... and um... being able to see that I could lead things (...) it opened up a whole new avenue for me. It was like a whole new life... (1:2-3)

Leading craft groups has helped Janice to raise her own self esteem.

... Where everything else was destroyed this was something that I could give to people (...) but was going to build their

self esteem up and that's what it starts. Build my self esteem up through that... and I've got the talent and that's really important. (2:1)

I suppose part of the encouraging is they've encouraged me to help other people (...) they've encouraged me to go out and look outwards and that's been good. (2:2)

At the fourth interview when Janice was reflecting on the healing and the interview process, she stated that because she had low self esteem she had difficulty looking at herself in the mirror. McGee (1984, p. 35) describes hope as the "capacity to look forward to some event with expectations", and Janice demonstrates this by hoping that one day she will be able to look at herself in the mirror with both eyes.

But you're looking forward to looking in the mirror with both eyes? Yes... and seeing a whole person. (2:17)

I want to... want to show people there's a hope in life... (2:11)

... And maybe when somebody reads what I've talked about with healing... they might think "Maybe I can make it too"... (3:7)

CONCLUSION

Despite Janice's abusive childhood, she still leaves an overwhelming impression of hope and looking forward to the future. She tells of the strategies that she has found helpful, which she willingly wishes to share with other survivors.

CHAPTER SIX

MICHAELA

BACKGROUND

Michaela is a thirty three year old who lives currently in a small town.

Michaela leads a very busy life as she manages her own business, is heavily involved in church activities, and has a wide range of hobbies. Michaela is a born-again Christian and has an unwavering faith and belief in Jesus Christ.

As a very young child Michaela was brought up to follow the teaching of the Catholic church and to worship an apparent anathema, Satan. Michaela states that many generations of her family were involved in ritual abuse activities (Fieldnotes, p. 13). The multigenerational nature of ritual abuse is described by Shaffer and Cozolino (1992) and Smith (1993). Boyd (1991) asserts that such perpetrators of ritual abuse may be both secular or non-secular. Michaela was sexually abused by her grandmother, her brother her father and a Catholic priest. Michaela says that now she realises that her childhood was far from normal and not happy.

I don't ever remember being... content... or fulfilled (...) I think I use the word happy but... um... I think happiness is... I think it must be something that nobody has much of... I don't ever remember having peace... (1:1)

Like my whole childhood was pointed to the demonic, towards Satanic... towards worshipping Satan. (2:1)

... I have felt so much fear... (1:5)

Michaela's grandmother had a huge degree of influence over Michaela and her parents, and Michaela spent most of her childhood living with her.

I wasn't brought up by my parents... for some reason they gave me to my grandmother (...) they owed her... she had something on them... like... bribery. (1:3)

The influence of Michaela's grandmother served to destroy her sense of self when she was a child.

... Incredibly powerful woman... I'm really glad she's dead (...) She had power over me. When I became a Christian I believe that power was broken, so I could see what she was really like. (1:6)

Courtois (1988) suggests that incest survivors need to change previous patterns of behaviour which are a result of childhood conditioning. This is considered to be emotional abuse, and according to Briere (1992), one of the key issues in any form of child abuse. As a child, Michaela was not encouraged to do anything or to talk. She was also generally put down, as is illustrated in the following quotes.

... I remember being put down in my childhood... I must have really been put down a lot... never encouraged. (1:2)

It was my Dad mostly... he was just so... "You're stupid... you're nothing... you'll never do any good". I mean these were like curses spoken to me all my life... (1:2)

... I'd been taught that anything you say is not of value at all, so you might as well just keep your mouth shut... 'cos anything you say is really stupid. (2:4)

A possible protective mechanism for Michaela as a child was to allow her mind to split away from her body so that her emotions did not experience the physical pain that she was feeling.

I did that as a child... It used to happen... It used to surprise me. I mean... I could look at myself from the corner of the bedroom (...) The line between what was reality and what was not real was rubbed out. (2:2)

This protective mechanism is described by several authors (Bass & Davis, 1988; Courtois, 1988; Gil, 1988; Smith, 1993). This enabled Michaela to either cope with or suppress her feelings of hurt which she was not allowed to express. The only feelings which Michaela says were nurtured were those of anger and hatred (Fieldnotes, p. 8).

As a way of coping, suicide did at times seem like a viable option to Michaela.

... Without Jesus I don't think I would be alive... now... because... I have such a self-destructive nature... (2:4-5)

... I decided to... not to obey my thoughts and not commit suicide... (3:2)

She hoped that this would release her from the pain and suffering. According to DiPalma (1994) it is not uncommon for survivors of ritual abuse to feel and act this way, or to harm themselves in other ways.

REFLECTION ON THE PAST

Accepting that the past is real and did happen is very important to Michaela. Smith (1993) asserts that acceptance of the past is an integral part of healing. Denial that the abuse happened is a common theme amongst sexual abuse survivors, but is a coping strategy that allows survivors to manage daily life (Bass & Davis, 1988; Courtois, 1988; Russell, 1986).

... accepting what has happened is the truth (...) The truth is really important but I can't go to Mum and Dad and ask them what the truth is (...) You feel so alone... because it seems like all these things are within you... and maybe you're not sure if they're the truth (...) You can't check it out... You can't be like a private eye (...) and investigate... because no one believes you for a start. (2:11)

... if you need to know something you go to someone and you ask them. You go to a book or you go to somewhere to find the truth. But here you can't... because no one's going to tell you the truth. (2:11)

Contextualising fears

Michaela has had many fears and phobias of certain situations, and until recently never understood why she had what she considered were irrational fears or phobias. This is a common experience for many survivors of ritual abuse (Kelley, 1988; McShane, 1993; Riddell, 1991; Ryder, 1992; Smith, 1993).

Shaffer and Cozolino (1992) discuss how the full memory retrieval process helps a ritual abuse survivor to fully comprehend her fears and phobias. However, once Michaela remembered abuses that had taken place and was able to contextualise the fears and the associated feelings, she was able to understand why she was afraid of some situations or places. Michaela has found that when she has recovered full memory of a terrifying event in the past, she can then put the fear in context.

*... When I had the memory... it was very painful to have it...
and I was so scared (...) that was the truth, that happened...
and that set me free from the fear... (2:16)*

*... When the spirit of fear comes over someone you just lose
control... You're just totally immersed in the fear, and those
are vital tactics that were used to... keep me quiet. (2:9)*

*... having the reason why you're afraid is like having the
truth come out... (2:16)*

In the past Michaela has been afraid of children, but friends have an infant daughter, of whom Michaela has become very fond. Michaela considers that part of her healing process has been learning to like this little girl.

*But even now I feel afraid of babies and small children (...)
that's been part of my healing is like I really like her... it's
taken a while 'cos I was too scared to touch her... (1:5)*

EXPRESSING EMOTIONS

Talking

When Michaela first started school she did not know how to communicate with others. Isolation from her peers had served to keep Michaela silent.

They thought I was handicapped the first two years at school. I just used to sit there and gaze out the window and I had no idea how to communicate with other people ... because I wasn't allowed friends (...) And like... I didn't have to relate to children... (1:3)

When she was a child, Michaela tried to tell a next door neighbour about something that had happened to her and she was not believed. Ainscough and Toon (1993) describe adults' disbelief when children try to tell; this results in the child becoming more ashamed and afraid. This is reiterated by Summit (1983) in his description of the child sexual abuse accommodation syndrome. Ainscough and Toon (1993) describe the relief felt by survivors when others believe their reality. Michaela had been taught to be silent, but since becoming a Christian she has found that she does have worthwhile things to say and that people do believe her.

Because you're taught and trained. I was taught and trained not to talk about it... (2:10)

... So if you're not believed once you don't... you haven't been believed, and they're right. No one believed me. (2:11-12)

... I'd been taught that anything you say is not of value at all, so you might as well just keep your mouth shut ... 'cos anything you say is really stupid... (2:4)

... because part of this healing is telling (...) it's like sharing your dreams... (1:10)

...You can't talk to anybody about this, so having... you to talk to and that you believe me... and that you're interested... is like... yeah, it's like finally I get to say something (...) I get to speak freely... that... that counts. So speaking freely. I don't have to measure everything that I say. I don't have to decide whether what I'm going to say is acceptable... um... I don't have to decide whether you'll actually believe this one or not, or will this hurt or harm you. Sorry I've just told you everything that's come to mind (...) that's like it felt like... freedom. (3:5)

MUTUALITY

Encouragement

Michaela's art work at school flourished once she received some encouragement. This encouragement improved Michaela's ability at art and also raise her self esteem. Bass and Davis (1988), Courtois (1988), and Gil (1988) suggest that those who have been abused often have low self-esteem, but that with encouragement their self-esteem will be raised.

I remember a teacher at school. I must have been fourteen. He encouraged me. All he said was, "You do well in art, you do well in painting", and I went from the bottom of the

bottom class to the very top (...) just because of those few words... so I can... could have been a genius if I'd been encouraged all those years. (1:2)

Being Believed

Acceptance and being believed by others are intertwined for Michaela. Michaela has found that being believed by counsellors, a supporter, and another survivor has helped her accept the realities of her past. Bass and Davis (1988) and Kemper (1992) suggest that validation by supporters and counsellors is important. This is reiterated by Shaffer and Cozolino (1992), who found in their study that a counsellor's belief in a survivor was a necessary pre-requisite for healing from ritual abuse.

... having someone to believe you. You can never accept it unless you can find someone who is going to believe you. (2:8-9)

Meeting another survivor

Having another survivor with whom to share thoughts and feelings is important to Michaela. Similarity of personality does not appear to be of concern to Michaela; rather the important factor appears to be shared experiences. This is in contradiction to Michaela's belief that a counsellor must share the same beliefs as her client.

... She can relate to things... she understands... just to have her there... (1:11)

I don't know if that's important for everyone but it was for me. That comes back to the truth and acceptance. (2:13)

So to have someone else say, "Yes, I've been through that, I know how you feel" (...) But to have someone there who really does know... to me is almost essential. (2:13)

... it's so important... if I didn't have [name of other survivor] (...) This is remembering and having to go through the memory and dealing with this is lonely enough. It's isolated enough but if I didn't have another survivor to talk about it with (...) I don't think I would be able... I wouldn't be able to grasp the reality of it (...) I think you need (...) you need another survivor (...) because um... I don't know... I guess because she's experienced it... yeah. (3:3)

... We are totally different people... absolutely totally different people. (2:13-14)

Supportive Friends

Supportive friends have also aided Michaela in her healing process. Only one of Michaela's friends knows of the ritual abuse, but while her other friends are not aware, they still provide unconditional support.

... He has become a good friend and he's become quite supportive to me... And the reason I let him in on this was because sometimes I would have memories when I was in his company and things would spark the memory... and in the situation or the circumstance I was in and I would react very badly usually... and so I thought well I have to tell him

what's going on (...) and there's another person (...) she hasn't been counselling me but she has been there. (3:1)

COUNSELLING

Counselling has played an important part in Michaela's healing process. Ainscough and Toon (1993), Bass and Davis (1988), and Courtois (1988) emphasise the importance of survivors being comfortable with and supported by counsellors. Michaela believes very strongly that Christian counselling is essential for her.

When I first went to counselling, I didn't know that I was going to counselling... I just thought I would have like one visit and get this out of the way (laughs)... gee, it didn't turn out like that did it. (3:1)

... I just wouldn't go to anyone, because the woman I go to now (...) she does know who God is (...) to choose the wrong counsellor would be almost fatal in some ways... (2:8)

Trust is also an important part of the relationship between a counsellor and client (Courtois, 1988; Gil, 1988). Michaela says that she has probably tested her counsellors in the early stages of counselling. There was always the fear that she would not be believed or that the counsellor would be horrified.

I just said whatever came into my mind and I looked for reactions. I looked at the counsellor's face... um... I didn't care what I said either... I didn't care how shocking or horrible or nasty I was... um... I just said whatever came... came out... that's what I said. You know, I guess I tested my

counsellor (...) well the counsellor believed me... then I trusted them. (3:1)

HEALING

McGlone (1990) discusses healing and suggests that it is an awakening and awareness of a deeper sense of self. When asked what is healing for her, Michaela says

... That would be a kind of completeness for me but I don't believe... as humans that we ever reach perfection ... it's not one of God's promises that on this earth... on this earth that we would ever reach perfection... (3:4)

So do you think there's a difference in the way we heal as women?... *We must do... we must do because um... although women have a lot more to say... we aren't often given the opportunity to say it... and keeping quiet is one of the things that stops healing... (3:6)*

Michaela believes that healing would have been impossible without the help of Jesus Christ.

That is healing... there is no healing other than with Jesus Christ. There is no freedom without the truth and He is the truth and... He has said, "I am the way, the truth, and the life". He didn't say "Look there's some others, go and look for them". (2:4)

However, Michaela does not just wait for things to happen for her.

*... If nothing's happening, I'll go and make something happen... Right, so you like to be busy. More than busy. I like to **make** things happen. (2:5)*

FORGIVENESS

Although now embracing the Christian faith, in the past Michaela has hated the perpetrators of the abuse but she is now learning to forgive them. However, Michaela does show ambivalence when talking about forgiveness as demonstrated by the following interview excerpts.

... I choose not to hate... (1:6)

... while you're hating someone... eating away at you little by little (...) Forgiveness is a powerful thing... it's freedom (...) Forgiveness and accepting that yes, it happened. (1:9)

... by hating (...) you do give control of your soul to someone else (...) I can't justify what these people did to me. It winds you up... it sort of ties you up inside to hate... (2:5)

... I always used to say forgiveness doesn't come easily to me (...) But they ruined my life, because in a big way they did... I never got a chance from birth. I was... like... used... (2:6)

You have to release them from your own personal judgement 'cos you've got no right to be a judge... Like I had to forgive my grandmother... (2:6-7)

... although I haven't really forgiven my Dad... (2:11)

According to Bass and Davis (1988) it is not necessary to forgive others, but more necessary to forgive oneself and make peace with the past. Burstow (1992) suggests that forgiveness of the perpetrators may prevent the survivor expressing her anger, with a subsequent result of the anger being internalised. Rather than forgive herself, Michaela says that God has forgiven her.

... So at salvation we accepted that the blood of Jesus Christ forgave me for... that I was forgiven for a lot of sin in the past... (2:1)

I mean you can go through the counselling and you can remember and remember... but it comes down to forgiveness... and without accepting what Jesus did there is no forgiveness... (3:8)

WOMEN'S STRENGTH

Belief in herself

Michaela has always believed in herself and her abilities - accompanied by a certain stubbornness. Rose (1990, p. 66) refers to this as "having capacity". Kadner (1989) refers to the individual's ability to cope with adversity as resilience.

... I always knew that I was just... really special... they obviously didn't destroy all of me... (1:10)

... I don't think I'm a very courageous person. I think I'm more stubborn... than courageous... (2:10)

SPIRITUALITY

Michaela says that she had been searching for something for many years. Upon reflection, Michaela realises that she had been looking for her family, who had never been there for her. It wasn't until she became a Christian that she realised that it was this for which she had been searching.

... There's got to be more to life than eating and sleeping, parties, relationships. There's got to be... the spiritual aspect... (1:8)

... When I first got saved I remember thinking "This is what I've been looking for my whole life"... (2:4)

... I've been looking for a replacement for my whole life... and I'm not going to look any further because... God says He'll supply all my needs through his riches and glory in Jesus Christ... (3:4)

Michaela has a total commitment to Jesus Christ.

... To know Jesus Christ... that really is the most fulfilling thing in my life... (2:6)

Michaela says that much of her life is a battle, but that she does have a future. Michaela's absolute faith and belief in God has been a source of great strength for her and cornerstone of her healing. Ross (1994), Heliker (1992), and Taylor and Ferszt (1990) discuss how the spiritual dimension of life influences the health and well-being of the individual. When Michaela refers to daily life being a battle, she is referring to the amount of effort

required to enable her to carry out routine daily activities. Where Michaela refers to a battle, Drauker (1992) and Sanders (1992) both refer to the labour required by adult survivors of incest.

(...) just everyday life is a battle. I mean it must be for other people as well... I mean other people have things to battle... they have the mortgage, or the car breaks down, or they hate their job, or they hate their boss... But I guess for me the battle is more of a spiritual war (...) it's like believing the truth (...) Looking back into all of this (...) my upbringing and my past... and yeah it is the truth... But if I stay back there looking at it and thinking, "Well I'm the result of all this, I'm a disaster"... that would end my life you know. And so the battle for me is choosing what Jesus Christ says about me in his word that... um... He will prosper me but He will heal me... (3:2)

Deliverance

Friesen (1992) describes more fully the "spiritual war" to which Michaela refers. He describes the spiritual oppression to which a survivor of ritual abuse has been subjected. Michaela and her counsellors believed that as a result of the ritual abuse, Michaela was possessed by demons or manifestations of the devil. Friesen (1992) elaborates on the debate as to whether the abused individual is possessed by an evil spirit or has multiple personalities. In order for Michaela to continue to heal, she believed it essential to be freed from the evil spirits. Michaela describes her deliverance.

... She told them they had to leave my life now... deliverance, perhaps you know it as exorcism. It's called deliverance.

God speaks so freely of deliverance. He just said I came to deliver you, I came to set you free. (2:9)

PARTICIPATION IN RESEARCH

Participating in this research has meant another step in healing for Michaela. Initially Michaela felt wary at the prospect of feminist research. However, her involvement in the process and decision-making demonstrates that the underlying principles of feminist research are workable and effective. Michaela's participation in the research has been a catalyst for change and enabled her to move forward in her healing journey. This demonstrates one of the benefits of participation in research interviews as described by Hutchinson, Wilson and Wilson (1994).

It's meant a lot... it's brought me... it's brought me healing... (3:5)

I didn't know what feminist research was. The word feminist scared me (...) I had a bad concept of anything ... associated with feminism... and then I thought... I sort of took a more open minded view and thought... well if you have to break this thing down, you might as well cut it in half by saying there's half for women and there's half for men... so that's how I understood it, but now I see that it's research geared... to the way women think. Women do not think like men. We don't react like men... and um... so I can now see that feminist research is... geared to um... treat women the way that women can cope... (3:5-6)

Are there things that you've got that you'd like to ask or say? *I'd like to say thankyou (...) Because I really do appreciate it, because it really, it's ab... even just having you (...) This has really helped... this has really been a big part of my healing... you know, I mean it's brought me to a point of making a decision (...) and I feel... I actually feel quite involved you know.. (3:7)*

HEALING METAPHOR

At the fourth meeting where we discussed the formative stage of Michaela's case study, Michaela described a recent dream of hers (Fieldnotes p. 13). She dreamt that she had to climb up a huge mountain and that the only access was through a garage. The floor of the garage was covered in black water so that she could not see what was underneath. There was no way to the base of the mountain other than through the unknown black water. Michaela believes that this is a metaphor of her life. In order to climb up the mountain or get where she is going she must walk through the black water or uncover more memories of abuse. This demonstrates that Michaela's healing process has only recently been initiated and according to her, there are more memories that she has yet to work through (Fieldnotes, p. 13).

THE FUTURE

Looking to the future is also important to Michaela. Her dreams for her life act as a focus and enable her to look forward, rather than dwell on the past. McGee (1984) describes hope as the ability to look to the future with some expectations.

... I know this will always be a part of my life (...) but um... it won't always be like this... I refuse that ... (2:12)

*... You can only win these battles with the power of God...
(2:14)*

*... Looking to the future is the only thing that's kept me alive
for the past twelve months... (3:2)*

*... and to be married... I have to have things sorted out (...)
So being married will perhaps mean that... yeah, that will
be a... I guess... a signal to me... you know... because I mean
I'm not looking for a husband. I know God will provide me
in his time... that it will be the person God wants me to be
with. (3:3)*

CONCLUSION

Michaela acknowledges that she still has work to do, and that despite her past, she can see a future for herself. As well as a firm belief in herself and her abilities, Michaela has a strong faith in God who she will rely upon for guidance and strength.

CHAPTER SEVEN

KIRSTY

BACKGROUND

Kirsty is in her late twenties. While she grew up in a small town in the North Island she is now living some distance from there. Kirsty does not keep in close contact with the members of her family of origin. Kirsty says that she was ritually abused as a child from the age of three and that this continued until she was about fourteen. Although her parents were not the perpetrators, another family member was involved.

Kirsty recalls that she was not close to her mother and that her mother was very detached and non-caring towards her children. However, Kirsty's grandmother was very affectionate and she has fond memories of her father. Kirsty says that she was a *perfect* (2:1) child but at the age of thirteen that changed. Kirsty talked about how she was screaming for attention and about the scream.

It was a silent one, exhibited through my behaviour. (...)

Because I didn't know what to say... I didn't know how to get it out. (2:6)

Terr (1988) found that trauma in early childhood is remembered and displayed in behaviour. Kirsty's comments about her behaviour as an early adolescent are consistent with Terr's findings.

... Then when I hit about thirteen, I just rebelled. I was just um... this major ball of anger. I learnt how to swear, I learnt

how to play hookey² from school, I wagged school all the time, I was quite aggressive towards my teachers... (1:4)

I think I was a very strange thirteen year old. I... it all got first noticed at school but I was um... I never looked up. I must have known the cracks of the floor of the school I went to. (2:6)

...I didn't know what was wrong with me. I couldn't explain why I was like this, I couldn't explain. I couldn't sit down and say well I was sexually abused, 'cos I didn't know at that point... (1:4)

Isolation involves the survivor thinking that she is the only person to have experienced this abuse (Bass & Davis, 1988; Summit, 1983). Loneliness is something that Kirsty experienced for a long time.

So I was like this one being who had this information, who thought I was like the only survivor I knew. Um, as the years progressed on I, I... basically was silent I think. (1:2)

Coker (1990) uses a therapeutic recovery model that involves breaking down an incest survivor's feelings of loneliness and isolation. Several authors have identified the importance of survivors of sexual abuse realising that their experiences are not isolated and that they are not alone (Courtois, 1988; Gil, 1988; Gillespie, 1993).

2 A colloquialism meaning truancy.

Throughout the interviews with Kirsty she remained very focused on the research topic, and her ways of coping as a child and healing as an adult.

REFLECTION ON THE PAST

Reflecting on the past and her abusive childhood, in order to understand the present and plan for the future, is important (DiPalma, 1994). Participation in this research was a reflection on how Kirsty viewed her healing process rather than a reflection on her past abuse.

... I lost a whole childhood. I lost my whole life. Like I'm in my early twenties and... I've only just started to live. Whereas people were living when they were five years old and I didn't live when I was five... I survived. (2:11)

Leaving the area

Kirsty believes that leaving the area and going to live elsewhere was an integral part of her healing. Smith (1993) suggests that it is essential for ritual abuse survivors to move away from the area where the abuse occurred. DiPalma (1994) found that survivors of incest needed to establish a successful life independent of their family of origin. Kirsty has achieved this.

... I was... about eighteen when I left where I was living and moved to another city... (1:1)

... Then I got to the stage where I moved away... leaving this town was brilliant. It was the most amazing thing I could have done (...) and then I left again and went down south which was even better. (1:6)

Prior to travelling overseas, Kirsty had difficulty sleeping at night. Recently when Kirsty did travel she was finally able to sleep through the night. This supports the findings of Elliot and Briere (1992) whose study showed women who had been sexually abused as children had disturbed sleeping patterns.

*... When I first went overseas for a holiday, I slept for the first time ever. Like I mean **really** slept. I used to sleep but I'd never slept where I hadn't woken up during the night, just for any reason (...) But since I've been back here I don't sleep. I really noticed the fact that (...) I don't relax while I'm here, but when I'm away I'm really relaxed. Everything is totally cruisy. (3:2)*

Kirsty also has some advice for other survivors.

... But I'd suggest to any survivor... go away for a holiday after you've done a lot of your counselling. Get some sleep. (3:3)

EXPRESSING FEELINGS

During the early part her adolescence, Kirsty did try to harm herself, but it was never an attempt to take her own life. DiPalma (1984) found that thoughts of or attempts at suicide were a means of escape by children who had been sexually abused, but for Kirsty it was possibly an attempt to express her feelings and tell of the abuse which she was unable to verbalise. Summit (1983) and Terr (1988) corroborate this analysis.

...I really made the decision that I didn't want to die. I just didn't like life right now... which was a big step. (2:3)

... getting the poison out of my body... it wasn't like wanting to bleed to death, it was like to get all the poison out, 'cos I felt like my whole... system was poisoned by the abuse. (2:3)

...It's just like things get trapped inside you and you need to get them out... some way... and the only way that I knew how to do that before I started talking was to let it out physically... like to cut myself... (3:1)

Creativity

Many authors assert that expression of feelings by survivors of abuse is essential, as often these women were not permitted to express their feelings of fear and anger when they were children (Ainscough & Toon, 1993; Bass & Davis, 1988; Briere, 1992; Courtois, 1988; DiPalma, 1994; Finney, 1990; Riggio, 1992). Kirsty found that expressing her feelings by talking or writing poetry helped her healing process.

To start off with I was expressing my feelings... because I didn't know a lot about the events... then as I got further I started to express the feelings with the events... like certain dates that I would talk about. How I felt on that date and what happened... (2:10)

I think... by talking about it... finally... once I learnt how to express it... talk... and decided on the things that I was too scared to say... and other things... like writing it down... my

own personal poetry and stories that I used to write down.
(3:1)

... Actually I did a lot of writing... and part of it too... I used to keep when I was younger... 13, 14, 15 [Years old]. A poetry book... I wrote a lot of poetry... and part of my healing (...) is burning... I used to burn it... every now and then I'd read it... and think, "Oh God, that's really... like I remember it"... It was this great big orange and purple book... and um... I remember reading it and thinking, "Oh that's so depressing and so black and horrible", I just burnt it. And it was really safe to do that 'cos nobody else could read it then. But it was really good to get rid of that. Like to have written all that down on paper and burn it. So that those things no longer exist and I have moved on to another stage. Like for me each stage I go through I tend to get rid of poetry books. I tend to burn them. (1:16)

In response to my question "What was the significance of destroying the poetry?", it became apparent that the writing of poetry and what Kirsty did with it at a later date involved reflection, maintaining privacy and breaking the bonds that had kept her tied to the cult and its members.

... Reading over and thinking, "Well that's really really negative". And thinking, "I'm in a different state, I'm in a different stage now". And partly for my own privacy that no one else can read that. And partly as a physical way of getting... rid of something and breaking those bonds. If you can actually destroy something. Like you can work through

it and then say, "Well I'll burn this". It's like taking... untying the ties to it. (2:10)

Randall (1991) believes that by using and allowing creativity the strong, healthy, and creative person is honoured, remembered, and discovered. Expressing herself by her own creativity was important to Kirsty. This took several forms.

... I did a lot of paintings and drawings when I was really young... now I don't (...) that whole... just expressing yourself in any way you can. (1:16)

My music. I expressed myself a lot in... what I would ever make up... 'cos of songs and everything, I just used to bash on the piano (...) play it over and over again just to get something out (...) because your whole life I found it... like it's so destructive that it's really good to be able to create something... to say look I can do this... even if it's drawing this little picture, you have created something. (...) I think that it's like... like part of your healing, like acknowledging what you are good at and doing that... and realising you know... just the whole thing of realising that you're a OK human being. (1:16)

Talking

Brady (1992) discusses the need for incest survivors to speak out without shame or embarrassment. Talking about the issues and feelings involved held varying degrees of importance at different stages in Kirsty's life.

Probably for a couple of years it was just like... this big thing that I had to do. I had to be heard. (1:2)

Then it became inside of me a bit of a political movement to make people aware, so that I was on like a bandwagon ... (1:3)

MUTUALITY

Contact with another survivor

An important aspect of healing for Kirsty was meeting another survivor.

Kirsty recalls that she desperately wanted to meet with another survivor but was always discouraged from doing so.

... But you do need to be ready to meet another survivor.

(...) But I knew inside myself I was and I needed that. I really needed that to make... big leaps and bounds... (1:13)

... Without the base things that happened at school and my counsellor, I would never have been ready to meet another survivor, which was the most incredible thing (...) Just that feeling of connecting with another person that had gone through that was just so incredible... (2:11)

... And I think survivor contact is as... um... I mean that was my last step basically (...) it's very scary to meet another survivor but it's also brilliant (...) it's been like a Godsend. You know, sit down with somebody else and just to talk without having to explain anything (...) you don't have to explain why that happened (...) all you have to do is say a

few words and they're like... right there with you and they know exactly what you're talking about... (1:12-13)

... But that was the most... I guess that was the most affirming and healing for me after my background counselling was... meeting another survivor (...) and just having all of that affirmation (...) That's just like affirming that you are OK, that you weren't to blame. (1:13)

Kirsty believes that meeting another survivor was affirming for her, because they could validate each others' experiences and feelings.

*... The meeting of the survivor is not the most important thing that got me through it all... It was **all** the things that led up to that point and all the things that are going on now. (2:11)*

Unconditional acceptance by others

The unconditional acceptance by others of who she was and what she was going through was important to Kirsty.

...I was allowed to scream and call them terrible names and slam doors in their faces (...) and they were all very affirming of who I was. (1:6)

COUNSELLING

At the time of adolescence when Kirsty was harming herself, she met a counsellor at school with whom she soon established a rapport. This early rapport was based on trust, an essential ingredient in any counselling

relationship (Ainscough & Toon, 1993; Bass & Davis, 1988; Smith, 1993).

This enabled Kirsty to come out of her isolation.

...And for some reason we connected really really well. I hadn't cried in years and she said one word to me and I like burst into tears. So she decided that she'd like to take me on as a client. So we just started from there, and once she took me on my behaviour at school got a lot better. (...) I think I was just screaming for that attention...for someone to notice something. (1:4)

While counselling has played a large part in her healing, Kirsty found that one counsellor was insufficient to meet her needs. As well as a private counsellor Kirsty was also able to see the school counsellors. In addition to counselling support, Kirsty also had a very supportive teacher and two foster parents with whom she was able to stay. She credits much of her healing to the amount of support that she received from friends, teachers and counsellors. Riggio (1992) suggests that a wide network of supporters can be of great value to ritual abuse survivors. In addition to counselling support, the mutual trust between Kirsty and her network of supporters helped to break down Kirsty's previous isolation. Coker (1990), Courtois (1988) and Gil (1988) all discuss the importance of the establishment of trust and breaking down feelings of isolation.

...I had this like mega support system... (1:5)

...They didn't ask a lot of questions. (...) They just knew that the abuse they were dealing with was really really traumatic... (1:5)

...It was brilliant. I don't think... I don't know actually how other survivors do it on one counsellor. Um, I don't think that one counsellor is enough when you're going through something like that. And one to two hours a week isn't enough. (1:5)

...I got different things from each counsellor and different needs were met. I had one main counsellor who dealt with the ritual abuse and then there were other counsellors that dealt with different sides of that. (...) I definitely had many different needs and was very needy and had a lot of different people that were there. (2:14)

The counselling in which Kirsty participated was very intensive. Sometimes appointments with her private counsellor became very long sessions and at other times the counselling sessions were in response to an immediate need.

... Other times I'd just like turn up and I'd just be gushing with it and we'd have to get right into it (...) it wasn't like... putting... the top back on a coke bottle... it was like... shaking one up and... letting it loose... and I couldn't control it. (2:8)

*... As far as counselling with her, we worked really intensely. We didn't have one hour sessions once or twice a week. We **did** eight hour sessions two to three times a week... (1:4)*

Smith (1993) discusses the lengthy counselling process as being necessary because of the extremely traumatic memories. Woodsum (1990) asserts that

lengthier appointments, as opposed to the usual one hour, may be necessary for survivors of ritual abuse, and that these three to four hour appointments occur on a monthly basis. However the intensive counselling as described by Kirsty lasted for approximately one year.

Safety

The following authors all assert that issues surrounding personal safety are a common theme for survivors of ritual abuse (Kelley, 1988; McShane, 1993; Riddell, 1991; Ryder, 1992; Smith, 1993; Woodsum, 1990). Safety was an important issue for Kirsty, both her own safety and that of her counsellors.

...I think I selected people to hear some things and other people to hear other things... for my safety and for the counsellors' (...) You know some counsellors are better equipped to hear some things and others are to hear other things. I chose... what I told and to whom I told... which must have left people a bit bewildered, but... it meant that I wasn't dumping. I can imagine dumping a whole load on one of the counsellors of everything that happened to me. I think that would have shattered them (...) I don't know if it was true or not, but I felt that doing a whole load would have been too much for one person. (3:1)

HEALING

Difference between surviving and healing

Kirsty believes that there is a difference between surviving and healing.

Well surviving, to me... almost... for me it's like day to day... live today, worry about tomorrow when it happens, you

know. Or one day at a time. Or going through hard patches... healing is striving for the future, striving for what I can do and how I can be. Healing is like... is a part of... is I guess healing to me is more positive than surviving. Surviving is you're surviving it. You're just making it through. (...) I have survived the past. I mean I'm living now. (1:19)

... It is like looking towards something or looking back and saying, "Yes, I've healed through that". I not only survived but I healed and came through it... um... I do think there's a difference. I can't put it into great clarity. (1:19)

Healing as a continuous process

Kirsty believes that healing is never over and that she still needs to remain aware.

... and I have been through a lot of healing and I'm still... I think that's what I'm doing now is healing still, and healing is still being aware... (1:19)

... healing... is for me, never over you know, always got to be aware... and I stay aware now of... what I'm doing and saying... and what's around me. (...) But there really isn't points where you can relax. (1:3)

... The surviving gets easier and easier. I consider myself, I'm living, but I'll always be healing from it (...) there's

always going to be that twinge there... or that sadness.

(2:11)

It is apparent that there are many aspects of a survivor's life that contribute to a healing process. Kirsty describes the need to meet other survivors and validate her own knowledge, the need to tell her story, and the process of integrating the past into her present life and her future (DiPalma, 1994).

Being Normal

Leading a normal life is important to Kirsty.

... But it's like that normal routine. Going out there and being a normal human being without this survivor behind your back or on your shoulder being a survivor. Or even people knowing. You know, like functioning normally without people knowing... about your past and having those bad days and coping with them totally on your own. (1:7)

This reveals how Kirsty has integrated her past experiences and worked through the negative feelings about herself and associations with these experiences. Briere (1992) suggests that once the survivor rejects the notion that she is bad, she is more likely to accept herself.

BALANCING

In her exploratory study DiPalma (1994) found that children coped with sexual abuse by avoidance strategies and psychological escapes. While Kirsty was ritually abused by a group of people who worshipped Satan, she attended a Christian church on her own from a very early age. This attempt

to maintain a balance in her life could be Kirsty's first healing experience or way of coping as a child.

...About the same time my abuse started, I started going to a Christian church. I think it balanced things out (...) But at that point in my life I think it was really necessary. It balanced the... I saw it as the cold people and the warm people. Cold people were my abusers and the warm people that I got to go and sing with on Sundays. (1:4)

...I knew that they were both churches. (...) They both had ceremonies... but one was warm and one was cold. (1:19)

...The warm church was definitely the Christian Church... um ... for many reasons (...) it was in the daylight, the people were very lighthearted, there was a lot of smiles and joyousness, they took care of you (...) the cold church to me was... the people that were either dressed in different robes and um... even the physical side of being naked and cold. Like left cold (...) the laughing that was like mocking (...) it was like the emotional and the physicalness of each separate church. (2:5)

...I guess that was healing as well, or just as helpful. That helped me survive. (1:18)

PERSONAL STRENGTH

Kirsty's belief in herself, her own strength and others' affirmation of that has helped her develop a sense of self.

... And they were all very affirming of who I was and... just that... yeah... I don't know... my strength I guess. (1:6)

Also important was a belief in the 'good' part of herself.

... Because your whole life I found it... like so destructive that it's really good to be able to create something. To say, look I can do this (...) I think that's like... like part of your healing, like acknowledging what you are good at and doing that... and realising... you know... just that whole thing of realising that you're a OK human being. (1:16)

Kirsty asserts that survivors of this abuse have to be strong in order to survive. This is validated by Briere (1992) who discusses his appreciation of the child abuse survivor's strength. Brady (1992) describes the process of incest survivors learning new ways of being and living.

... I think survivors have always got a lot of strength, but it's being allowed. The being allowed to express that, and often you don't express that in a very appropriate way to start off with, but once you get it more together about who you are, it comes out and... um... you turn into amazing people. All the survivors that I have met are amazing people, and they're very strong people. And of course you are, you survived the very worst. Yes, you survived. It's like you survived a holocaust basically... your own personal holocaust. And if you can survive that you can survive anything. (1:6)

WOMEN'S STRENGTH

Kirsty asserts that there is a difference between male and female survivors.

... Because of the power structures within the cults, I think female survivors... are very different than the male (...) but then there are children... you can't differentiate between a boy and a girl child, but when you're getting older it's very clear that men have the power... like adolescent men have the power over adolescent women. (1:17)

The abusive situation of which Kirsty speaks reflects the patriarchal nature of society, where women are considered to be objects to be used by men who maintain power over women by the use of language and values so that masculinity is determined as being normal and any 'other' is abnormal or deviant. This analysis is corroborated by authors such as Sampsel et al. (1992) and Belenky et al. (1986).

... I actually think the women are stronger. (...) I just personally think women are a lot stronger than men... we want lots more for ourselves than what a cult has got to offer. But men are still in that frame of mind. They're brought up with that. They're given power. They're going to stay there. (1:17)

... Women aren't... wanting to run around hurting things, being aggressive. Whereas men in our society are aggressive and more greedy and more powerful... and that's just like... it's the basic sexist society. (1:18)

Women have provided much support for Kirsty in her healing process, which she believes could not have been provided by men because men have generally not experienced abuse of power.

... Even if they haven't been through that kind of abuse or any kind of abuse, they've experienced abuse and power issues from men. (2:9)

PROTECTION OF OTHERS

As described earlier Kirsty appears to have taken care to protect her counsellors from some of the worst aspects of her abuse. This was perhaps an attempt to protect her own boundaries (Drauker, 1992), but also indicates that counsellors must be open and accepting of the client (Briere, 1992; Courtois, 1988). Sanders (1992) suggests that clients should not be made to feel that they need to protect counsellors from the worst aspects of their abuse, nor should they be encouraged to reveal specific details of certain abuses if they show reluctance. Kirsty confirms this latter point.

... and if you go too fast with any information counsellors might freak out themselves (...) But if you drip feed a bit, then the counsellor's going to understand... more... and probably will be more ready for a client to come and say "Hey, you know this happened". (...) I think survivors are really clever... survivors know how much their counsellor can take ... (1:11-12)

...It's important to acknowledge everything that happened... or how you felt. I don't think you need to delve into every single memory. (1:16)

Even now Kirsty believes that it is important to provide counsellors and supporters of ritual abuse supporters with information, but in a caring manner.

Or just getting the right information to counsellors (...) compassionately... I think compassionate awareness is the best kind of awareness you can get, rather than let's slam the public or something. (1:11)

PARTICIPATION IN RESEARCH

In response to a question about how she felt when she was asked to participate in this research Kirsty expressed initial feelings of ambivalence. While Kirsty knew that I was focusing on healing from ritual abuse, she was afraid that I would focus on aspects of her past abuse rather than on healing.

... So I did debate. Whether to do it or not to do it. But then I thought the other aspect of it is when you get to this stage of healing your life where you just... it's not this major issue in your life any more and you don't want to run around saying "This is me, this is me". There is a point where you want to say "OK, I don't want to talk about what's happened any more, that's not important for me to talk about any more". I want to get on and have a normal life and have people around me that don't know. (1:2)

...I thought "Cool"... someone is finally looking at... this topic... the healing aspects rather than the gory details... (1:1)

At the second interview I told Kirsty the strategies that I had identified as part of her healing process. This demonstrated to Kirsty that I listened to her and validated her as a person (Hutchinson, Wilson and Wilson, 1994).

Fifteen things! How incredible, fifteen survival skills... how amazing. (2:11)

THE FUTURE

Looking to the future and making plans is a large part of healing for Kirsty.

... Healing is striving for the future, striving for what I can do and how I can be (...) But to me I've healed enough that um... I'm looking at going to polytechnic in a few months and getting my diploma... (1:19)

So therefore, so like I'm planning way ahead which is... not surviving. It's beyond survival. (...) It feels really normal... (1:20)

CONCLUSION

At the time of writing Kirsty is attending Polytechnic and therefore working toward achieving her vision of her future. By striving to attain her goals, Kirsty is looking forward to the future.

CHAPTER EIGHT

DATA INTEGRATION

INTRODUCTION

After the first interviews were completed and transcribed, I returned each participant's transcript. At the subsequent interview I identified what strategies I believed the individual participant had used in her healing process. I asked for clarification, further explanation, or correction of these identified strategies. All the participants gave further information and expressed surprise that I had identified a large number of strategies. A quote from Kirsty expresses this.

... I was looking at all the things... I'd worked out fifteen things that you used to help your healing, your own personal healing (...) *Fifteen things! How incredible, fifteen survival skills... how amazing.* (Kirsty, 2:11)

The participants also asked about each other and about other survivors I knew who were not participating in the research. Examples of the questions I was asked at the initial untaped interviews were: "Are all the others Christians?", "Do other people do this?", "I'm not the only one this has happened to?", "What sort of counselling do others have?" (Fieldnotes, p. 1). When working with participants I was continually mindful of the ethical issues pertinent to this study (Refer Chapter Three, p. 43).

In this chapter the similarities and differences of strategies used by the participants are highlighted. In order to remain true to the principles of feminist research, the participants all reviewed initial drafts of this chapter

(Acker, Barry & Esseveld, 1983). One participant suggested expansion of one point which was implemented. As well as following feminist principles, the data is presented in a descriptive manner (Yin, 1984).

REFLECTION ON THE PAST

All the participants reflected on the past, and three of the women discussed their abuse when talking about the past. Michaela also stressed that she needed to accept her past - a point which has been documented in the research of Smith (1993). While reflecting on her past, Kirsty focused on her own healing and the strategies that she employed.

Part of reflection on the past is accepting and acknowledging the fears for what they are; that they are in the past. This is emphasised by Moira and Michaela.

... But I've decided through working through this that it's OK to be scared of some things, but as long as you acknowledge that you're scared of those things... and I find I've got to acknowledge... Yeah its OK to be scared (...) but it's acknowledging that I'm scared rather than getting into a panic attack situation... (Moira, 3:1)

... To accept and acknowledge it... it's got to be part of it (...) once you've accepted it you can work on it... (Moira 2:7)

... Having the reason why you're afraid is like having the truth come out... (Michaela 2:16)

The fears need to be contextualised (Shaffer & Cozolino, 1992) and the survivor to realise that she is no longer a powerless child or adolescent, but a competent adult who is capable of making her own decisions.

Kirsty, particularly, found that leaving the area where she was abused was important, as she was finally able to sleep well at night. She also has some valuable advice for other survivors.

... I slept for the first time ever. Like I mean I really slept (...)

(Kirsty, 3:2)

... But I'd suggest to any survivor... go away for a holiday after you've done a lot of your counselling. Get some sleep.

(Kirsty, 3:3)

This is supported by Smith (1993) whose research suggests that healing occurs when survivors leave the area where they were abused.

Search for meaning

Drauker (1989) found that survivors of sexual abuse cognitively coped by searching for meaning for the abuse. Janice, Michaela and Moira each discussed the reasons why they thought that they had been abused, while Kirsty made no mention of searching for meaning. Janice searched for why it happened, and has found her answer. She has concluded that her abuse provided an affluent lifestyle for her family. Moira has decided that her mother abused her when she was a child because she (her mother) was mentally ill, and that the ritual abuse of her adolescence occurred because she was trying to get rid of the devil that she had been told lived within her. Michaela knows that she was ritually abused because her whole family was

involved in ritual abuse. Michaela's family demonstrate the multigenerational nature of ritual abuse.

I wasn't brought up by my parents... for some reason they gave me to my grandmother (...) they owed her... she had something on them... like... bribery. (Michaela, 1:3)

EXPRESSING FEELINGS

Bass and Davis (1988) and Wischild (1991) particularly identify the expression of feelings as being cathartic for a survivor of abuse. Michaela pointed out that as a child she had been encouraged to express what she called "negative feelings" such as anger and hatred, while not being allowed to express "positive feelings" such as happiness or fear. As a consequence Michaela had to learn how to express previously repressed feelings. Each participant's feelings were expressed in individual ways.

Kirsty and Michaela both discuss how talking has helped them at various stages of their healing process. All the participants described how in the past they felt unable to talk, then began to talk a lot more. Kirsty used to talk about her abuse, but now finds that she does not need to and prefers to focus her attention on the present and the future rather than the past.

Probably for a couple of years it was just like... this big thing that I had to do. I had to be heard. (Kirsty, 1:2)

Then it became inside of me a bit of a political movement to make people aware, so that I was on like a bandwagon ... (Kirsty, 1:3)

... because part of this healing is telling (...) it's like sharing your dreams... (Michelle, 1:10)

All the participants discuss how writing has helped them express feelings that they could not verbalise. These writings were variously destroyed or converted into poetry, short stories or art work.

Kirsty expressed her feelings by writing, which she either kept, gave to others as a gift, or destroyed.

But it was really good to get rid of that. Like to have written all that down on paper and burn it. So that those things no longer exist and I have moved on to another stage. Like for me each stage I go through I tend to get rid of poetry books. I tend to burn them. (Kirsty, 1:16)

Moirá too burnt what she considered was negative writing, and turned her positive writings into art or short stories. Moirá and Kirsty both regarded their negative writings as expressions of anger and fear. After some encouragement at secondary school, Michaela found that her skills in art and her creativity flourished.

Bowers (1992) and Courtois (1988) suggest that the non-harmful expression of anger is important for a survivor of abuse. However, Janice felt that allowing expression of her anger was potentially harmful to herself.

... If I get angry at them... that means they've got another part of me (...) I don't want them to have any more than they've already had... so if I get angry at them they get a

part of me... and they destroy some more (...) I know I have been angry at stages (...) I've found that never got me anywhere (...) the angrier I got at them, the angrier I got at myself (...) I'm not angry at them. (Janice, 1:14)

Janice described the anger that she initially felt towards her abusers, but believed that by continuing to be angry she was allowing the abusers to control part of her.

Janice described how seeing the transcripts had encouraged her to start writing again. Bass and Davis (1988), Finney (1988), and Wisecchild (1991) all discuss the therapeutic effect that other survivors' writings have on those who have previously remained silent. In Janice's case the therapeutic effect was seeing her own spoken words on paper in this research.

... It's like seeing the transcripts when they come back. You think "Oh man, did I say that", and here it is in black and white... but I did start writing a couple of weeks ago... (Janice, 3:3)

... It's like the transcripts have started something off and that it's taken away a lot of the fear. So it's been important for you to see the transcripts? (...) That's probably been the most important thing... (Janice, 3:4)

Naming ritual abuse

By naming ritual abuse the survivor may then begin to break the secrecy and reclaim her own personal power (Riggio, 1992). While only one participant verbalised it, the others by their participation implied this on tape and

verbalised it off tape. Moira identifies the importance for her of naming ritual abuse for what it really is. By naming and describing ritual abuse, the secrecy and power surrounding this type of abuse is broken.

... You have to name it. All the nasty things about it.

(Moira, 3:8)

Mutuality and counselling are the next identified themes. I believe that these are significant as they are the tools which provide a conducive environment for women to heal from ritual abuse.

MUTUALITY

Perry (1993) mentions mutuality in a discussion about empathy, while Hall and Stevens (1991) discuss mutuality as being an assumption that women are truth-tellers and that there is equality of power in a relationship. While Hall and Stevens are referring to principles of feminist research, these principles are also applicable to all women and their relationships with other people, particularly friends, family, counsellors, and health care providers. Kirsty found that unconditional acceptance by others was helpful in the early stages of her healing process. Janice describes unconditional acceptance by others.

You need a close-knit group around you... you just can't have the counsellors... but you've gotta have people around you who accept you when you're crying your eyes out (...) they just come and accept you (...) She just needs to be comforted, she just needs to be loved, she just needs to be held. Sometimes all I need is somebody just to hug me... hold me really tight. I don't need speaking things to me, because

words don't matter at that time. It's the need to feel safe and secure, and to have a group around you. You've gotta have a support team... no matter what. (Janice, 1:17-18)

Mutuality has been expressed in different ways by participants in this study. Moira has found that the friendship of two people has been particularly helpful for her. However, animals' love for Moira demonstrates to her that she is likeable. Encouragement does help to raise an individual's self-esteem (Bass & Davis, 1988; Courtois, 1988; Gil, 1988). Michaela found that her art work improved dramatically at school once she was encouraged and Janice also describes the result of being encouraged.

... All this talent that had been there just started coming out, because somebody encouraged me... (Janice, 1:1)

Being believed

All the participants want others to believe them. This helps them to validate their own memories and is an acknowledgement of their reality. This is supported by Bass and Davis (1988) and Kemper (1992). Moira, Janice and Kirsty all find that acceptance of who they are by others is important to them. That is not to say that their friends and acquaintances need to know of their abuse, but that they accept them for the people they are. Janice describes the need to be real and not to put on a happy face all the time in order to make others feel comfortable.

... I think even... even professionals have got to start believing what we're saying is true instead of saying "Can't possibly happen". ... People have got to start opening their eyes. (Janice, 2:8)

... having someone to believe you. You can never accept it unless you can find someone who is going to believe you. (Michaela, 2:8-9)

... The main part of me healing is having someone that actually believes me, and don't throw their hands back and say, "You're lying"... that's the first step in healing, when somebody believes (...) need to be believed... that I'm not making it up, that I'm not funny in the head... because it's not the easiest thing to say. (Moira, 1:11)

Coming out of isolation

Michaela, Janice, Kirsty and Moira discuss how isolated they have felt in the past, but that they now have found friends who value them for who they are. Janice in particular, describes the amazing experience of when she first found a friend.

... I actually got a friend...first time in my entire life that I had a friend... First time? ... Yes, because as a child... didn't have friends. I didn't have anybody come over... and I just thought that was normal... and I never had anybody close. I never had anybody that I could talk to, share with (...) and then I got a best friend, and that's been so amazing. Having a friendship. I never knew it could be so exciting and that's been really neat. (Janice, 1:3)

Coming out of isolation is also a time of learning to trust other people. Gillespie (1993) discusses the importance of breaking down feelings of isolation in sexual abuse survivors.

Kirsty discusses the enjoyment of being normal and dealing with everyday problems rather than issues of past abuse and memories.

New boundaries

Kirsty and Moira discuss the need to create new personal boundaries within their relationships with others. Moira describes this when she discusses how she and her husband planned their family and the way they would be raised.

My husband and I actually talked before we had the kids that... it had to be different or we wouldn't have any. (...) 'Cos I wouldn't put the kids through what I've been through (...) We both decided that our children would be brought up different [sic]. (Moira 2:3)

Smith (1993) also asserts that survivors of ritual abuse need to leave the area. Kirsty believes that she now sleeps very well because she no longer lives in the area of where her abuse occurred.

... Then I got to the stage where I moved away... leaving this town was brilliant. It was the most amazing thing I could have done (...) And then I left again and went down south which was even better. (Kirsty 1:6)

Moira also has safety measures in place for herself. These include household and work security measures, but for reasons of preservation of anonymity these will not be identified or explained here. All of the participants actively decide with whom they will share their life stories.

...I think I selected people to hear some things and other people to hear other things... for my safety and for the counsellors. (Kirsty 3:1)

Contact with another survivor

Kirsty believes that contact with another survivor was very important for her, but this may not be appropriate for all survivors. She shares the same belief as Janice and Michaela who believe that shared experiences are important. As yet, Moira has expressed no interest in meeting another survivor.

I don't know if that's important for everyone but it was for me. That comes back to the truth and acceptance. (Michaela, 2:13)

So to have someone else say, "Yes, I've been through that, I know how you feel" (...) But to have someone there who really does know... to me is almost essential. (Michaela, 2:13)

... But that was the most... I guess that was the most affirming and healing for me after my background counselling was... meeting another survivor (...) and just having all of that affirmation (...) That's just like affirming that you are OK, that you weren't to blame. (Kirsty, 1:13)

COUNSELLING

All the participants are at different stages of their own individual healing processes or journeys. This is possibly reflected by the varying intensity and amount of counselling that each has at present.

While Kirsty has been counselled in the past this no longer continues. Moira is counselled when she believes that this is required. Michaela and Janice both have counselling on a more regular basis.

Michaela and Janice are counselled by Christian counsellors. They both believe that counsellors must 'suit' the individual by sharing similar beliefs. Because Kirsty and Moira also believe that counsellors must be compatible with the client, neither wish to have Christian counselling.

Woodsum (1990) asserts that ritual abuse survivors are more appropriately served by having monthly counselling appointments of three to four hours, in order to encourage independence and enable in depth counselling work to take place. Janice and Kirsty both discussed the need for lengthy appointments for survivors of ritual abuse. According to them the traditional one hour counselling appointment seems to be inadequate in these circumstances.

... Like I know sometimes with my counsellors we get past the trivial things in the first forty five minutes. That leaves fifteen minutes to deal with the real serious stuff and then once that hour is up, the, "Sorry you've got to go now"... It's never worked like that with my counsellors (...) you can't do counselling for ritual abuse in an hour... no way.
(Janice, 2:5)

Kirsty also states that when an issue was ready to be discussed, the situation became urgent. She describes this as being like a shaken 'coke' bottle - once shaken it had to be opened and the issue addressed in counselling.

*... It was like... shaking one up and... letting it loose... and
I couldn't control it. (Kirsty, 2:8)*

Trust is an important element in any counselling relationship. However, ritual abuse survivors have great difficulty trusting other human beings. Trust in a counselling relationship means remaining committed to the client. Moira felt total rejection when a counsellor who had previously demonstrated commitment to her, told her that she was no longer able to be her counsellor. Moira believes that in a counselling relationship there needs to be both continuity and commitment. All the participants believed that trust was very important to them.

Janice stated that she believed counsellors needed to be friends with their clients, although the other participants did not suggest this.

Kirsty was very concerned for her counsellors' welfare, with regard to physical safety and protection from the worst aspects of ritual abuse and its effects. This very real concern demonstrates that survivors care about the welfare of their supporters and counsellors.

HEALING

Smith (1993, p. 72) says that "healing from ritual abuse is about learning to live with what happened to you". Learning to live with and accept what has happened is important for any survivor of past trauma. It is, however, very difficult for a survivor of ritual abuse to accept what happened to her when

others continue to deny her reality. As identified by the participants, belief by others that they are truth-tellers (Scutt, 1992) is central to the healing journey.

McGlone (1990) discusses healing, and suggests that it is an awakening and awareness of a deeper sense of self. As part of the research process, all the participants were encouraged to reflect on their own individual healing process. This perhaps helped them to realise how much 'work' they had done. This is elaborated on later in this chapter when healing metaphors are discussed. However, Kirsty differed from the other three women by choosing not to reflect on the abuse, but to reflect solely on her healing process.

This study demonstrates that healing cannot be constrained by a concise definition. Healing, to these women, is a combination of the spiritual, physical, emotional, and psychological aspects of the self. It is a process which develops over a period of time. It is a development of a sense of self, acceptance of self, and forgiveness of self. So while healing is an acceptance of the past, it is more importantly looking to the future with hope. As the four participants demonstrate, healing is an individual process.

Moira and Kirsty both point out that there is a difference between surviving and healing. They describe this very well in their own words which require no interpretation.

Surviving is staying alive... staying still I guess, but staying alive, and healing is moving on and one day looking back (...) that's what I'm doing now... I'm healing (...) I think I'm leaping ahead... lovely feeling! (Moira, 2:10)

Healing is striving for the future, striving for what I can do and how I can be. Healing is like... is a part of... is I guess healing to me is more positive than surviving. Surviving is you're surviving it. You're just making it through. (...) I have survived the past. I mean I'm living now. (Kirsty, 1:19)

So while these women are called survivors (Briere, 1992) because they are fortunate to have survived horrendous ordeals, they are all looking forward to the future and should all be called healers from ritual abuse.

All the participants demonstrate that healing is a continuous process that involves time and hard work. Drauker (1992) refers to the hard work involved for survivors of incest as they construct their personal residence. As Janice says, the healing process could be likened to climbing a mountain. Parts of the terrain are arduous and very hard work, while other parts of the terrain have fewer obstacles and the climber is able to regain strength before meeting the next obstacle. Kirsty says that healing is a continuous process and sums it up when she says

... but I'll always be healing from it... (Kirsty, 2:11)

This is illustrated by Moira when she discusses peeling off the outer layers of rubbish (Refer p. 73). Michaela believes that healing is a completeness or state of perfection which humans can never hope to fulfil.

... That would be a kind of completeness for me but I don't believe... as humans that we ever reach perfection ... it's not

one of God's promises that on this earth... on this earth that we would ever reach perfection... (Michaela, 3:4)

While Janice believes that she heals from the individual memories and feelings associated with these separately, none of the other participants stated this.

FORGIVENESS

Both Janice and Michaela believe that forgiveness of the abusers is essential in order for healing to occur. This is perhaps because they are both Christians and receiving Christian counselling. Burstow (1992) believes that forgiving the perpetrators is not necessarily essential, because the survivor may not be able to express anger and therefore internalise it. By insisting that forgiveness is necessary, counsellors may be giving messages that male violence is forgivable by a dominated woman in patriarchal society. Ultimately, the choice must remain with the survivor as to what her individual response will be. Janice has forgiven herself but Michaela says that God has forgiven her.

While Janice had attempted to alter the memories of her past, she and Moira say that they have forgiven themselves. According to Briere (1992) self-forgiveness is important for survivors of child abuse. Bass and Davis (1988) suggest that forgiveness of the self is very important. They suggest that there is a need to make peace with the past and that forgiveness of the abusers is not necessary.

A further aspect of self-forgiveness is the ability to disclaim responsibility not only for what happened when she was a child, but for things that may go wrong now.

... Not being responsible all the time for everything that happens... because I'm not responsible... I'm not supposed to be... (Janice, 2:4)

BALANCING

Balancing is an activity that recurs throughout the case studies but is only described by Kirsty. The whole process of healing seems to be the ability to maintain a balance or sense of equilibrium, between the awful reality of the past, maintaining a focus on present day life, and looking forward to the future.

Kirsty maintained balance during her childhood by attending church and Sunday school. She viewed this as maintaining a balance between the warm (Christian) and the cold (Satanist) people.

...The warm church was definitely the Christian Church... um ...for many reasons (...) it was in the daylight, the people were very lighthearted, there was a lot of smiles and joyousness, they took care of you (...) the cold church to me was... the people that were either dressed in different robes and um... even the physical side of being naked and cold. Like left cold (...) the laughing that was like mocking (...) it was like the emotional and the physicalness of each separate church. (Kirsty, 2:5)

As adults Janice, Moira, Kirsty and Michaela all discussed the need to stay grounded or focused on reality and the present.

... In the cult I learnt techniques of um leaving my body (...) so I've had to consciously make a decision and make sure I don't drift off. (Janice, 1:19)

... So I stay grounded... none of this floating off bit. (Janice, 2:15)

As an adolescent Moira listened to one song every day (Appendix One), to which she clung to almost as a lifeline. She believed that the song was written just for her as the title seems to reflect this, and it engendered some hope in her life.

... but I had this song I could play and before I went to bed and that's what kept me going (...) I'm sure she wrote that song for me (...) that was my earliest healing. (Moira, 1:6)

WOMEN'S STRENGTH

All the participants described how they had little self-esteem in the past, but with work had developed an improved image of themselves. Both Moira and Janice discuss how they raise their self esteem. Janice has led craft groups and Moira, by consulting a spiritual healer, realises that she does have a 'good' aspect to herself, and that she is not totally bad as she previously believed. As with Janice and Michaela, Moira needed to have that acknowledgement from someone else before she could acknowledge it herself.

Kirsty speaks of the strength and power of women. She believes that women are particularly strong as they have generally experienced issues of abuse of

power within a patriarchal society. This situation is taken to an extreme within abusive cults.

When Moira speaks of women's strength she refers to the way men are able to speak of sexual abuse now that women have spoken out and made the subject safe. She postulates that when men start speaking out about their own ritual abuse, society in general will accept that ritual abuse does occur and cease denying the reality.

Well, they'll let the women cut the path and the men will walk it... when it's safe. (...) That's the way I see it. (Moira, 3:6-7)

Each participant demonstrates her own inner strength in an individual way. Moira views herself as being determined and having dreams, Kirsty views it as her ability to survive her own personal holocaust, Michaela as stubbornness and a belief in herself and her abilities, and Janice as stubbornness and tenacity.

... I don't think I'm a very courageous person. I think I'm more stubborn... than courageous... (Michaela, 2:10)

... I know my ground and I'm going to stick to it and nothing and nobody are going to... pull me back from where I've climbed to... I'm not up to the top of the mountain yet, but I'm getting there. (Janice, 2:12)

... One of my determinations... thing is to get over this... get on top of it. It's not going to rule me any more. 'Cos it has.

It's ruled most of my life. (...) My determination is that I'm going to get on top of it. One day I'll look back on it... I don't think I'd laugh. Not look back on it but look ahead... and that's what I'm starting to do now. (...) I've got plans for the future (...) If I want dreams they're going to happen. 'Cos of my determination they will happen and if they don't it wasn't real. (Moira, 3:4-5)

All the survivors that I have met are amazing people, and they're very strong people. And of course you are, you survived the very worst. Yes, you survived. It's like you survived a holocaust basically... your own personal holocaust. And if you can survive that you can survive anything. (Kirsty, 1:6)

Humour

While Moira was the only participant to identify humour and the use of humour as part of her healing process, the other participants demonstrated that they enjoyed humour by making amusing quips during the interviews or laughing about some situations.

It used to be making a happy face on the outside, when you were actually crying inside, but now that I've worked on things... I actually quite like it. I don't want to lose my sense of humour (...) it's more to let people know I'm OK now... (Moira, 2:5)

... It used to be more to cover up when I was younger. But now I've actually got that I quite like it... and I'd be lost

without it. So I do use it to have fun and make everyone laugh... not everyone, but people need to laugh.
(Moira, 2:12)

Belief in self

All the participants discussed how they had come to accept themselves as being intrinsically good. Janice and Moira both spoke of the need to forgive themselves for what they did in the past, and to accept that they were not responsible. When they forgave themselves, they learnt to like themselves.

... not being responsible all the time for everything that happens... because I'm not responsible... I'm not supposed to be... (Janice, 2:4)

Briere (1992) discusses the strength inherent in survivorhood, and the need to recognise and respect this strength particularly with regard to counselling. Kirsty, Moira and Janice all referred to their own inner strength. Janice referred to her inner strength as stubbornness. Kirsty believes that by virtue of being alive, survivors are very strong.

(...) All the survivors that I have met are amazing people, an they're very strong people. And of course you are, you survive the very worst. Yes, you survived. It's like you survived a holocaust basically... your own personal holocaust. And if you can survive that, you can survive anything. (Kirsty 1:6)

PROTECTION OF OTHERS

DiPalma (1994) found that adult survivors of child sexual abuse often protect other children as a result of their own abuse by taking on a protector role, or an advocate role as described by Draucker (1992). Janice protects her own children, while Moira, as well as protecting her own, will report instances of suspected abuse to law enforcement agencies such as the Children and Young Persons Service.

... If I know that it is happening... I'll make an anonymous call to whoever (...) and just let them know to look into something. So how does that make you feel? Is that part of your healing? Yes, mm... protecting others. Right, protecting others. So it doesn't happen like they've got the hangups that I have (...) No child deserves that. (Moira, 3:2)

It's like I'm trying to protect... people and girls from... from letting it happen to them... because to me it's mostly females that are involved... I know the men are there, but it's mainly the women that get hurt (...) the men don't. (Janice, 3:6)

Sanders (1992) suggests that clients should not be made to feel the need to protect counsellors. While she was not pressured to protect her counsellors or to reveal all aspects of her abuse, Kirsty felt more protective of her counsellors, so that an individual counsellor was not overcome by the magnitude or enormity of the problem.

...I think I selected people to hear some things and other people to hear other things... for my safety and for the

counsellors (...) it meant that I wasn't dumping. I can imagine dumping a whole load on one of the counsellors of everything that happened to me. I think that would have shattered them (...) I don't know if it was true or not, but I felt that doing a whole load would have been too much for one person. (Kirsty, 3:1)

While Kirsty believes that counsellors and the public need more information about ritual abuse, she asserts that this must be provided in a caring manner.

Or just getting the right information to counsellors (...) compassionately... I think compassionate awareness is the best kind of awareness you can get, rather than let's slam the public or something. (Kirsty, 1:11)

SPIRITUALITY

For both Michaela and Janice their absolute faith and belief in God and Jesus Christ is their spirituality. Both women gain strength from their belief in God and the unconditional support which they receive from the members of their respective churches.

... When I first got saved I remember thinking "this is what I've been looking for my whole life"... (Michaela, 2:4)

... To know Jesus Christ... that really is the most fulfilling thing in my life... (Michaela, 2:6)

... The other thing was becoming a Christian. That... that has been vitally important (...) I actually don't think I would

have got anywhere near where I am now if I wasn't a Christian... um... Jesus Christ is my hope.

(Janice, 2:1)

*I'd been searching for a long time ... I'd been going to church before I was separated ... and I saw these people there, and they had something special that they never explained to me what it was (...) I'm tired of being this negative person that can't do anything and um ... then I accepted Christ into my life and um ... **it's made a difference. It's made a difference in my life, its made a difference in my kids.***

I've got something to live for ... (Janice, 1:2)

Kirsty does not mention spirituality during her interviews, whereas Moira discusses support she has received from a spiritual healer and the strength that she gains by working with crystals.

And I work with crystals a lot (...) if I'm all tense and all worried about going to sleep... there's certain ones... I can hold them in my hand... and get the energy (...) and I know I'll be OK if they're by my bed. (Moira, 2:5-6)

Visualisation

Finney (1990) also suggests that visualisation may help survivors of sexual abuse in order to protect themselves and overcome fear. Moira is the only participant to describe visualisation and uses this to protect herself in times of trouble.

... I can put my guards up. I've got a "splatter screen" that no one sees, so if shit splatters it doesn't go on me. I can hold that up (...) If whatever is triggering me is too bad I actually leave the room (...) And then that place where I am at the moment. Visualising a dome. And that's my space... and nobody can get into that (...) Another one is a nice white bubble you zip up (...) You step into it and you zip it up. (Moirra, 3:5)

Deliverance

Deliverance is possibly a contentious issue in this research. It must be noted that only two participants discussed deliverance in a spiritual context, and that they are both born-again Christians. While both Michaela and Janice spoke of deliverance, only Michaela stated that this was an important aspect of her healing. Friesen (1992) suggests that the spiritual realm is an important aspect of healing, and that this must be addressed in conjunction with psychological healing or integration of personalities when an individual has more than one personality. None of the participants discussed multiple personalities (although Moira had been an in-patient in a psychiatric institution as a result of her reaction to a sexual assault).

Michaela describes her own deliverance.

... She told them they had to leave my life now... deliverance, perhaps you know it as exorcism. It's called deliverance. God speaks so freely of deliverance. He just said I came to deliver you, I came to set you free. (Michaela, 2:9)

PARTICIPATION IN RESEARCH

Participation in this research has prompted Janice to commence writing and she believes this has made her stronger. Janice has also learnt that her experiences are shared by other survivors. Seeing her own transcripts has also given her more confidence to speak out because she has been believed.

... It's like the transcripts have started something off and that it's taken away a lot of the fear. So it's been important for you to see the transcripts? (...) That's probably been the most important thing... is I can read exactly what I've said so that it kind of... goes into me again... it stirs up and I can say "Yes, I did say this and it has been true"... so while the doubts come in... I know with what I'm doing is bringing healing. (Janice, 3:4)

... It's given me confidence to... say "Right I can speak out" (...) and I know that somebody's doing something about all this stuff... and my life has maybe counted for something. It's going to make a difference to someone else... and that's important. (Janice, 3:7)

While Michaela was initially cautious about participation, once she became involved in the process her fears were allayed. Michaela now believes that feminist research is of value for women because the way women think and heal is valued.

It's meant a lot... it's brought me... it's brought me healing... (Michaela, 3:5)

I didn't know what feminist research was. The word feminist scared me (...) I had a bad concept of anything ... associated with feminism... and then I thought... I sort of took a more open minded view and thought... well if you have to break this thing down, you might as well cut it in half by saying there's half for women and there's half for men... so that's how I understood it, but now I see that its research geared... to the way women think. Women do not think like men. We don't react like men... and um... so I can now see that feminist research is... geared to um... treat women the way that women can cope... (Michaela, 3:5-6)

Moira believes that her participation has been part of her healing process, and she has found that she can trust another person. She particularly values the notion that this will be of use to other women.

Just doing this and talking about it... into the real nitty gritty parts of my feelings and everything. I found this has been really healing. (...) It's all written down like how I say it... bad English and all. Yeah that's been good... and that it can be used. Maybe be the beginning of stopping all this... and the people accepting that it's real... (Moira, 3:7)

While Kirsty initially felt doubts about her participation when her counsellor first asked, she later decided that it was important that the positive aspects of healing be studied. So while Kirsty may not have gained as much benefit from the research process as the other participants, she was surprised at the number of healing strategies that were involved in her process of healing

and expressed pleasure that someone was studying healing rather than details of the her abuse.

...I thought cool... someone is finally looking at... this topic... the healing aspects rather than the gory details... (Kirsty, 1:1)

HEALING METAPHORS

Authors such as Drauker (1992) and Sanders (1992) describe healing metaphors for survivors of childhood sexual abuse. Michaela, Janice, and Moira all describe their own metaphors. These demonstrate where each person is presently situated in her own healing journey. At Michaela's fourth interview (Fieldnotes, p. 13) she described a dream of having to walk through the murky water in order to get where she is going. Michaela perceives this as having to deal with more memories.

Janice's healing metaphor is a mountain, while Moira's is a rosebud.

... It seems to work in spirals... It's like you've got this tall mountain and the bottom is really wide, and you go round it and there's always problems. But as you get closer to the top, the problems get less and less. And it's like the memories of them 'this can't be true', is happening less for me now... (Janice, 1:16)

I see it like a rose I think. You take off the hard outside bit (...) and there's this nice little tender bud in the middle... and that's what I'm going to be, right in the middle one day. Peel off the layers of rubbish (...) that's what it's like, peeling

back the layers (...) and leaving them... and you don't forget... you learn to live... (Moira, 2:11)

THE FUTURE

All the participants demonstrate that they are looking towards the future and that they have plans. Janice, Michaela, and Moira all know what they will do that will indicate to them that their healing process is nearly complete.

All the participants have plans for the future and have each identified things that will indicate to them that the healing process has been effective. At the time of the interviews, Kirsty discussed striving for the future and was planning to attend polytechnic. Since then she has begun polytechnic study and is seeing her goals come to fruition. Moira intends to have a party, Janice intends to be able to look in the mirror at herself one day, and Michaela intends to marry and become a missionary.

So therefore, so like I'm planning way ahead which is... not surviving. It's beyond survival. (...) It feels really normal... (Kirsty, 1:20)

... that's what I'm planning to do one day... I'm going to have a party ... 'cos I've never had one. (Moira, 2:3)

... And I know when I've had a party... I'm... the next best thing to healed. (laughs). (Moira, 2:4)

But you're looking forward to looking in the mirror with both eyes? *Yes... and seeing a whole person. (Janice, 2:17)*

I want to... want to show people there's a hope in life...
(Janice, 2:11)

*... And maybe when somebody reads what I've talked about
with healing... they might think, "Maybe I can make it too"...*
(Janice, 3:7)

*... Looking to the future is the only thing that's kept me alive
for the past twelve months...* (Michaela, 3:2)

... and to be married... I have to have things sorted out (...)
So being married will perhaps mean that... *Yeah, that will
be a... I guess... a signal to me... you know... because I mean
I'm not looking for a husband. I know God will provide me
in his time... that it will be the person God wants me to be
with.* (Michaela, 3:3)

CONCLUSION

This analysis demonstrates that healing cannot be attributed to one concept or strategy, but is a combination of many strategies. In order to begin the healing journey the participants reflected on the past, and this often involved expressing previously repressed emotions. I have identified mutuality and counselling as the tools with which to provide a healthy environment that will enable and empower a woman to move forward on her healing journey. The other key concepts: forgiveness, balancing, women's strength, protection of others, spirituality, participation in the research process, using healing metaphors, and planning for the future are all interwoven and independent. While each one is not absolutely essential, they are all supports, which, when used together, may assist a survivor on her journey.

CHAPTER NINE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

INTRODUCTION

This study illuminated the individual healing processes of four women who have survived ritual physical, sexual, emotional, psychological, and spiritual abuse. The individual case studies provide some background for each of the participants. This is included as I believe that the individual participants' backgrounds have some relevance for the strategies that each finds useful for healing. The analysis has integrated the data of all four participants and demonstrates strategies individual survivors have used in their healing journeys. Some of these strategies are common to all four participants, while others are particular to an individual. Other people may use different strategies which Janice, Moira, Michaela and Kirsty have not identified. In this chapter, I describe how the study has met its aims, how the criteria of reliability and validity have been met, the implications for nursing practice and research, and make recommendations for further research.

At the outset of this research I believed that women could heal from ritual abuse. However, as a result of knowing these four women, one year later, I have a greater sense of hope for all survivors of ritual abuse. This research demonstrated that it is possible to heal from ritual abuse, that women have immense courage and strength, and there is always hope for the future.

I hope that this research raises the profile of ritual abuse and its effects, so that the wider social issue of women's oppression and abuse is made visible and will make a significant difference to women's lives. More importantly,

there must be dissemination of this knowledge so that women and their supporters know it is possible to heal and that the healing process is individual and personal.

How the study has met its aims

The aims of this study were to explore the ways that women survivors of ritual abuse heal from the abuse, to make these ways explicit, and to make the information available to women and health professionals. This study has explored ways in which four women survivors of ritual abuse have healed. This exploration took the form of unstructured interviews, so that the participants could tell their own healing stories.

The strategies identified by the four participants were explicitly stated, so that the information is clear to the reader. This information will also be published in academic journals, and made available to health professionals, in order to be of assistance to other survivors.

Throughout the research process, information was made available to the participants so that they were able to give informed consent in order to participate. The information gained from this study has already been made available to the participants. It is my intention to make the information available to other survivors by publication or personal presentation in the form of papers or participation in workshops.

This feminist case study identified and described the lives of four women, and has the potential for action on both the personal and wider political levels (Reinharz, 1992).

Reliability and Validity

In Chapter Three I explained reliability (Hall & Stevens, 1991) and validity as defined by Lather (1986) and Hall and Stevens. Reliability and validity are interconnected in this research, and in combination are referred to as adequacy (Hall & Stevens). Consequently, explanation of how I have achieved reliability and validity, according to Hall and Stevens and Lather, in this research are intertwined. The recurring themes demonstrate consensus as described by Hall and Stevens.

Reliability is demonstrated by careful documentation of the theoretical framework, participant selection, data collection process (See Chapter Three), integration of data analysis (See Chapter Eight), and dissemination of the results. The conclusions drawn in this research are supported by the data in Chapters Four, Five, Six, and Seven. Legitimacy of the data (Lather, 1986) was achieved by returning the transcripts to the participants, explaining key concepts that I saw emerging (Maynard and Purvis, 1994), and ascertaining the accuracy of these key concepts with the individual participants.

Reliability may be ascertained by a review of the methodology and data analysis, and demonstrated when similar conclusions can be drawn from the data by use of similar data analysis and the same theoretical framework (Hall & Stevens, 1991).

During the research process I constantly reflected on my own values, assumptions, characteristics, and motivations to ascertain their effect on the research (Hall & Stevens, 1991; Lather, 1986). These reflections are documented throughout the fieldnotes and demonstrate an ongoing reflexive process. An assumption that I had prior to commencing this

research was that women do heal from ritual abuse. This assumption has been reinforced by the data. I had also assumed that recognition and compensatory payments from statutory bodies influenced an individual's ability to heal. This assumption was not supported by the data.

Credibility is demonstrated by taking the case studies and the analysis to the participants for verification and discussion. The data analysis is ordered so that it is consistent with the data in the four case studies. Complexity of real life is demonstrated throughout the data analysis chapter. The similarities and differences are highlighted, as is the ambivalence shown by Michaela when discussing forgiveness (p. 110). As discussed earlier, this research demonstrated relevance to survivors, their supporters, and counsellors.

Achievement of face validity (Lather, 1986) is demonstrated by returning transcripts to the participants, by including the women in the data analysis process and conclusions, and verifying with them the validity of the analysis and conclusions. Catalytic validity (Lather, 1986) is demonstrated by quotes from the participants which clearly show that the research process has caused them all to reflect on their experiences of healing and their participation in the research.

Discussion

Many people, such as supporters of the False Memory Foundation, doubt the validity of abuse statistics and women's claims of abuse. These are very real examples of patriarchy and the way patriarchal discourse can truly deny women's realities. The personal nature of this type of critique such as shown by the participants in this study serves to silence survivors even further.

I would argue that those who assert that ritual abuse does not exist are denying the reality of the individual, minimising and trivialising the abuse and its effects, and excusing yet another form of violence against women and children.

In order to empower and be emancipatory, it is necessary to critique the status quo so that a more equitable and just society may be created (Lather, 1990). Empowerment is based on collaboration rather than the traditional patriarchy of the psychiatric profession (Urbancic, 1992;).

The data in this study suggests that the four survivors of ritual abuse only wish to be set free from the guilt, the fear and the pain that they feel, and go on to live their lives in peace. Neither should their reality continue to be denied by those who use the power of the media and a patriarchal society which also continues to deny the reality of abused women.

Implications for nursing

While the participants did not specifically identify nurses as being helpful for healing, all identified talking and telling others as being important. They all needed to establish the trustworthiness of the person they told.

Trustworthiness involves the listener being open and accepting of them as an individual, as well as being non-judgemental. It is imperative that nurses believe accounts of survivors of any abuse. Nurses must also be careful not to trivialise the reality of others, just because they do not share similar experiences or because what they are hearing is considered inconceivable.

A nurse, in particular a Practice Nurse, may be the first person in whom a survivor confides. That is why it is imperative that nurses understand the complexities of abusive histories, and that the reactions of the listener may

have influence on whether the survivor tells others or continues to remain silent.

This research highlights the relationships of power that exist within a hierarchical health system. Those who hold power limit the availability of some information to those who are perceived to, or actually have, less power. While permitted to have less or censored information, nurses cannot be empowered to bring about change for themselves or their clients. Consequently, nurses cannot wait any longer for information to be provided by a benevolent provider, but must be proactive and seek the information for themselves.

It must be acknowledged that there are some nurses becoming knowledgeable in the field of abuse. However, for those who are less knowledgeable there are avenues to explore. Stronger links need to be established between those in clinical practice and those involved in education and academia. This involves collaboration and linking between practice, education, and theory, so that none is performed in isolation and that each supports the others. Further to this, stronger links are also needed between nursing and other health professions rather than the territorial behaviour that occurs at present.

Nurses who work with abused people must also be provided with the support they need in order to continue to work in effective ways. This involves managerial, peer, and supervisory support. Those nurses who feel unable to be of assistance to abused women must know the appropriate agencies to which to refer.

For those nurses who work with families, it is imperative that they are skilled in recognising the signs of any abuse in children. They must also believe children who say that they are being abused, take action, and be an advocate for the child. The same service and assistance must also be provided for women.

Experience and involvement in this research demonstrates to me that nurses have a wealth of knowledge, but that they do not feel able to demonstrate this. Nurses' knowledge is often not visible or recognised. Nurses' knowledge may become more visible and be recognised when nurses engage other professionals in open debate, are prepared to challenge, and are open to other ways of thinking or viewing the world.

An important aspect for nurses to consider is advocacy. It could be postulated that all those who care for abused women and children have an ethical obligation to act as advocates. However, not only must nurses act as advocates for the individual, but also for a group so that problems of a social welfare or health policy nature may be addressed (Clarke, 1989).

Limitations of the study

This study has identified the healing strategies that these four women either used or are still using. The small number of participants does mean that these healing strategies are not generalisable to a larger population. Conversely, as there are only four participants there may be other healing strategies that have not been identified.

Only one source of data is used in this study. If these women's counsellors had been asked what they viewed as healing strategies, the results may have been different. However, I believe that the voices of the women would not

have been as clear. The involvement of counsellors would have produced different results and as a consequence the women's voices would be once again unheard.

A significant limitation and impediment to the acceptance of the results is the debate that surrounds the issue of ritual abuse. Critics may question that I have spent a year researching healing from ritual abuse when they believe that ritual abuse allegations are part of a larger issue, which has been socially constructed as a contemporary social problem (Richardson, Best & Bromley, 1991). I, however, have clearly stated my theoretical framework, assumptions, and biases which are open to critique.

The time frame of the study is another limitation. A longitudinal study may have enabled me to study specific healing strategies rather than strategies as perceived by the participants.

The study is also limited in that only women are involved, so the findings may or may not be applicable to men. However, men may use other healing strategies as there may be different abuses from which to heal. I suggest that a separate study would need to be undertaken in order to understand how men heal from ritual abuse.

While feminist research and its principle of returning data to the participants may be seen by some as a limitation, I believe that this is a strength which has the ability to make a study credible and the researcher honest.

Suggestions for further research

This research demonstrates that feminist research has value for nursing and nursing research. It further demonstrates how feminist research can be both

participatory and emancipatory. Participation is demonstrated by the engagement of the participants in a non-hierarchical research relationship. Emancipation is demonstrated by the participants gaining greater insight into their individual healing processes, and their concern that the information will be of value to other women. A suggestion to other nursing researchers who will be researching sensitive topics (Cowles, 1988), is that participation and emancipation are necessary considerations. Collaboration with other researchers has involved personal contact with nurse researchers and contact with other survivors and those who work with them.

Further in-depth examination of the healing process could be undertaken by longitudinal studies over a greater length of time. Another study could involve these four participants at a future date in order to reflect with greater distance. Another study could involve counsellors and supporters, so that other perspectives are considered.

This study highlights the lack of research and publications by nurses on aspects of healing. What is available, tends to focus on physical healing. Nursing has, in the past, focused on the more visible aspects of abuse, rather than the hidden wounds of spiritual, emotional, and psychological abuse.

As stated in Chapter One, nurses have perhaps been constrained by a patriarchal system of power which has served to control nurses and their work. Once nurses understand how this power has been established and maintained, they may then become empowered to challenge and dismantle the power structures. Only then will nurses be able to become advocates for their clients. Advocacy involves speaking out on behalf of those clients who cannot, and conducting nursing research on those subjects or issues that matter to clients.

Concluding Statement

The study has demonstrated that it is possible to heal from ritual abuse, and that survivors are able to look forward to the future with anticipation. Janice, Moira, Michaela, and Kirsty are a source of inspiration for other survivors in their own healing journeys.

A salient point arising from this study is that those health care providers who care for abused women and children must consider the wider issues of abuse, and the structures of our society that by denial, condone abusive situations. As well as being useful for survivors, this research will impact upon society by raising public awareness of the effects of ritual abuse, so that this form of abuse may no longer be condoned or tolerated. By achieving a raised public awareness of ritual abuse and its effects, I believe that I will have remained true to the principles of feminist research.

While all of the participants discuss the work involved when healing from the effects of ritual abuse, they display an amazing courage and strength, demonstrate that the effort is well worthwhile, and that they are looking forward to the future with optimism and hope.

APPENDIX ONE

Some say I've got devil (And some say I've got angel)

Sung by Melanie Safca

Some say I've got devil and some say I've got angel, but I'm just a girl in
trouble

I don't think I'm in danger, don't think I'm in danger, no I know I'm not in
danger

Some have tried to sell me all kinds of things to save me from hurting like a
woman and crying like a baby, something like a woman, crying like a baby
And all the things that I have seen, qualifies me for a part in your dreams,
qualifies me for this dream

And though I'd like to tell exactly how I'm feeling, somehow the music
Hides it and conceals, hide it and conceals it all, you hide and all
Are things that I have seen can be hidden in a part of my dreams, gonna hide
it from you, my dreams

Some say I've got devil, some say I got angel, but I'm just this girl in trouble,
I don't think I'm in danger, no I'm not in danger, no I know I'm not in
danger.

APPENDIX TWO

Information for Counsellors

My name is Joanne Leamy and I am currently a Registered Nurse undertaking a Master of Arts degree at Massey University, within the Department of Nursing and Midwifery. As a Practice Nurse I have met many women who have been ritually abused. The topic of this study is how do women heal from ritual abuse.

The objectives of this study are:-

- To explore ways that women survivors of ritual abuse, heal from the abuse.
- To make explicit the ways that women heal from ritual abuse, so that other survivors and health professionals can make positive use of the information.
- To make the information accessible to all women, particularly survivors.

I would like to interview women who you consider will have a contribution to make to the study. It is important that you consider they are no longer in abusive situations. While there will be no questions about the actual abuse, the study may raise memories and concerns - in which case it is also important that the women involved in the study have strategies to deal with any distressing issues and are able to return to you for any further counselling.

The data collection will take the form of taped interviews, which will be transcribed by myself in order to maintain participant confidentiality. The

participants will have the right to withdraw at any time, without prejudice. The participants will also be given a pseudonym in order to maintain confidentiality.

In my role as a researcher, I will refer any participants back to their counsellor should any issues arise.

I believe that this study will provide useful strategies and insights for survivors, nurses, counsellors, and other health professionals.

Should you have any questions please do not hesitate to contact me at Palmerston North - Phone (06) 3571921. My supervisor is Valerie Fleming and she may be contacted in the Department of Nursing and Midwifery, Massey University. Phone (06) 3569099.

Please find enclosed an information sheet for intending participants. Should you wish to see a copy of the research proposal please contact me.

APPENDIX THREE

Information For Intending Participants

My name is Joanne Leamy and I am currently a Registered Nurse undertaking a Master of Arts degree at Massey University, within the Department of Nursing and Midwifery. As a Practice Nurse I have met many women who have been ritually abused. As yet it has not been well documented as to how women heal from ritual abuse. For my study I intend to look at how women heal from ritual abuse.

I believe that the information gained will provide useful strategies and insights for survivors, nurses, and other health professionals.

I intend to conduct three or four in-depth interviews over approximately two months - each interview lasting approximately one and a half hours. The interviews will need to be taped, but the recorder may be switched off at any time at your request. In order to maintain confidentiality I will transcribe the tapes myself and a name other than your own will be used. The transcriptions will be made available to you so that you may make any alterations or deletions. I can assure you that the data will be stored in a safe place.

Although you have been given this information sheet by your counsellor, this is only an initial request asking you to tell your counsellor if you think that you may be interested in participating in this research. At an initial meeting more information relevant to the study can be provided. I wish to emphasise that there is no obligation for you to participate - your participation is completely voluntary.

Should you have any questions, please contact your counsellor who will in turn phone me. I will return your call as soon as possible. My supervisor is Valerie Fleming and she may be contacted at Massey University during office hours - Phone (06) 3569099.

APPENDIX FOUR

Consent To Participate In Research Project

I _____
consent to be a participant in this study. I understand that I have the right to withdraw from the study at any time, without prejudice. I understand the nature and purpose of the study. I understand that the information shared will only be available to the researcher and her supervisor, and that the researcher will personally transcribe all interviews.

I understand that all tapes will be kept in a secure place during the study, and that they will either be returned to me or erased upon completion of the study.

I understand that I will not be identifiable in the thesis.

SIGNED _____ DATE _____

RESEARCHER _____ DATE _____

WITNESS _____ DATE _____

REFERENCES

- Abrams, N. (1978). A contrary view of the nurse as patient advocate. *Nursing Forum*, 17(3), 258-267.
- Acker, J., Barry, K. & Esseveld, J. (1983). Objectivity and truth: Problems in doing feminist research. *Women's Studies International Forum*, 6(4), 423-435.
- Ainscough, C. & Toon, K. (1993). **Breaking free: Help for survivors of child sexual abuse**. London: Sheldon Press.
- American Psychiatric Association. (1987). **Diagnostic and statistical manual of mental disorders** (3rd ed. revised). Washington, DC: American Psychiatric Association.
- Armstrong, M. W. & Holaday, M. (1993). The Effects of psychological trauma on children and adolescents. *Journal of Counselling and Development*, 72, 49-56.
- Barnett, J. & Hill, M. (1993). When the devil came to Christchurch. Transcript of article to appear in *Australian Religious Studies Review*, September.
- Bass, E. & Davis, L. (1988). **The courage to heal: A guide for women survivors of child sexual abuse**. London: Cedar.
- Bauer, L., Duffy, J., Fountain, E., Halling, S., Holzer, M., Jones, E., Leifer, M. & Rowe, J. O. (1992). Exploring self-forgiveness. *Journal of Religion and Health*, 31(2), 149-160.
- Belenky, M. F., Clinchy, B. M., Goldberger, N. R. & Tarule, J. M. (1986). **Women's ways of knowing: The development of self, voice, and mind**. New York: Basic Books.
- Belitz, J. & Schacht, A. (1992). Satanism as a response to abuse: The dynamics and treatment of Satanic involvement in male youths. *Adolescence*, 27(108), 856-872.

- Bennett, C. (1992). The incest cycle across generations. *Perspectives in Psychiatric Care*, 28(4), 19-23.
- Best, J. (1992). *Threatened children: Rhetoric and concern about child victims*. Chicago: University of Chicago Press.
- Bowers, J. J. (1992). Therapy through art: Facilitating treatment of sexual abuse. *Journal of Psychosocial Nursing*, 30(6), 15-24.
- Boyd, A. (1991). *Blasphemous rumours: Is Satanic ritual abuse fact or fantasy? An investigation*. London: Fount.
- Brady, M. (1992). *Beyond survival: A writing journey for healing childhood sexual abuse*. Minnesota: Hazeldon.
- Briere, J. N. (1992). *Child abuse trauma: Theory and treatment of the lasting effects*. Newbury Park, CA: SAGE Publications.
- Briere, J. & Conte, J. (1993). Self-reported amnesia for abuse in adults molested as children. *Journal of Traumatic Stress*, 6(1), 21-31.
- Briere, J. & Zaidi, L. Y. (1989). Sexual abuse histories and sequelae in female psychiatric emergency room patients. *American Journal of Psychiatry*, 146(2), 1602-1606.
- Brown, B. E. & Garrison, C. J. (1990). Patterns of symptomatology of adult women incest survivors. *Western Journal of Nursing Research*, 12(5), 587-600.
- Browne, A. & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66-77.
- Bucky, S. F. & Dalenberg, C. (1992). The relationship between training of mental health professionals and the reporting of ritual abuse and multiple personality disorder symptomatology. *Journal of Psychology and Theology*, 20(3), 233-238.
- Burgess, A. W., Hartman, C. R. & Kelley, S. J. (1990). Assessing child abuse: The TRIADS checklist. *Journal of Psychosocial Nursing*, 28(4), 7-14.

- Burstow, B. (1992). **Radical feminist therapy: Working in the context of violence**. Newbury Park, CA.: SAGE Publications.
- Byatt, S. (1985). **Still life**. London: Penguin.
- Caldwell, F. (1993). Ritual abuse. **Broadsheet**, 199, 42-45.
- Carmen, E., Russo, N. F. & Miller, J. B. (1981). Inequality and women's health: An overview. **American Journal of Psychiatry**, 138, 1319-1330.
- Chase, T. (1987). **When rabbit howls**. New York: E. P. Dutton.
- Chinn, P. (1991). Editorial. **Advances in Nursing Science**, 13(3), ix.
- Chinn, P. L. & Wheeler, C. E. (1985). Feminism and Nursing. **Nursing Outlook**, 33(2), 74-77.
- Clark, K. R. (1990). Season of light/season of darkness: The Effects of Burying and Remembering Traumatic Sexual Abuse on the Sense of Self. **Clinical Social Work Journal**, 21(1), 25-43.
- Clarke, M. (1989). Patient/client advocates. Guest editorial. **Journal of Advanced Nursing**, 14, 513-514.
- Coker, L. S. (1990). A therapeutic recovery model for the female adult incest survivor. **Issues in Mental Health Nursing**, 11, 109-123.
- Copp, L. A. (1986). The nurse as advocate for vulnerable persons. **Journal of Advanced Nursing**, 11, 255-263.
- Copp, L. A. (1993). Response to "Patient advocacy - An important part of the daily work of the expert nurse". **Scholarly Inquiry for Nursing Practice: An International Journal**, 7(2), 137-140.
- Core, D. & Harrison, F. (1991). **Chasing Satan**. London: Gunter Books.
- Court, M. R. (1989). **Winning a voice in educational administration: A study of women working in middle management**. Unpublished Masters Thesis, Massey University, Palmerston North.

- Courtois, C. A. (1988). **Healing the incest wound: Adult survivors in therapy**. New York: W. W. Norton & Company.
- Cowles, K. V. (1988). Issues in qualitative research on sensitive topics. **Western Journal of Nursing Research**, 10(2), 163-179.
- Curtin, L. L. (1979). The nurse as advocate: A philosophical foundation for nursing. **Advances in Nursing Science**, 1(3), 1-10.
- Davis, L. (1990). **The courage to Heal workbook: For women and men survivors of child sexual abuse**. New York: Harper & Row.
- Dent-Brown, K. (1992). Indicators in adults of child sexual abuse. **Nursing Times**, 88(15), 52-53.
- Department of Psychological Medicine (1991). **Otago women's health survey**. Dunedin: Department of Psychological Medicine, Dunedin Public Hospital.
- DiPalma, L. M. (1994). Patterns of coping and characteristics of high-functioning incest survivors. **Archives of Psychiatric Nursing**, 8(2), 82-90.
- Doob, D. (1992). Female sexual abuse survivors as patients: Avoiding retraumatization. **Archives of Psychiatric Nursing**, 6, 245-251.
- Drauker, C. B. (1989). Cognitive adaptation of female incest survivors. **Journal of Counselling and Clinical Psychology**, 57, 668-670.
- Drauker, C. B. (1992). The healing process of female adult incest survivors: Constructing a personal residence. **IMAGE: Journal of Nursing Scholarship**, 24(1), 4-8.
- Drew, B. L. (1988). Multiple personality disorder: An historical perspective. **Archives of Psychiatric Nursing**, 2, 227-230.
- Dyehouse, J. M. (1992). Abuse of women in the health care system. In C. M. Sampselle (Ed.), **Violence against women: Nursing research, education, and practice issues**. New York: Hemisphere Publishing Corporation.

- Ehrensaft, D. (1992). Preschool child sex abuse: The aftermath of the Presidio case. *American Journal of Orthopsychiatry*, 62, 234-244.
- Elliot, D. M. & Briere, J. (1992). Sexual abuse trauma among professional women: Validating the trauma symptom checklist-40 (TSC-40). *Child Abuse and Neglect*, 16, 391-398.
- Field, P. A. & Morse, J. M. (1985). *Nursing research: The application of qualitative approaches*. London: Croom Helm.
- Fine, M. (1992). *Disruptive voices: The possibilities of feminist research*. Ann Arbor: The University of Michigan Press.
- Finkelhor, D. (1979). What's wrong with sex between adults and children? *American Journal of Orthopsychiatry*, 49, 692-697.
- Finkelhor, D., Williams, L. M. & Burns, N. (1988). *Nursery crimes: sexual abuse in day care*. Beverly Hills, CA: SAGE Publications.
- Finney, L. D. (1992). *Reach for the rainbow: Advanced healing for survivors of sexual abuse*. New York: The Putnam Publishing Group.
- Fleming, V. E. M. (1991). *Towards nursing advocacy: A socio-political process*. A thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Nursing at Massey University.
- Freyd, J. J. (1993, August). *Theoretical and personal perspectives on the delayed memory debate*. A presentation for the Center for Mental Health at Foote Hospital's Continuing Education Conference: Controversies around recovered memories of incest and ritualistic abuse. Ann Arbor, Michigan.
- Friesen, J. G. (1992). Ego-dystonic or ego-alien: Alternate personality or evil spirit. *Journal of Psychology and Theology*, 20(3), 197-200.
- Ganaway, G. K. (1992). Some additional questions: A response to Shaffer and Cozolino, to Gould and Cozolino, and to Friesen. *Journal of Psychology and Theology*, 20(3), 201-205.
- Geary, P. A. and Hawkins, J. W. (1991). To cure, to care, or to heal. *Nursing Forum*, 26(3), 5-13.

- Gersons, B. P. R. & Carlier, I. V. E. (1992). Post-traumatic stress disorder: The history of a recent concept. *British Journal of Psychiatry*, 161, 742-748.
- Giarretto, H. (1982). A comprehensive child sexual abuse treatment programme. *Child Abuse and Neglect*, 6, 263-278.
- Gil, E. (1988). *Treatment of adult survivors of childhood abuse*. Walnut Creek, CA.: Launch Press.
- Gillespie, F. J. (1993). Child sexual abuse 2: techniques for helping adult survivors. *British Journal of Nursing*, 2, 313-315.
- Gillette, J. (1988). Advocacy and nursing: Implications for women's health care. *The Australian Journal of Advanced Nursing*, 6(1), 4-11.
- Gilligan, C. (1979). Woman's place in man's life cycle. *Harvard Educational Review*, 49, 431-446.
- Glod, C. A. (1993). Long-Term consequences of childhood physical and sexual abuse. *Archives of Psychiatric Nursing*, 7(3), 163-173.
- Gonzalez, L. S., Waterman, J., Kelly, R. J., McCord, J. & Oliveri, M. K. (1993). Children's patterns of disclosures and recantations of sexual and ritualistic abuse allegations in psychotherapy. *Child Abuse and Neglect*, 17, 281-289.
- Gould, C. (1987). Satanic ritual abuse: Child victims, adult survivors, system response. *The California Psychologist*, 22(3), 1.
- Gould, C. & Cozolino, L. (1992). Ritual Abuse, Multiplicity, and Mind-Control. *Journal of Psychology and Theology*, 20(3), 194-196.
- Hall, L. A., Sachs, B., Rayens, M. K. & Lutenbacher, M. (1993). Childhood physical and sexual abuse: Their relationship with depressive symptoms in adulthood. *IMAGE: Journal of Nursing Scholarship*, 25, 317-323.
- Hall, J. M. & Stevens, P. E. (1991). Rigor in feminist research. *Advances in Nursing Science*, 13(3), 16-29.

- Harding, S. (1986). **The science question in feminism**. Milton Keynes: Open University Press.
- Heliker, D. (1992). Reevaluation of a nursing diagnosis: Spiritual distress. **Nursing Forum**, 27(4), 15-20.
- Henderson, A. D. and Ericksen, J. R. (1994). Enhancing nurses' effectiveness with abused women: Awareness, reframing, support, education. **Journal of Psychosocial Nursing**, 32(6), 11-15.
- Herman, J. L. (1992) **Trauma and recovery**. New York: BasicBooks.
- Hicks, R. D. (1991). The police model of Satanism crime. In J. T. Richardson, J. Best and D. G. Bromley (Eds.), **The Satanism scare** (pp. 175-189). New York: Aldine de Gruyter.
- Hickson, P. (1988). **Knowledge and action in nursing: A critical approach to the practice worlds of four nurses**. Unpublished Masters Thesis, Massey University, Palmerston North.
- Holland, J. & Ramazanoglu, C. (1994). Coming to conclusions: Power and interpretation in researching young women's sexuality. In M. Maynard & J. Purvis (Eds.), **Researching women's lives from a feminist perspective** (pp. 125-148). London: Taylor & Francis.
- Hudson, P. S. (1990). Ritual child abuse: A survey of symptoms and allegations. **Journal of Child and Youth Care, Special Issue**, 27-54.
- Hutchinson, S. A. (1990). The case study approach. In L. Moody (Ed.), **Advanced nursing science through research** (Vol. 2). Newbury Park, CA.: SAGE Publication.
- Hutchinson, S. A., Wilson, M. E. & Wilson, H. S. (1994). Benefits of participating in research interviews. **IMAGE: Journal of Nursing Scholarship**, 26(2), 161-164.
- Jenkins, P. (1992). **Intimate enemies: Moral panics in contemporary Great Britain**. New York: Aldine De Gruyter.
- Jenkins, P. & Maier-Katkin, D. (1991). Occult survivors: The making of a myth in J. T. Richardson, J. Best and D. G. Bromley (Eds.), **The Satanism scare** (pp. 127-144). New York: Aldine de Gruyter.

- Jones, D. P. H. (1991). Ritualism and child sexual abuse. *Child Abuse and Neglect*, 15, 163-170.
- Jonker, F. & Jonker-Bakker, P. (1991). Experiences with ritualistic child sexual abuse. *Child Abuse and Neglect*, 15, 191-196.
- Jonker, F. & Jonker-Bakker, I. (1992). Safe behind the screen of "mass hysteria": A closing rejoinder to Benjamin Rossen. *Journal of Psychology and Theology*, 20(3), 267-270.
- Kadner, K. D. (1989). Resilience: Responding to adversity. *Journal of Psychosocial Nursing*, 27(7), 20-25.
- Kapsch, L. (1991). A culture of one: Case study of play therapy with an abused child. *Journal of Paediatric Nursing*, 6, 368-373.
- Kelley, S. J. (1986). Learned helplessness in the sexually abused child. *Issues in Comprehensive Pediatric Nursing*, 9, 193-207.
- Kelley, S. J. (1988). Ritualistic abuse of children: Dynamics and impact. *Cultic Studies Journal*, 5, 228 - 236.
- Kelley, S. J. (1989). Stress responses of children to sexual abuse and ritualistic abuse in day care centers. *Journal of Interpersonal Violence*, 4, 502-513.
- Kelley, S. J. (1990). Parental stress response to sexual abuse and ritualistic abuse of children in day-care centers. *Nursing Research*, 39(1), 25-29.
- Kelley, S. J., Brant, R. & Waterman, J. (1993). Sexual abuse of children in day care centres. *Child Abuse and Neglect*, 17, 71-89.
- Kelly, L. (1988). *Surviving sexual violence*. Cambridge: Polity Press.
- Kelly, L., Burton, S. & Regan, L. (1994). Researching women's lives or studying women's oppression. In M. Maynard & J. Purvis (Eds.), *Researching women's lives from a feminist perspective* (pp. 27-48). London: Taylor & Francis.
- Kemper, B. J. (1992). Therapeutic listening: Developing the concept. *Journal of Psychosocial Nursing*, 30(7), 21-23.

- Kenny, W. R. & Grotelueschen, A. D. (1984). Making the case for case study. *Journal of Curriculum Studies*, 16(1), 37-51.
- Kent, S. A. (1993a). Deviant scripturalism and ritual Satanic abuse part one: Possible judeo-christian influences. *Religion*, 23, 229-241.
- Kent, S. A. (1993b). Deviant scripturalism and ritual Satanic abuse part two: Possible masonic, mormon, magick, and pagan influences. *Religion*, 23, 355-367.
- Kettle, D. (1993, May). The law's response to women as victims. *Women's Law Conference Papers*, 181-186. Wellington.
- Kondora, L. L. (1993). A Heideggerian hermeneutical analysis of survivors of incest. *IMAGE: Journal of Nursing Scholarship*, 25(1), 11-16.
- Kotch, J. B., Chalmers, D. J., Fanslow, J. L., Marshall, S. & Langley, J. D. (1993). Morbidity and death due to child abuse in New Zealand. *Child Abuse and Neglect*, 17, 233-247.
- Labun, E. (1988). Spiritual care: an element in nursing care planning. *Journal of Advanced Nursing*, 13, 314-320.
- Lather, P. (1986a). Issues of validity in openly ideological research: Between a rock and a soft place. *Interchange*, 17(4), 63-84.
- Lather, P. (1986b). Research as praxis. *Harvard Educational Review*, 56(3), 257-277.
- Lather, P. (1988). Feminist perspectives on empowering research methodologies. *Women's Studies International Forum*, 11, 569-581.
- Lather, P. (1991). *Getting smart: Feminist research with/in the postmodern*. London: Routledge.
- Lego, S. (1988). Multiple personality disorder: An interpersonal approach to etiology, treatment, and nursing care. *Archives of Psychiatric Nursing*, 2, 231-235.

- Leitenberg, H., Greenwald, E. & Cado, S. (1992). A retrospective study of long-term methods of coping with having been sexually abused during childhood. *Child Abuse and Neglect*, 16, 399-407.
- Lempert, L. B. (1986). Women's health from a woman's point of view. *Health Care For Women International*, 7, 255-275.
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry*. London: SAGE Publications, Inc.
- Lockwood, C. (1993). *Other altars: Roots and realities of cultic and Satanic ritual abuse and multiple personality disorder*. Minneapolis: CompCare Publishers.
- Lovell, M. C. (1981). Silent but perfect partners: Medicine's use and abuse of women. *Advances in Nursing Science*, 3(2), 25-39.
- MacPherson, K. I. (1983). Feminist methods: A new paradigm for nursing research. *Advances in Nursing Science*, 1, 17-25.
- May, W. E. (1991). *The patient's ordeal*. Indianapolis: Indiana University Press.
- Maynard, M. (1994). Methods, practice, and epistemology. In M. Maynard & J. Purvis (Eds.), *Researching women's lives from a feminist perspective* (pp. 10-26). London: Taylor & Francis.
- Maynard, M. & Purvis, J. (1994). Doing feminist research. In M. Maynard & J. Purvis (Eds.), *Researching women's lives from a feminist perspective* (pp. 1-9). London: Taylor & Francis.
- McEvoy, M. (1990). Repairing personal boundaries: Group therapy with survivors of sexual abuse. In T. A. Laidlaw & C. Malmo (Eds.), *Healing voices: Feminist approaches to therapy with women* (pp. 62-79). San Francisco: Jossey-Bass Publishers.
- McGee, R. F. (1984). Hope: a factor influencing crisis resolution. *Advances in Nursing Science*, 6(4), 34-44.
- McGilloway, M. F. (1985). *Nursing and spiritual care*. London: Harper Row Publishers.

- McGlone, M. E. (1990). Healing the spirit. *Holistic Nursing Practice*, 4(4), 77-84.
- McShane, C. (1993). Satanic sexual abuse: A paradigm. *Affilia*, 8, 200-212.
- Millman, M. & Kanter, R. M. (1987). Introduction to another voice: Feminist perspectives on social life and social science. In S. Harding (Ed.), *Feminism and methodology*. Open University Press: Milton Keynes.
- Mirowsky, J. & Ross, C. E. (1989). Psychiatric diagnosis as a reified measure. *Journal of Health and Social Behaviour*, 30(1), 11-25.
- Mulhern, S. (1991a). Satanism and psychotherapy: A rumour in search of an inquisition. In J. T. Richardson, J. Best & D. G. Bromley (Eds.), *The Satanism Scare* (pp. 145-172). New York: Aldine de Gruyter.
- Mulhern, S. (1991b). Letter to the Editor. *Child Abuse and Neglect*, 15, 609-611.
- Munford, R. (1989). *The hidden costs of caring: Women who care for people with intellectual disabilities*. A thesis presented in partial fulfilment of the requirements of Doctor of Philosophy. Palmerston North: Massey University.
- Nathan, D. (1991). Satanism and child molestation: Constructing the ritual abuse scare. In J. T. Richardson, J. Best and D. G. Bromley (Eds.), *The Satanism scare* (pp. 75-94). New York: Aldine de Gruyter.
- Neswald, D. W., Gould, C. & Graham-Costain, V. (1991). Common "programmes" observed in survivors of Satanic ritualistic abuse. *The California Therapist*, September/October, 47-50.
- Nieswiadomy, R. M. (1987). *Foundations of nursing research*. Norwalk, Connecticut: Appleton & Lange.
- Nurcombe, B. & Unutzer, J. (1991). The ritual abuse of children: Clinical features and diagnostic reasoning. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30, 272-276.
- Oliver, N. R. (1990). Nurse, are you healer? *Nursing Forum*, 25(2), 11-14.

- Opie, A. (1992). Qualitative research, appropriation of the "other" and empowerment. *Feminist Review*, 40, 52-69.
- Parker, J. & Gardner, G. (1993). The silence and silencing of the nursing voice. *New Zealand Nursing Journal*, March, 26-29.
- Parker, B. & McFarlane, J. (1991). Feminist theory and nursing: An empowerment model for research. *Advances in Nursing Science*, 13(3), 59-67.
- Perry, R. (1993). Empathy - still at the heart of therapy: The interplay of context and empathy. *Australian and New Zealand Journal of Family Therapy*, 14(2), 63-74.
- Polit, D. F. & Hungler, B. P. (1989). *Essentials of nursing research: Methods, appraisal, and utilization*. (2nd ed.). Philadelphia: J. B. Lippincott Company.
- Polk, G. C. & Brown, B. E. (1988). Family violence. *Journal of Psychosocial Nursing*, 26(2), 34-37.
- Putnam, F. W. (1991). The Satanic ritual abuse controversy. *Child Abuse and Neglect*, 15, 175-179.
- Putnam, F. W., Guroff, J. J., Silberman, E. K., Barban, L. & Post, R. M. (1986). The clinical phenomenology of multiple personality disorder: Review of 100 recent cases. *Journal of Clinical Psychiatry*, 47, 285-293.
- Randall, M. (1991). Preface. In L. M. Wisechild (Ed.), *She who was lost is remembered: Healing from incest through creativity*. Seattle: The Seal Press.
- Reinharz, S. (1983). Phenomenology as a dynamic process. *Phenomenology and Pedagogy*, 1(1), 77-79.
- Reinharz, S. (1992). *Feminist methods in social research*. New York: Oxford University Press.
- Rew, L. & Shirejian, P. (1993). Sexually abused adolescent: conceptualisation of sexual trauma and nursing interventions. *Journal of Psychosocial Nursing*, 31(12), 29-33.

- Richardson, J. T., Best, J. & Bromley, D. G. (1991). Satanism as a social problem. In J. T. Richardson, J. Best and D. G. Bromley (Eds.) *The Satanism scare*, (pp. 3-17). New York: Aldine de Gruyter.
- Riddell, M. B. (1991). *Ritual abuse: Definitions, glossary, the use of mind control*. Report of the ritual abuse task force: Los Angeles County Commission For Women.
- Riggio, S. M. (1992). Healing from ritual abuse. *Connections*, 6(1), 11.
- Rose, E. S. (1993). Surviving the unbelievable. *Ms*, January/February, 40-45.
- Rose, J. F. (1990). Psychologic health of women: A phenomenologic study of women's inner strength. *Advances in Nursing Science*, 12(2), 56-70.
- Rosier, P. (1989). Backlash. *Broadsheet*, 173, 17-19.
- Rosier, P. (1992). To the women who have been silenced long enough. *Broadsheet*, 195, 24-28.
- Rosik, C. H. (1992). Satanic ritual abuse: A response to featured articles by Schaffer & Cozolino, Gould & Cozolino, and Friesen. *Journal of Psychology and Theology*, 20(3), 213-216.
- Ross, L. A. (1994). Spiritual aspects of nursing. *Journal of Advanced Nursing*, 19, 439-447.
- Ross, C. A., Miller, S. D., Anderson, G., Reagor, P., Bjornson, L., Fraser, G. A. & Anderson, G. (1990). Structured interview data on 102 cases of multiple personality disorder from four centers. *American Journal of Psychiatry*, 147, 596-601.
- Rossen, B. (1992). Response to Oude Pekela incident and the accusations of Drs. F. Jonker and I. Jonker-Bakker. *Journal of Psychology and Theology*, 20(3), 263-266.
- Rowan, A. B. & Foy, D. W. (1993). Post-traumatic stress disorder in child sexual abuse survivors: A literature review. *Journal of Traumatic Stress*, 6(1), 3-20.

Russell, D. E. H. (1983). Incidence and prevalence of sexual abuse of female children. *Child Abuse and Neglect*, 7, 133 - 146.

Russell, D. E. H. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.

Ryder, D. (1992). *Breaking the circle of satanic ritual abuse: Recognising and recovering from the hidden trauma*. Minneapolis: CompCare Publishers.

Sampsel, C. M. (1990). The influence of feminist philosophy on nursing practice. *IMAGE: Journal of Nursing Scholarship*, 22(4), 243-247.

Sampsel, C. M., Bernhard, L., Kerr, R. B., Opie, N., Perley, M. J. & Pitzer, M. (1992). Violence against women: The scope and significance of the problem. In C. M. Sampsel (Ed.), *Violence against women: Nursing research, education, and practice issues* (pp. 3-16). New York: Hemisphere Publishing Corporation.

Samson, A. (1993, August 29). The myth of ritual abuse. *Sunday Times*, 6.

Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science*, 8, 27-37.

Sanders, C. (1992). "A long road home" - Working with adult survivors of child sexual abuse from a systemic perspective. *Australian and New Zealand Journal of Family Therapy*, 13, 16-25.

Schatzman, L. & Strauss, A. (1982). *Field research*. Englewood Cliffs: Prentice Hall.

Schrieber, F. R. (1973). *Sybil*. Chicago: Regnery.

✓ Scutt, J. A. (1992). The incredible woman: A recurring character in criminal law. *Women's Studies International Forum*, 15, 441-460.

Seaman, C. C. H. & Verhonick, P. J. (1982). *Research methods for undergraduate students in nursing*. (2nd ed.). New York: Appleton-Century-Crofts.

- Segesten, K. (1993). Patient advocacy - An important part of the daily work of the expert nurse. *Scholarly Inquiry for Nursing Practice: An International Journal*, 7(2), 129-135.
- Seibold, C., Richards, L. & Simon, D. (1994). Feminist method and qualitative research about midlife. *Journal of Advanced Nursing*, 19, 394-402.
- Shaffer, R. E. & Cozolino, L. J. (1992). Adults who report childhood ritualistic abuse. *Journal of Psychology and Theology*, 20(3), 188-193.
- Shields, V. R. & Dervin, B. (1993). Sense-making in feminist social science research: A call to enlarge the methodological options of feminist studies. *Women's Studies International Forum*, 16(1), 65-81.
- Silove, D., Tarn, R., Bowles, R. & Reid, J. (1991). Psychosocial needs of torture survivors. *Australian and New Zealand Journal of Psychiatry*, 25, 481-490.
- Silver, R. L., Boon, C. & Stones, M. H. (1983). Searching For meaning in misfortune: Making sense of incest. *Journal of Social Issues*, 39(2), 81-102.
- Smith, M. (1993). *Ritual abuse: What it is, why it happens, and how to help*. San Francisco: Harper SanFrancisco.
- Speedy, S. (1986). Feminism and the professionalization of nursing. *The Australian Journal of Advanced Nursing*, 4(2), 20-28.
- Starke, K. (1993). *Helping the adult survivor of child sexual abuse: For friends, family, lovers*. Racine, WI.: Mother Courage Press.
- Stenhouse, L. (1988). Case study methods. In J. P. Reeves (Ed.), *Educational research, methodology, and measurement: An international handbook*. New York: Pergamon Press.
- Summit, R. C. (1983). The child sexual abuse accommodation syndrome. *Child Abuse and Neglect*, 7, 177-193.
- Summit, R. C. (1988). Hidden victims, hidden pain: Societal avoidance of child sexual abuse. In G. E. Wyatt and G. J. Powell (Eds.), *Lasting effects of child sexual abuse*. Newbury Park, CA., Sage.

- Taylor, P. B. & Ferszt, G. G. (1990). Spiritual healing. *Holistic Nursing Practice*, 4(4), 32-38.
- Terr, L. (1988). Case study: What happens to early memories of trauma? A study of twenty children under age five at the time of documented traumatic events. *Journal of the American Academy of Child and Adolescent Psychiatry*, 27, 96-104.
- Urbancic, J. C. (1992). Empowerment support with adult female survivors of childhood incest: Part I - theories and research. *Archives of Psychiatric Nursing*, 6, 275-281.
- Ussher, J. (1992). *Women's madness: Misogyny or mental illness*. Amherst: The University of Massachusetts Press.
- Valente, S. (1992). The challenge of ritualistic child abuse. *Journal of Child and Adolescent Psychiatric and Mental Health Nursing*, 5(2), 37-46.
- Victor, J. S. (1992). Ritual abuse and the moral crusade against Satanism. *Journal of Psychology and Theology*, 20, 248-253.
- Watters, E. (1993). Unreliable memories. *HQ, Winter*, 108-115.
- Webb, C. (1992). The use of the first person in academic writing: Objectivity, language and gatekeeping. *Journal of Advanced Nursing*, 17, 747-752.
- Wisecchild, L. M. (1991). *She who was lost is remembered: Healing from incest through creativity*. Seattle: The Seal Press.
- Woods, N. F. & Cantazaro, M. (1988). *Nursing research: Theory and practice*. St. Louis: The C. V. Mosby Company.
- Woodsum, G. (1990). *Working with survivor: Notes from Gayle Woodsum workshop*.
- Woolf, V. (1929). *A room of one's own*. New York: Harcourt, Brace & World.
- Wylie, M. S. (1993). The shadow of a doubt: Therapists and the false memory debate. *The Family Therapy Networker*, September/ October, 18-29.
- Yapko, M. (1993). The seductions of memory. *The Family Therapy Networker*, September/ October, 31-37.

Yin, R. K. (1984). **Case study research: Design and methods**. Beverly Hills, CA.: SAGE Publications, Inc.

Young, W. C., Sachs, R. G., Braun, B. G. & Watkins, R. T. (1991). Patients reporting ritual abuse in childhood: A clinical syndrome. Report of 37 cases. **Child Abuse and Neglect**, 15, 181-189.