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**LIVING, SURVIVING & THRIVING: USING A BLEND OF FEMINIST AND  
SOLUTION-ORIENTED PERSPECTIVES IN A GROUP FOR ADULT WOMEN  
SEXUALLY ABUSED AS CHILDREN**

**BY**

**CHYRISSE LEE REGEHR**

**A Practicum Report  
Submitted to the Faculty of Graduate Studies  
in Partial Fulfillment of the Requirements  
for the Degree of**

**MASTER OF SOCIAL WORK**

**Faculty of Social Work  
University of Manitoba  
Winnipeg, Manitoba**

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**Living, Surviving & Thriving: Using a Blend of Feminist and Solution-Oriented Perspectives in a Group for Adult Women Sexually Abused as Children**

**BY**

**Chyrisse Lee Regehr**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University  
of Manitoba in partial fulfillment of the requirements of the degree**

**of**

**MASTER OF SOCIAL WORK**

**CHYRISSE LEE REGEHR©1999**

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## Abstract

As more individuals come forward to report their experiences of childhood sexual abuse, Social Workers are under increasing pressure to find effective, non-intrusive and efficient methods to assist the survivors cope with the negative aftereffects. While feminist therapists have done much of the pioneering work in this area, there is now some concern that aspects of this approach may unwittingly contribute to the development of a “survivor” identity that may inhibit the individual’s ability to live a healthy and satisfying life; yet, other treatment modalities lack the analysis of power and gender that feminism brings to the work. The purpose of this practicum is to develop a model for group treatment based on a blending of solution-oriented and feminist perspectives and evaluate its helpfulness with childhood sexual abuse issues.

The author facilitated a 16 week therapeutic group for adult women who had experienced childhood sexual abuse. The group met in a community-based counselling agency setting, once per week for two and one-half hours each meeting. Group members completed pre and post group measures, feedback forms at midpoint and endpoint of group, and participated in a follow-up telephone survey six to eight weeks following the completion of group.

The analysis of the information obtained from women participating in group indicated a high level of satisfaction with the service received and indicated that the group members experienced certain blended interventions and exercises as very helpful. Therapist perceptions of the ease of use of the blended model were also favorable.

The researcher is of the opinion that solution-oriented and feminist approaches are

**highly complementary, and that a blending of the two is very effective in a group setting with adults who have experienced childhood sexual abuse. The researcher recommends further exploration into the development of interventions based on a blending of the two models.**

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I am privileged to be an employee of the Kenora Sexual Assault Centre, and I want very much to acknowledge and thank the Board and staff of that organization for their support of my enterprise. They allowed me the flexibility in my schedule that I needed to facilitate the Winnipeg group and write my final report and were unfailingly supportive in my endeavor.

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## Introduction

In 1984, Canadians were shocked by the revelations of the report of the Committee on Sexual Offences Against Children and Youths (Minister of Justice and Attorney General of Canada): that one in every two Canadian females has experienced an unwanted sexual experience and so has one in every three males. The report further revealed that, in the vast majority of cases, the initial unwanted contact occurred prior to age 18. In the last two decades, our communities have come to realize that child sexual abuse is a problem of epidemic proportions. Counsellors, therapists, and healers have scrambled to find effective ways of helping the survivors of these abuses cope with the negative after-effects, while more and more individuals step forward to reveal their own history of abuse.

I was trained as a rape crisis worker in 1983, when working with the effects of sexual violence was still in its infancy, and over the ensuing 16 years I have followed my own journey in struggling to be an effective assistant to the women who have come to consult with me. I've explored a variety of theories, perspectives, and techniques, and not found any one that was sufficient in itself for working with the after-effects of this complex problem of power and sexuality. As a result, I began to combine the therapeutic tools, perspectives, and modalities that seemed most effective in helping clients create the change that they desired in their lives.

This brings me to the subject of my chosen practicum. At the beginning of this study I postulated that it would be possible to create a model for group treatment of adult women who had experienced childhood sexual abuse, and that this model would embody

some of the theories and perspectives of feminist therapy while incorporating many of the techniques and tools drawn from solution-oriented and solution-focused perspectives. I believed that such a combination of perspectives and techniques in a group setting would be useful in assisting group members to overcome some of the negative after-effects of the abuse they experienced and also to begin to envision and create the change they wanted to see in their lives. I also believed that such a combined approach would be helpful to provide a “road map” for group facilitators that would maintain a feeling of hope and optimism and which would work against feelings of burnout and vicarious traumatization.

When I first became a sexual violence counsellor, I was trained to work from a feminist perspective and orientation. In Chapter One, I will develop more fully a working definition of Feminist Counselling for the purposes of this report, but at this point suffice it to say that, over time, I gradually became aware that feminist models have some limitations in working with the after-effects of child sexual abuse. I became disturbed at what I came to believe was a trend with some of my clients: ie. that they would begin to adopt the identity of a “survivor” of child sexual abuse, and while this seemed helpful in shaking off some of the after-effects of victimization and developing some sense of personal power and efficacy in the world, it did not necessarily translate into concrete changes in their lives or movement toward their stated goals for therapy. In feminist models, there is often a belief or implicit trust in the transformative nature of insight. In other words, once I examine my history of abuse and “work through” it, it will cease to have a hold on me and I will be able to move forward in desired ways. Solution-focused

therapists might say this assumption is overly optimistic for any client population, since they believe that the understanding of underlying causes and effects does not necessitate change. I might add this latter belief may be particularly true for adults who have experienced child sexual abuse. I say this because feelings of depression, dissatisfaction, low self-esteem, lack of motivation, and helplessness are such common and powerful long term negative after-effects of abuse (Gil, 1988) and sometimes make it very difficult for individuals to believe in the possibility of desired change in their lives.

In fact, one might say that the destruction of hope and personal empowerment is an essential element of child sexual abuse and necessary to the abuser if s/he wants to maintain conditions where the abuse can continue and where s/he can stay safe from apprehension by the law. I would suggest that when I worked from a purely feminist framework, though the client might, through the therapeutic process, develop an understanding of her situation that “fit” for her, it sometimes seemed to reinforce her preconceived notions of her own helplessness and the immovability of her position. A brochure description for a Winnipeg workshop led by solution-oriented therapist and author Yvonne Dolan (1996) even suggests that psychotherapists can unintentionally contribute to the development of a “survivor” identity or culture that “causes clients to present with a new set of problems: a tendency to see daily experiences primarily through the limited perspective of how these events resemble past trauma, impact it, or aid one in overcoming it, and an inability to take active responsibility for the living of a healthy and satisfying life”. In my own practice, I was called upon to meet with women, sometimes who had experienced years of therapy related to childhood sexual abuse, who seemed to

take much of their identity from their experience of abuse. I remember women who told me that: they only read books about abuse; their friends were also all abuse survivors; they studied about abuse in school; and that their conversations were primarily dominated by abuse-related topics.

Around 1989/90 I attended a workshop that began to broaden my thinking about ways to work with the negative after-effects of child sexual abuse. It was conducted by Australian therapist Michael Durrant and U.S. therapist Kate Kowalski. In that workshop, Michael and Kate talked about the dangers of the term “survivor”: that it is one more label that can be slapped on individuals based solely on one aspect of their life experience. They suggested labels tend to help determine one’s identity and, while preferable to a “victim” label, the label “survivor” might be difficult to escape from later on. They suggested that the “problem is the problem - the person is not the problem” and further that the problem is only a problem if the client believes it is one. They also postulated that there was not necessarily any connection between an underlying cause of the problem and its solution. I was intrigued. Over the next number of years, I pursued a significant amount of training in the use of solution-oriented techniques by many of the foremost authors in this field including: Steve de Shazer, Insoo Kim Berg, Scott Miller, Michelle Weiner-Davis, Yvonne Dolan, and William Hudson-O’Hanlon. I also completed a four month clinical internship in family therapy at the MacNeill Clinic in Saskatoon. There I received supervision in a blend of solution-oriented and structural family therapies. The more familiar I became with the solution-oriented approach, the more I sensed a renewal in my sense of the possibilities that I could co-create with the women



who came to consult with me. At last, I had some sense of what could be done in the therapy room when people felt, as so often happened, hopeless and stuck and began to look to me for guidance. For, while feminist approaches were clear on the politics of women's lives and created a strong basis for empathy and connection between my life and the client's, I felt very left on my own when it came to the "how" of co-creating movement and change in the client's life. As some feminist authors have stated, feminist therapy is a theory or approach much more than it is a technique (Goodrich, 1988; Luepnitz, 1988). Solution-orientation began to fill in some of the gaps in my skills while still leaving ample room for a feminist understanding of how the dynamics of sexism and oppression had influenced my own life and those of the clients who came to speak with me.

As I became more familiar with the solution-oriented approach and worked to incorporate many of its techniques and practices within my existing feminist practice, I became convinced that the two methods and perspectives had something to offer each other and could be made to mesh well together. Both feminism and solution-orientation share some important components. Both are open to some valid criticisms. Each, I believed, had important elements that it could offer the other. I further believed that combining these two types of methodologies and perspectives in a group setting, would lead to an enhanced experience for both the group participants and the facilitators.

I set out, then, in this practicum study, to facilitate a 16 week therapeutic group experience for adult women who had experienced some form of sexual abuse in childhood. In this group, my co-facilitator, Libby Yager M.S.W., R.S.W., and I worked

to combine the perspectives and techniques of feminism and solution-orientation and to evaluate the usefulness of this combination through observation and client self-report. I also believed that we would be able to develop and utilize group intervention exercises and strategies based on a melding of the two perspectives and that these exercises and the resulting group model would further contribute to my own understanding and skill level and might contribute to the general body of knowledge within the therapeutic community on the use of these approaches in this type of group setting. I expected that, at the conclusion of the group, members would report some of the following benefits from the group:

a) as a result of the use of feminist approaches, they might experience a decrease in feelings of shame and stigma through the strategy of actively “bearing witness” to each other’s experiences and through being able to make meaning for their experiences that takes into account issues of power, gender, and culture that have played a role in the abuse, and

b) as a result of the use of solution-oriented techniques, they might experience an increase in feelings of hope and personal effectiveness through focus on small concrete changes, exceptions to the problem, clearly identified goals, and validation of existing strengths and competencies.

Later in this report, I will reveal the degree to which my expectations for the group were realized, as well as the inevitable surprises that came along the way.

In Chapter One, I will establish the theoretical framework for the practice of the group by reviewing much of the existing literature on feminist therapy and solution-

**focused and solution-oriented therapy, as well as doing a brief review of the group therapy literature relevant to work with adults who have experienced childhood sexual abuse. In Chapter Two, I will describe the details of the practicum experience including: the setting, recruiting, preparatory intake and screening procedures, informed consent, supervision, evaluation, format, and structure of the meetings. Chapter Three will describe the reality of the group experience including: group goals and agreements, outlines for group sessions, and a discussion and description of the various solution-oriented and feminist interventions and practices used during the group. Chapter Four will review the findings of the group including feedback from group participants as well as observations from both my co-facilitator and myself. Chapter Five will conclude the report with reflections on the experience, comments on my own learning during the course of the group, recommendations, and conclusions.**

## Chapter One - Review Of The Literature

In this chapter I will review the literature relating to feminist therapy and solution-focused therapy in order to develop working definitions for the purposes of this report and to explore applications of these modalities in work with adults who have experienced childhood sexual abuse. I will conclude with a brief review of the group therapy literature relevant to work with adults who have experienced childhood sexual abuse. As I review the literature, I believe I will demonstrate the high level of compatibility and complementarity between solution-focus and feminist approaches though, to this point little has been written directly regarding the blending of the two in a group setting.

### Feminist Therapy - A Working Definition

Feminism is essentially a political perspective in which issues of power and gender are seen as centrally defining factors in the lives of women and girls. Laidlaw and Malmo (1990) see feminist therapy as having arisen as a reaction to traditional psychological theories and research that did not recognize the reality of women's oppression and its effects on the psychological health of women. Contemporary feminist thought sees the world as having been defined by men for men, with women and children being seen primarily as property and as "marginal to the fundamental issues of historical struggle and change" (Levine, 1985). Feminists see sexual violence as a systemic as well as an individual effort to keep women subordinate to men and under the control of men (Kelly, 1988). Not every political perspective founds a therapeutic movement, however, and the fact that feminism has is a comment on the way in which the theory is solidly grounded in the personal lives of women. In fact, "the personal is political" is a hallmark

belief of the those in the feminist movement, and this translates in feminist therapy into a trust in the transformative nature of telling one's story. Helen Levine (1985) writes,

The point in sharing one woman's experience, any woman's experience, is to get at the commonalities in every woman's life, to link personal and political in the service of change (p. 74).

Brown (1991) suggests that not only is there a predominant "story" about how a good woman should behave, but also that it is an oppressive narrative imposed on adolescent girls and women. She states that therapy should involve encouraging women and girls to tell their own inner truths freely and repeatedly in order to resist this societal problematic story. For feminists, bringing women together in groups is seen as critical for to reasons. Firstly, group work emphasizes the common and systemic nature of the roots of women's experiences of violence. Secondly, it tends to "empower" women individually, through the confidence that builds during group sessions, to challenge the accepted norms for men's and women's ways of being in the world (Butler & Wintram, 1991).

One of the central feminist critiques of more traditional therapeutic approaches is the idea that the traditional therapist may act unwittingly as a sort of agent of social control who sees his or her role as assisting women to adjust to what is essentially an untenable and oppressive role which has been prescribed for them by a patriarchal culture. Greenspan (1983) suggests traditional approaches have failed women by unquestioningly accepting the subjugation of women as consistent with the natural order. Feminist therapists pride themselves on placing importance on the social and cultural contexts within which symptoms or problems manifest themselves, while traditional models often have an almost exclusively intrapsychic focus or a very localized systemic

perspective within the immediate family dynamics (Goodrich, Rampage, Ellman, & Halstead, 1988; Lerner, 1988). Peggy Papp (1991) argues that family therapists do a disservice to their female clients by neglecting to bring an understanding of gender inequality into the therapy room. Luepnitz (1988) states that feminist theory offers much to clinical practice in terms of taking gender into consideration and offering a critical and historical analysis of the family and women's roles within the family. In other words, social conditions do not provide a level playing field for women, and feminist therapists believe this fact is relevant in therapy.

Feminist therapy is often described as a body of theory or perspectives and not a set of techniques or tools for use in the consulting room. Luepnitz (1988) describes it as a "sensitivity" of the therapist to issues of oppression and to the bonds that sexism creates in the lives of all women. She states it aims to treat the whole person and not merely a set of symptoms. Goodrich et al. (1988) characterize feminist therapy as a "political and philosophical viewpoint" and not as a set of techniques. They suggest that the approach of working solely with the presenting problem is in itself problematic since most of us have internalized existing gender stereotypes to such an extent that they feel like truths. They raise the question, what is ethical and respectful treatment for a woman who presents in therapy asking for assistance to tolerate her husband's abusive behaviour? Lerner (1988) concurs. She asks, "What is an appropriate therapeutic response when a woman opts for the cultural stereotype of 'make me a better wife and mother' for the wrong reasons?"(p. 46).

A further characteristic of feminist therapy is the belief that the "broad outlines of

women's lives are strikingly similar" (Levine, 1985, p. 75). As a feminist therapist, my effectiveness is based on my ability to connect my struggles with those of other women and resist the temptation to distance myself or take a power-based position over them. The effective feminist therapist will tend to work to be aware of and also minimize the power difference inherent in any therapeutic relationship. She will see herself as more "like" her women clients than dissimilar. Rogers (1991) writes compellingly against the "angel in the consulting room" (p. 34) who adopts a "language of distance and condescension, a tone of false authority" (p. 50) with her clients. She criticizes such a context as a sham of a healing relationship, and argues that it is inevitable that our clients will resist such ways of conducting ourselves. True feminist practice, she suggests, is one where we can hear from our clients what is problematic in our work and respond to that resistance so that we can develop real relationships with our women and girl clients.

Hill (1990) describes these assumptions of feminist therapy as a "belief in the basic rightness of the client's way of being...and the knowledge that health means the increased becoming of who one is most deeply" (p. 56) as opposed to who one is supposed to become according to the dominant cultural story about women and men. She argues that the processes of political and therapeutic change are identical and involve the joining with another person's experience in such a way that she connects more strongly with her inner knowing of what is real for her.

Laidlaw and Malmo (1990) identify the recognition of the client as the expert on her own experience and an attitude of respect and shared power as distinguishing characteristics of feminist therapy. The feminist therapist's role is to validate the

experiences of her clients, to encourage her to explore her internal and external realities, and support her movement toward healthy growth and change. In working with individuals who have experienced abuse, Saxe (1993) believes that the feminist therapist will view the after-effects of the abuse not as psychopathology, but as “creative attempts to cope and survive” (p.7). In other words, the after-effects are a set of very normal reactions to abnormal situations of abuse.

### Solution-Focused and Solution-Oriented Therapies: A Working Definition

Solution-oriented therapy has its origins in the work of Milton Erikson (deShazer, 1986) and is considered by most theorists as a part of a group of therapeutic perspectives loosely categorized as postmodern and collaborative in nature. Steve de Shazer, Insoo Kim Berg, and the staff of the Brief Family Therapy Center (BFTC) in Milwaukee are generally considered to be the co-founders of the approach known as solution-focused brief therapy. The term solution-oriented is usually used to refer to similar perspectives using some approaches that did not originate with the BFTC team. For the purposes of this practicum, I drew upon thinking and techniques from both solution-focused and solution-oriented perspectives and in this report I will use the terms interchangeably.

Milton Erikson was a physician and hypnotherapist known for his creative and metaphoric interventions with his patients. Elliot (1990) states that the cornerstones of his approach are: using the client’s world and perspective as the basis for change, using a future orientation, and using symbolic and metaphorical communications. She states a basic premise of Erikson’s thinking was that very small changes can have a snowballing effect. De Shazer (1986), in identifying the evolution of solution-focused therapy as



Eriksonian, adds that the main assumption solution-focus borrows from Erikson is the lack of the need to attempt to correct any “causative underlying maladjustments”. In short, solution-oriented therapists believe that insight and understanding are not only not required to change behaviour, but also that there is less relationship between a problem and its solution than has traditionally been thought. Steve de Shazer (1990) even goes so far as to claim that therapy can be effective even if the therapist knows nothing about the problem, as long as s/he knows what the client’s goal is. A solution-oriented therapist will typically base the search for solutions in relationship to the client’s goals and will use these goals along with information about times when the problem isn’t present to construct the building blocks of a solution.

One of the most unifying and significant characteristics of solution-oriented approaches is their strongly collaborative nature. The solution-oriented therapist will work hard to eschew all forms of theory-making and hypothesizing about the nature of the client’s problem. Such practices, embraced by many modern therapies, are believed by the solution-oriented therapist to hinder the process of co-creating desirable change with the client. A solution-orientation does not allow for the notion of the “resistant” client who is balking at the therapist’s efforts to help her/him do what is best for him/herself. Berg and Gallagher (1991) suggest that it is the responsibility of the therapist to ensure client cooperation by discovering the client’s goal and working with it rather than acting as an “agent of social control” that works with dominant cultural notions of what is good for the individual. de Shazer (1988) argues that we must use a therapy construct based on the principle of cooperation rather than power. He suggests

that the notion of resistance is inevitable in any power based construct, since the ability to overcome resistance is in fact what power is all about. He insists that it is perfectly possible to describe our interactions with clients in a cooperative way, and that the concept of power is not useful in a therapeutic relationship. He suggests (1984) that the therapist adopt an attitude of cooperation with his/her client such that anything the client does in response to a task becomes useful to the therapy. A central tenet of solution-focused work is the idea that "if it ain't broke, don't fix it" and it is up to the client to define what, if anything, is broken. Other tenets, as identified by de Shazer (1990) include: "once you know what works, do more of it" and "if it doesn't work, don't do it again. Do something different".

The solution-oriented practitioner is only interested in identifying the explanations for the problem that "fit" for the client: ie. make sense to the client, and then working to therapeutically reframe in a manner that will promote beneficial change as identified by the client (de Shazer & Lipchik, 1984). The solution-focused practitioner believes that an intervention will only be effective when it fits with the client's frame of reference and accepts the client's world view and theory of change fully. Indeed, a common solution-oriented critique of traditional therapies is that therapists fall in love with their own theories and develop "delusions of certainty" or "hardening of the categories" which is characterized by a tendency to interpret the client's complaints in the light of their own current theoretical perspective and so actually create problems for their clients. O'Hanlon (1990) refers to this as "theory countertransference" while Duncan et al. (1997) call it "attribution creep".

**When their points of view are ignored, dismissed, or trampled by the therapist's theory, noncompliance or resistance is a predictable outcome. To the therapist, the client begins to look, feel, and act impossible. To the client, the therapist comes across as uncaring, disinterested, or patently wrong (p. 9).**

**So, the solution-oriented practitioner will pay close attention to the client's theory of change believing that any intervention will have a better chance of success when it matches with that which the client believes will be an effective solution to her/his problem. de Shazer found that where the client believes in the "magic" of pills to solve his/her current problem, having the client take an imaginary pill was helpful (1984). In addition, careful matching of the client's language for both the problem and the solution assists in joining with the client and in ensuring that any proposed solutions fit for the client. O'Hanlon and Weiner-Davis (1989) also advocate the use of language that presupposes change as a way of encouraging change: eg. 'when this problem is solved, what differences will you be noticing?' rather than 'if you solve this problem, what differences would you be noticing?' Furman and Ahola (1992) suggest a strategy of openness with the client and offering many alternate explanations for the problem as a means to assist the client in finding a frame for the problem that fits for her/him. In addition to the tools of "fit", openness, and matching language, an additional component of a solution-focused perspective is the importance of working with the client in an atmosphere that emphasizes the client's strengths and resources (Duncan, Hubble, & Miller, 1997: O'Hanlon, 1990 ).**

**One of the most significant contributions, in my opinion, of solution-focused theorists to the field of therapy is the extensive work they have initiated in developing**

tools for the identification of the client's goals for change. In this model, knowing where the client wants to go is more important than knowing where they have been. Adults who have experienced childhood sexual abuse may find this interest in their future rather novel and even disconcerting, since so many of the conventional ideas about healing for survivors is rooted in painful exploration of the past. Solution-focused therapists ask the question: "why is it that we, as counsellors, believe that excavating painful experiences from the past will assist the people who come to consult with us to create the kind of future they want for themselves?" I believe this is a question worth considering. To me, the link between the two is not immediately evident; yet, this is the assumption often made, and it leads in some cases to years of painful therapy without necessarily appreciable movement toward improved quality of life for the client. Walter and Peller (1992) define the elements of a solution-focused approach as: a) identifying what the client wants to be doing; b) identifying how s/he is already engaging in that behaviour; and c) identifying how s/he will be experiencing the goal in the future.

Given the focus on the past in more traditional therapeutic styles, it might be argued that prior to the emergence of solution-focus, therapists had not done a very good job of developing questions that would assist the client to elucidate her/his goals for change. The central solution-focused tool for identifying the client's goal is usually some version of "The Miracle Question". The basic wording for this question is as follows: "Suppose that one night, while you were asleep there was a miracle and this problem was solved. How would you know? What would be different?" (de Shazer, 1988). Typically the initial answer to this question may be somewhat vague, and the solution-focused

therapist will work toward the identification of concrete and specific behaviours using a series of questions including relative influence questions such as: “how will your spouse know the miracle has happened without your saying a word to him about it? What will your children or co-workers be noticing that will be different?” and so on. Therapists look for a “video description”... ie. behaviours that could be captured by a video camera (Lipchik & de Shazer, 1986).

The next step in a typical solution-focused interview is usually the initiation of a search for exceptions to the problem followed by an attempt to encourage consideration of the differences between times when the problem is and isn't present (Molnar & de Shazer, 1987). Once the non-problematic patterns of behaviour are identified, the solution-focused interviewer will work to help the client repeat these patterns more frequently. It is a basic tenet of solution-focused theory that change is inevitable. The search for exceptions is seen as a way the therapist can identify and maintain positive change in a useful and non-intrusive way (Berg & Gallagher, 1991). Solution-oriented practitioners believe so firmly in the inevitability of change that they even look for change that may have occurred between phoning for a therapy appointment and actually attending the first session. Weiner-Davis, de Shazer, and Gingerich (1987) found in a survey of 30 cases, pretreatment changes in the problem area may be present in as many as two of every three cases. They report positive results from working to maintain and amplify these existing changes when the therapist responds as if the change is a “difference that makes a difference”. de Shazer and Molnar (1984) contend that the very act of observing change is significant in that it alters the nature of the change occurring. It is for this

reason that observation tasks may be assigned to the client and are generally considered an important intervention tool for the solution-focused therapist. The “formula first session task” is commonly assigned toward the end of a solution-focused first interview: “Between now and the next time we meet, I want you to observe what happens in your life that you want to continue to have happen” (Molnar & de Shazer, 1987, p. 349).

Likewise, identifying exceptions, or “differences that make a difference” influences the way the client is likely to view the problem. In other words, solution-focused therapists believe that the client is less likely to see the problem as ubiquitous and overwhelming following the identification of meaningful exceptions. Exceptions can also often provide the basic building blocks of a solution to the problem.

The focus on specific and concrete behavioural goals, identifying times when the problem is not present, and using scales to identify the small movements toward the client’s miracle or problem free future creates an atmosphere where both the client and the therapist learn to notice and build on the small successes that pave the road toward lasting change. Part of the appeal of solution-orientation is its effect of increased optimism and hope on the part of the therapist as well as the client. Lipchik & de Shazer (1986) emphasize the need for a persistent positive stance on the part of the therapist as a means of facilitating new perceptions and behaviors from the client that can lead to solutions. A further appeal of the approach for me is the lengths to which solution-oriented writers and trainers have gone to quantify their knowledge and to examine the “hows” of this approach in order that others in the field can learn these skills and replicate their successes. I believe solution-orientation may have particular benefit in work

relating to sexual violence and abuse because of the feelings of learned helplessness in the client and related counter-transference feelings of burnout and vicarious trauma in the therapist.

### The After-Effects of Childhood Sexual Abuse

There has been a significant amount of research during the past two decades focused on identifying the common negative after-effects found among adults who have experienced childhood sexual abuse. It is important to note that there is no blueprint describing how any one individual will react to abuse, however, the following concerns have been consistently identified by many adults who have experienced sexual violence in childhood.

Sleep disturbances, hypervigilance, difficulties with concentration, and intrusive memories have been identified as common after-effects (Briere, 1989; Briere & Runtz, 1993; Courtois, 1988; Dolan, 1991; Herman, 1992). Feelings of low self-esteem, guilt, self-blame, and a poor sense of self are also documented (Briere, 1989; Jehu, 1989). Other effects include: feelings of intense shame, depression, suicide ideation, anxiety, fear, and feeling numb (Browne & Finkelhor, 1986; Courtois, 1988; Dolan, 1991; Finkelhor, 1987 & 1990). Difficulties with sexuality, difficulties establishing nurturing relationships, difficulties trusting, and feelings of rage and helplessness have also been identified (Briere & Runtz, 1987; Courtois, 1988; Jehu, 1989; and Maltz & Holman, 1987). There is also evidence that some survivors experience difficulties with physical illnesses and symptoms, and they may also have concerns relating to substance abuse and/or difficulties with eating (Browne & Finkelhor, 1986; Courtois, 1988).

### **Solution-Focused Therapies and Childhood Sexual Abuse**

As can be extrapolated from the belief in solution-focused ideas that insight regarding past events is not necessarily helpful to produce desired change, the solution-focused therapist will not conclude, as will many other therapists, that the client who is a survivor of childhood sexual abuse must inevitably recount the details of the abuse in order to heal. When I was first trained as a rape crisis worker in the early to mid 1980s, I was trained according to the prevailing wisdom that rape and sexual abuse victims must speak about the specific details of the past abuses they suffered and the emotions that those events engendered over and over as a way of removing the power of those memories over the individual in the present. Much of the prevailing literature regarding group work with sexual abuse survivors advocates the telling of group members' stories as transformative and a way of releasing feelings of shame and isolation (Chew, 1998; Saxe, 1993; Yamamoto-Nading & Stringer, 1991).

In applying solution-focused ideas to group work with adults who have experienced childhood sexual abuse, it is logical to forgo such storytelling unless group members identify a need to share their stories. In fact, Dolan (1991) and Metcalf (1998) suggest that long and specific descriptions of the abusive events should not be encouraged or invited unless the client seems to heal from such discussions. Metcalf states that the therapist should verify the therapeutic aspects of story telling for the individual by asking "You are telling us many details that have made you very sad. How does it help you to tell us some of the details?" (1998, p. 90). When therapists enter the therapy assuming that the client needs to go back and work through traumatic memories, s/he is once more



taking an expert stance regarding what the client needs to do to recover from the abuse.

In a solution-focused approach, the goal of therapy is to assist the individual in overcoming the negative after-effects of the abuse rather than to help her/him “work through” the abuse. The important thing is that she is able to make sense of her experience in a new way that frees her to live a more satisfying life. Kowalski (1993) believes:

It is not necessary to directly discuss details of the abuse in order to diminish the effects. Clients are the best judges of whether, and when, it is helpful to discuss the abuse explicitly (workshop notes).

Metcalf (1998) writes that while some individuals may need to talk in detail about the past abuse, some may not. She suggests that the therapist would be much better advised to focus on the client’s resources and strengths and focus on emphasizing how they made it through the abuse and what they’ve done to “cope, survive, and thrive”(p. 91) since then.

Metcalf and Dolan even go so far as to suggest that story telling can be harmful and counter-therapeutic.

Having a victim of sexual abuse tell and retell the tale of her victimization for the sole therapeutic purpose of desensitization is like removing a bullet slowly and painfully, one tiny millimeter of metal at a time, reopening the wound each time. This form of desensitization is not always dependable; even in the cases where it does succeed over time, it is often an inefficient and unnecessarily painful method of treatment that prolongs the client’s suffering and revictimizes her over and over again. (Dolan, 1991, p. 29)

Metcalf (1998) cites the case of a young woman who had been raped on a date and who saw a therapist and was asked to go over and over the details of the assault. This, she told Metcalf, always made her feel worse. Then the therapist told her it was time for her (the

client) to move on, and the young woman felt very bewildered not understanding how this approach was supposed to help her move forward in her life. In a group setting, Metcalf suggests, participants may find sharing stories and talking about the past a powerful bonding experience, but it may serve to reinforce pre-existing ideas about the impossibility of moving forward to a life relatively free of the abuse. McFarland (1995) suggests that in a solution-focused group, the focus should stay on the present and the future rather than the past and that group cohesiveness can be developed and maintained through members following the facilitator's example in encouraging fellow participants by paying attention to what is working and by complimenting others' successes and strengths.

Be that as it may, the assumption of the need to talk about the details of the abuse in a group setting seems to run deep. Judy Chew (1998) writes about group work with sexual abuse survivors from a solution oriented and narrative perspective; yet devotes session five through eight of a 13 week group to group members talking about the details of their abuse. Other writers on group work with sexual abuse survivors also seem to view storytelling as an integral part of the treatment. Saxe (1993) writes from a feminist perspective and devotes sessions four through eight of a twenty week group to the sharing of personal stories of abuse. Yamamoto-Nading & Stringer (1991) advocate having group members tell their stories in the first group session out of 14 and then wind up that session asking group members to imagine what their lives will be like when they have resolved their sexual abuse. In contrast, Metcalf (1998) criticizes such groups as focusing too much on insight and resulting in a situation where clients emerge from such groups

**“with insight yet wearing their hearts on their sleeves and ready to rationalize and defend why they had their particular disorders or complaints” and adds “there seemed to be few actual strategies that developed within those groups....”(p. 4).**

**One of the great benefits, in my opinion, of adopting a solution-focused approach in work with adults who have experienced sexual violence is the expansion of the therapists’ repertoire and field of vision so that s/he can see more therapeutic alternatives than painful desensitization. The solution-focused therapist believes asking individuals to think about what their lives will be like once they have resolved the abuse creates an inspiring vision to move toward and also a focus on the steps already taken toward the goal that is inherently therapeutic and healing.**

**People heal from sexual abuse when given a context to relate to and perceive themselves differently in.... Assisting sexual abuse survivors to live in the present instead of dwelling on traumatic experiences in the past gives them a new image of themselves and fosters beliefs that make it easier for them to plan for tomorrow. (Metcalf, 1998, p. 106)**

**Characteristics of a solution-focused group include: creating a concrete vision of the future without the problem; focusing the conversation on times when the problem is not a problem; offering a new description of the problem that employs hope; externalizing the problem as something outside of or separate from the person; scaling small changes; use of the Miracle Question as a means to move the group past a problem focus and into the future; and noticing evidence of participants’ abilities on the spot (Metcalf, 1998).**

### **Why Choose Group Work?**

**In general, group work can have the benefit of dramatically increasing the potential for finding solutions to presented problems (Todd, in Metcalf, 1998). At times,**

when an individual feels overwhelmed by difficult problems, group members can assist by brainstorming ways in which she may more effectively cope with the effects of the problem, even if the problem is not immediately and completely solved (Metcalf, 1998). Feedback from group members has the added weight of similar experiences behind it, and encouragement from others who have been through something similar often has added meaning to group participants. Since both feminist and solution-focused approaches concentrate on the client's strengths and resources, group is a powerful medium to highlight and praise the smallest actions toward change, thereby offering the client possibilities for a new description of her life, herself, and the effect of her experiences.

Why choose a group setting for women who have experienced childhood sexual abuse? From a feminist point of view, it is necessary in a patriarchal society to keep women separate from each other and see the sources of their problems and pain as within their individual psyches rather than as systemic in nature. Bringing women together in groups is seen as critical from feminist perspectives to emphasize the systemic nature of the roots of violence against women and to "empower" women to challenge culturally accepted gender role norms (Butler & Wintram, 1991). In addition, group work is seen as having particular value with individuals who have experienced sexual violence as a useful strategy for combatting the stigma and shame that are such common after-effects of the sexual abuse, as well as allowing participants to experiment with issues of safety and trust (Gil, 1988). All of these effects have been well documented as part of the aftermath of childhood sexual abuse (Donaldson & Cordes-Green, 1994; Sprei, 1987).

In a group setting, a feminist perspective brings the concept of "bearing witness"

to each other's experiences of abuse and its after-effects. The term "bearing witness" refers to a type of attentive, non-action oriented listening that group members often describe as one of the most helpful aspects of group. While group members have a lot of individual choice about how much they share in group about their own experiences of abuse and its after-effects, being present and listening within the group are in themselves transformative both for the participant breaking the silence surrounding her experiences and for the participant engaged in witnessing the process unfold. A feminist approach then offers group members a way to link their individual experiences not only with those of other group members, but also with those of women as a whole. This approach powerfully addresses issues of shame and stigma that are also nearly universal after-effects of most experiences of sexual victimization (Donaldson & Cordes-Green, 1994; Finklehor, 1979; Gilligan & Kennedy, 1989; Saxe, 1993; Sprei, 1987).

Some therapists and authors have criticized a sole reliance on individual therapy with individuals who have experienced abuse on the basis that the inequality of power inherent in the therapy may reinforce dependency on the therapist and decrease the opportunities for the individual to develop a feeling and sense of her own ability to achieve her goals and overcome the effects of the abuse (Van der Kolk, 1987). Saxe (1993) adds the observation that discussing childhood sexual abuse alone with one's therapist solely within the confidential confines of the therapy room may inadvertently serve to maintain the sense of secrecy and isolation that was a part of the abuse experience. She suggests that it is a very powerful healing act to acknowledge in a group setting one's experiences of abuse because it tends to "address the sense of isolation and

differentness that results from having been forced into a secretive and taboo practice” (p.5).

Chew (1998) suggests that group therapy is a very useful adjunct to individual therapy in that it provides an interactive context within which healing and recovery from the effects of the abuse can take place. Group work has many advantages over individual therapy. Group participants gain a sense of validation from seeing that they are not alone in their experiences and in their reactions to the abuse. They may develop a greater sense of gentleness and empathy toward themselves through receiving caring and respect from other group members and through seeing their own stories through the eyes of other, often less harsh and blaming eyes (Saxe, 1993). Many group members have told me that they can more readily see the strength in other women than in themselves initially, but, eventually, through having that same admiration extended to them by other group members, they come to feel more empowered and compassionate toward themselves as well. In addition, group work has the advantage of mutuality. In other words, the peer helping relationships that develop in group involve both the receiving and the extending of help and support to and from other group members (Chew, 1998; Fedele & Harrington, 1990; Saxe, 1993). This can be a powerful experience for members to be listened to and to be seen to have something valuable to offer others in distress and difficulty.

### Summary and Implications

Solution-focused and feminist therapies have a number of factors in common that I believed made them compatible for use in a blended model. Namely, both therapeutic perspectives are highly collaborative in nature, both advocate therapists adopt a non-

expert stance in the therapy, and both see clients as the experts on their own lives, problems, and solutions. As such, therapists from both perspectives avoid blaming and labeling clients. Both perspectives would view non-cooperation from the client as a problem with the approach of the therapist rather than as resistance to change. Both feminist and solution-oriented therapists work to minimize the power differential in the consulting room and see the problem as something that is exerting influence over the client's life rather than as an aspect of the client's personality.

In addition, I believed that the two approaches would complement each other, with each model offering advantages that the other lacked. Feminist therapeutic theories offer a political perspective and analysis of violence against women that takes into account issues of power and gender. Feminist therapists commonly encourage and work to empower clients to question existing cultural norms and gender roles. The feminist analysis contributes materially to a framework within which women can view their experiences in new ways—for example, as linked to the experiences of all women rather than as just an individual situation in which they have found themselves. For this reason, feminism also offers the notion that telling the truths of our lives as women in a circle with other women is a powerful transformative and political act both for the individual woman and for society as a whole.

Solution-focused perspectives offer the notion that it is not necessary to correct causative experiences from the past in order to effect change in the present and the future. Solution-oriented therapists bring a new emphasis to co-creating with their clients a vision of a preferred future—a future that will exist after the problem is solved. Solution-

focused therapeutic theories offer new tools and techniques to facilitate change and identify goals for the future. These include the Miracle Question, techniques to search for and highlight exceptions to the problem, and innovative scaling methods to assist clients to identify small changes and steps toward their goals.

For me, the implications for combining these two perspectives into a blended model for use in a group setting with adults who had experienced childhood sexual abuse were related to the notion of balance. I intended to work to balance the amount of time spent talking about the problematic experiences of abuse and the after-effects of those experiences with time spent exploring signs that the group members were overcoming those experiences and their effects. I intended to work to balance the amount of time we spent in group focusing on the past, the present, and a future without the problem. I chose to avoid providing structured time for participants to tell the stories of the past abuses. I wanted, instead, to create a culture within the group where sharing and acknowledging experiences of success was as acceptable as sharing and acknowledging experiences of distress, where group members and facilitators would bear witness to both, and where group members would bond with each other around both. I wanted to balance valuable movement toward change with equally valuable acknowledgment of the plight of these individuals and also of the broader community of women.



## Chapter Two - Practicum Description

In this chapter it is my intention to describe the parameters I set to the practicum experience prior to the group actually beginning. I will discuss such details as: the recruitment of participants; the setting, clinical supervision and debriefing; co-facilitation; screening of potential participants; format of the group meetings; and the tools I planned to use to evaluate the experience. I will also spend some time discussing my ideal sense of how I intended to apply the two modalities in this treatment setting, and how I anticipated they would work together.

### Recruitment of Participants

Written notices advertising the group (Appendix A) as a group for adult women who have experienced some degree of sexual violence in childhood were circulated to the following: the host organization; approximately 10 community-based organizations in Winnipeg; and approximately 10 selected private therapists in Winnipeg . I chose to send the notices only to community-based organizations and agencies that offered individual or group therapy for problems related to childhood sexual abuse. For private practitioners, I chose to send notices to those who identify themselves as working from either feminist and/or solution-oriented perspectives. I felt these organizations and individuals represented our best chance for referrals since they were working therapeutically with the client group we wanted to attract and, in the case of the private practitioners, in compatible modalities to those I planned to use in the group. I also felt that counsellors and therapists would be able to most accurately assess which individuals were ready, willing, and adequately prepared for a group experience. I chose, however, to mail out a

maximum of twenty notices so as to avoid a deluge of referrals that we could not accommodate within the parameters of the one-time, time limited group experience. The notice simply directed interested participants to call Libby at Family Centre at a certain date and time for further information or to book an appointment with me to find out more about group.

I wanted the recruitment advertisement to reflect the blend of solution-oriented and feminist perspectives I intended for the group and so I entitled the advertisement "Living, Surviving & Thriving: A Sexual Abuse Group for Women". When I was first trained as a rape crisis worker, it was common to talk about people who have experienced abuse as becoming "survivors" of the abuse. This term was used as a sort of indication of the level of recovery or healing that they had achieved regarding their abuse experiences. The term "victim" might be used to refer to a beginning point in healing where the individual was still living with the abuse in a very present way and was still seeing herself as perhaps causing the abuse or as doomed to be abused again. The term "survivor" has often been used to reflect the time in healing where the individual understands that the abuse is in the past, that it wasn't her fault, and where she has achieved some feeling of empowerment in her life or the feeling that she can now protect herself somewhat from further violence.

As discussed previously, solution-focused therapists were among the first to suggest the need to move beyond the term "survivor" since it still tends to define women according to a single aspect of their experience—the abuse (Chew, 1998). Anderson & Gold (1994) indicate that feminists are now beginning to re-examine the label "survivor"

for similar reasons. Nowadays, it is more common to talk about a third level of healing where the abuse no longer takes up such a large part of the individual's energy and identity. At this stage, it becomes clear to the individual that s/he is more than the abuse and can, in fact, live a satisfying and joyful life in the future. In her workshops, Yvonne Dolan has suggested this period in recovery might be termed "thriving", and this is the term I chose to represent that satisfying future that the participants envisioned for themselves.

So, the phrase "Living, Surviving, & Thriving" was used to emphasize the three stages of healing and also the notion of past, present, and future which I intended to become a theme in the group. While criticisms of insight-based therapies with individuals who have experienced abuse might suggest that too much attention is paid to past abuse and that such a focus may tend to increase feelings of helplessness and dependency in the world, solution-focused thinking does not demand that the past be ignored all together. As discussed previously, it is important for most survivors at some point to break the silence surrounding the abuse and have others bear witness to their experiences and/or their pain regarding the experiences. I would argue that feminist therapists have done well at witnessing the experiences and hearing the pain of the abuse in the past and have really worked hard to address issues of shame and stigma regarding those experiences by linking them with a broader political perspective. What solution-focus offers, in my opinion, are tools to draw out the ways in which the abuse continues to be a problem in the current life of the individual and to draw out a vision of the individual's preferred future when s/he has really put the abuse firmly in the past. For

these reasons, I chose to advertise the group as follows:

**This 16 session group will assist participants to move further in their recovery from the negative effects of child sexual abuse. The group facilitators believe in the importance of understanding the impact of the abuse experience while acknowledging all the other aspects of women's lives. This group will work to strike a balance between the past, the present, and a vision of a hopeful future.**

**My goal was to facilitate the group discussion in such a way as to have a roughly equal distribution of talking about the past, the present, and the future. My thinking was that such a balance would allow the group to expose the tyranny, lies, and deception of the past abuse, while validating the tremendous accomplishments involved in surviving and instilling hope for the future.**

**The group participants consisted of adult women (over age 18) who were referred to the group from a therapist or social service worker and who had some level of comfort discussing the abuse with others and who were not actively suicidal or in current crisis.**

### **Group Intake Process**

**Screening potential group members on an individual basis prior to the commencement of a group for persons who have been sexually abused in childhood is commonly accepted clinical practice. Gil (1988) and Sprei (1987) agree that contraindications to group participation include: acute suicidal tendencies, current severe life crisis, active drug/alcohol addiction, and an inability to hear others discuss their abuse without feeling overwhelmed. In addition to considering the former as criteria upon which I would choose to exclude someone from the group, I also was concerned that potential group members could identify some concrete and realistic goals for being in**

group.

On occasion, it has been my experience that individuals have been referred to group by well-meaning others who feel the group experience would be helpful. At times these potential participants have felt a reluctance to be in group or have had a definite idea that group would have nothing to offer them. To these individuals, I suggested that it was important to respect their own wisdom and that I could see no reason for them to be in a group against their own wishes or sense of what is right for them. Other individuals might have an unrealistic goal or expectation for the group experience. For example, in this group, if a woman had an expectation group would most likely be focused on sharing the details of past experiences of abuse, I would share information with her about the purpose, intent, and structure of this group experience and either offer to refer her to a service that might better fit her expectations, or ask whether there was something this type of group could offer that she might be interested in. With individuals who could not initially identify a concrete goal for group, I engaged in a conversation in which some mutually agreeable goals for the group work could be co-constructed.

I met with all the potential group participants prior to the commencement of the group for the purposes of screening and pre-group orientation. Some of my goals at this meeting were to let prospective members know the purpose of the group, its focus, and parameters before they made a commitment. I presented this interview to the women as a time when they could ask any questions they had about group so they could make sure it was the right group for them, as well as a time when I would ask them some questions with the same goal. It was also to allow me to assess readiness and appropriateness for

this particular group based on the previously mentioned criteria. A copy of the questions used for the screening interview has been appended to this report (Appendix B). Where there were concerns about a potential member's participation, this was discussed frankly with the client in the screening interview. Concern for her well-being was foremost in this discussion and possible options that might better meet her needs were discussed (eg. individual therapy either within the host organization or in another setting; in the case of acute alcohol or drug addiction, perhaps a residential treatment setting or referral to an addictions program or counsellor).

In addition, all aspects of the group as a part of the requirements for a Master's of Social Work practicum project were discussed with the potential group member throughout the screening interview. Participants were asked at the beginning of the interview to read and sign an release form giving consent to the screening interview (Appendix C), and at the conclusion of the interview, they were asked to read and sign an ethical release form giving informed consent to participation in the group (Appendix D). This latter form describes the voluntary nature of her participation in group, how her anonymity would be protected, audio-taping of group sessions, and the storage and subsequent destruction of these tapes.

In all, I met with 12 potential group participants at the intake stage of group. Nine of these chose to enter the group. Of the remaining three, one was referred to another service, one chose another service over this one, and the third chose to simply continue with her existing service.

### Setting

The group was completed at the Family Centre of Winnipeg. This site was chosen because many therapists in this Centre have received extensive training and practice in solution-focused perspectives and techniques as well as feminist perspectives and approaches to therapy with individuals who have experienced sexual violence in the past. I also felt that my development as a therapist would be more greatly enhanced by working at an organization that I had not had previous involvement with. It seems to me that work in a variety of settings is extremely valuable for developing a broad base of skills as a social worker.

### Co-Facilitation

I chose to co-facilitate the group with Libby Yager, M.S.W., R.S.W. Libby is a contract employee of Family Centre, a former colleague of mine, and has extensive group facilitation experience as well as familiarity with the use of both therapeutic models. Schadler (1992) suggests that co-facilitation is indicated in groups with adults who have been sexually abused as children due to the "intense and interactive" nature of these groups. While Rose (1989) states that while there is no consistent empirical evidence that two leaders are more effective than one, practitioners usually prefer to work in pairs in a group setting citing greater support, learning, and enjoyment as their rationale for this choice. For the purposes of this practicum, I strongly felt two co-leaders were indicated by the innovative nature of task (ie. the blending of two distinct types of models). I believed a second facilitator would be invaluable for the purposes of group planning and post-group discussion and feedback, as well as for assisting group members who may be in some distress or discomfort during group. I further postulated that the second

facilitator would be extremely helpful through her participation in the creative process of planning group sessions and group interventions, as well as for her perspective on how the group was reacting to those same sessions and interventions. The co-facilitator was not present during intake/screening interviews with potential participants, and only occasionally attended supervision meetings. It was expected that all responsibilities for record keeping and report writing would rest solely with myself throughout the practicum process.

In the first session of group, Libby and I wanted to be transparent with group members about our relationship to one another and the reasons why we chose to facilitate the group together. We explained that we had met and worked together previously in another organization and that, during the course of that acquaintance, we had discovered a compatibility in our styles of working and an enjoyment in working together. We added that we had maintained a personal friendship since that time and had often talked about wanting to work together again. We also explained the advantages of having two therapists in the group: extra assistance when group members are in distress; consistency in the group if one of the facilitators becomes ill or cannot attend a particular session; and the ability to consult with a colleague in order to get ideas on how to assist the group through various problems.

Group members were informed that Libby and I would do our best to share the facilitation responsibilities in group equally, and that, since this group facilitation was part of the requirements for my degree, I would carry most of the responsibilities relating to documentation, planning, and organizational details for the group. Privately, Libby



and I believed that our cooperative and equitable working relationship might provide powerful modelling for group participants. Indeed, group members subsequently commented, on occasion, that they enjoyed witnessing the relaxed and cooperative interaction between us.

### Supervision

I planned to audiotape all group meetings for the purpose of receiving supervision and to refresh my memory during the report writing process. Supervision of the practicum included weekly debriefing and preparation meetings with the co-facilitator and bi-weekly supervision meetings with the on-site clinical supervisor, Sara Axelrod. External supervision of the practicum was to be provided by Professor Kim Clare, my M.S.W. advisor. At all stages of the practicum experience and report writing, I took steps to ensure that the identities and particular experiences of the group participants would be kept confidential. This information was shared only within the bounds of clinical supervision and consultation within the host agency.

### Procedure

Treatment was to occur in weekly group sessions lasting two and one-half hours each with one 15 minute break.

Group facilitators were to provide a consistent structure to group meetings; including a brief check-in regarding participants' mood and weekly events as suggested by Schadler (1992), a check-out round prior to closure to ask participants how they were feeling and what was most meaningful for them from the evening's session, a planned topic for discussion for each meeting, and meetings that begin promptly and ended at the

designated time.

Group members were, however, to play an active role in setting group goals and agreements and in determining the focus topic of each session. Many authors agree that the establishment of consistent group rules and norms is important (Rose, 1990; Sprei, 1987). Donaldson and Cordes-Green (1994) suggest that some of these group agreements be arbitrarily determined by the group facilitators (eg. confidentiality, attendance and commitment, use of non-prescription drugs or alcohol just prior to group or just following, violence or abuse, and touching), and that some are decided democratically by the group members (eg. sharing phone numbers, sharing time within group, tardiness, absences, and breaks). Homework assignments were also to be used selectively as an intervention method within the group (Sprei, 1987).

The setting of consistent, agreed-upon group agreements were to be a part of the first meeting's agenda. The setting of personal and collective goals for the group were to occur during the second and third meetings. Subsequently, the group facilitators were to use these group and individual goals to plan discussion topics for the rest of the group meetings. It was my intention that the meetings would involve a balance of dealing with individual concerns as they arose and of dealing with pre-planned discussion topics that arose from the group's identified goals.

### Size

Donaldson & Cordes-Green (1994) report that limiting group membership fosters cohesiveness; yet, still allows enough time for individual needs to be met. In general, for a group of this nature, most sources agree that a membership of six to eight plus the group

facilitators is optimum (Donaldson & Cordes-Green, 1994; Schadler, 1992). Rose (1989) states that research indicates that client satisfaction tends to increase around a membership of six or seven clients and then decline slightly after that.

I intended to commence group with a minimum membership of eight participants and a maximum of ten, in order to allow for the possibility of attrition during the group process. This particular group commenced with nine members and finished with seven.

### Duration

Donaldson and Cordes-Green (1994) suggest that it is currently unclear what length of group is the most effective due to a lack of empirical rigour in evaluating groups for adults who have experienced childhood sexual abuse. Short term groups (less than 12 weeks according to their assumption) have shown improvement in certain areas, but indicators are that many of the participants indicate a need for further therapy. They speculate that longer term groups may be more effective in allowing participants to gain more coping skills and to process issues in greater depth.

I planned for the group to last for 16 weekly sessions. Groups described in the literature vary widely in duration: from four sessions to six, ten, twelve, twenty-two, and open-ended therapy groups that do not have a specific duration. At this point, as mentioned above, research does not seem to recommend one length of group over another. I have personally facilitated groups for adults who have experienced childhood sexual abuse that met for ten, twelve, fourteen, and sixteen sessions. Evaluations completed by group participants of the shorter of these groups have frequently indicated that they found the length of the group to be inadequate. Participants have frequently

commented that the group ended just as they were beginning to feel comfortable enough to reveal their most deeply-held concerns. I have facilitated a number of sixteen session groups for this population and found that the end of group evaluations do indicate the participants felt these groups more adequately met their needs.

### Criteria For Evaluation

One of the values that solution oriented and feminist therapy perspectives have in common, and which set them apart from many other more traditional therapeutic perspectives, is their view of therapy as a collaborative alliance between client and therapist in which the client is the expert. This attitude has implications for any evaluation of clinical work utilizing either of these approaches. In other words, the client's view of the therapy and the relative success of same is an essential, and one might argue the most important part of any evaluation. De Shazer (1991) writes, "If therapists accept the client's complaint as the reason for starting therapy, therapists should, by the same logic, accept the client's statement of satisfactory improvement as the reason for terminating therapy" (p.57). I would add that they should also accept the client's evaluation of whether or not the therapy has been successful and of what interventions or characteristics of the approach were most or least helpful.

We also know from existing research that the client is the most important factor in the successful production of desirable change. Metcalf (1996) states that client perceptions of the therapeutic relationship are the most consistent predictor of improvement, and that client perceptions of alliance yield stronger predictions of outcome than do therapist perceptions. Duncan, et al. (1997) in reviewing the outcome literature

report that 30 percent of observed change is accounted for by relationship factors in therapy, 15 percent of positive outcome is accounted for by expectancy/placebo effects (ie. the client expects the therapy to work), another 15 percent is accounted for by therapeutic techniques or interventions that are specific to a particular orientation, and the remaining 40 percent is accounted for by extratherapeutic or client variables that contribute to change regardless of the client's participation in therapy. Add these results to McKeel's (1996) suggestion that quantitative outcome studies may not address the questions that are most useful for clinical practice—because it is difficult to measure the effect of a specific intervention and because most therapists will use a pragmatic approach to therapy, “choosing strategies that fit the client and the client's goals rather than rigidly following the protocol of a single model”, and one must ask oneself whether quantitative research is the evaluative tool of choice in a clinical setting. Both from the philosophical perspective of client as expert on her own life and from a perspective of accuracy and usefulness, I believe the value of a quantitative approach to be questionable. Outcome measures, by their very nature predetermine for the client what will be successful measures of the client's success.

For the purposes of this practicum experience, the primary measures for success I chose were threefold: 1) the helpfulness of the group experience, as reported by the clients, in assisting group members to achieve and maintain the desired goals for change they identify in the early stages of the group experience, 2) identifying, by group members, the interventions and strategies used during the group that were most and least helpful to them, and 3) the therapist impressions of the “fit” and ease of use of these two

models together in this type of group setting and the possibilities for future clinical group practice using this particular blend of perspectives. It is important to note that, for the purposes of this practicum, I was primarily interested in evaluation of the process of the group experience rather than the outcome. The selection of the evaluation procedure reflects this choice.

### Evaluation Procedure

Client satisfaction with the treatment received was assessed through use of a modified Client Satisfaction Questionnaire (CSQ-8) (Attkisson, 1978) (Appendix E) that was administered to group members at the final group meeting. Mid and end of group client evaluation/feedback forms (Appendices F & G) were also used to assess client satisfaction during the treatment process. In addition, six weeks to eight weeks following the final group session, a telephone survey adapted from the Brief Therapy Centre in Milwaukee (adaptation by practicum student Brodovsky, 1990; original form, de Shazer, 1985) (Appendix H) was initiated with all group members. This survey consisted of a brief series of questions designed to determine the durability of the interventions and whether any subsequent problems had emerged.

A self-report measure was administered at the pre-group screening interview and again at the final group session. This consisted of "The Solution-Focused Recovery Scale for Abuse Survivors" (Dolan, revised 1995) (Appendix I). Group members were also encouraged at the commencement of group to identify the personal goals for change that they wanted to achieve as a result of their participation in the group. Facilitators then used a modified solution oriented scaling technique to assist group members to identify

the intermediate steps toward that goal and to measure their success in achieving their goals throughout the group.

Also, therapist perceptions of the ease of use or “fit” of these two models in this setting and on ideas for future use of these approaches were noted during the practicum experience. Specifically, I noted: the strategies employed during the meetings; whether the origins of the strategies were solution-oriented, feminist or whether they were a combination; the comfort level of the therapist using the strategies; the expressed reaction from group members; and any suggested changes in the strategies for the future.

### Chapter Three - Description of the Group Experience

This chapter will be devoted to a description of the actual experience of running the group along with some initial comments and reflections related to the perceived effectiveness of certain exercises or approaches used. A more extensive analysis including recommendations for the future will appear in Chapter Five. I will be describing the group by looking at the group in quarters, or groupings of four sessions at a time. This format will allow me to reflect the general themes that emerged during the various stages of group, and will, I believe, give the reader a more fluid understanding of the development of the group over time. In each grouping of four sessions, I will describe exercises that Libby and I used as interventions during the group and some of the process and most significant impromptu discussions that emerged in group. In order to set the stage for the description of the group meetings, I need to begin with a short, detailed discussion of some relevant structural issues pertaining to the way I chose to facilitate the group.

#### Structural Issues

When individuals come together to discuss their own experiences of sexual abuse and the effects that those experiences have had on them, they are making a choice to discuss extremely serious and intensely personal matters that have traditionally been shrouded in cultural taboo and secrecy. As has been previously discussed, issues of shame, stigma, and fear tend to be paramount for those who have survived such abuses (Donaldson & Cordes-Green, 1994; Finklehor, 1979; Gilligan & Kennedy, 1989; Saxe, 1993; Sprei, 1987). For these reasons, I felt it was crucial to establish the highest



possible degree of an atmosphere of safety and comfort in the group. To that end, there were certain structural initiatives that Libby and I put in place.

Many survivors of abuse describe their childhood experience as existing in an atmosphere of chaos where the rules constantly changed and the only predictability was abuse. In commencing a group where the content of the discussions is inevitably going to be somewhat unpredictable and possibly highly charged and painful, I believe that it is helpful to standardize the process of how the group moves through its meetings as much as possible. In the “Living, Surviving, and Thriving” group Libby and I worked from the very first meeting to establish a predictable process for group meetings that all the members could come to count on over time. The bare outline of this process was incorporated into all of the sixteen meetings that we had together. This outline looked as follows:

1. Check-in round
2. Unfinished Business from the previous meeting and other business items
3. Discussion of last week’s homework assignment
4. Exercise or discussion related to this meeting’s theme
5. Break of 10 to 15 minutes
6. Wind up exercise or discussion related to this week’s theme
7. Homework assignment for upcoming week
8. Journal writing or time for checking in with oneself
9. Check-out round
10. Statement: “The circle is open but unbroken.”

Below, I include some pertinent notes of explanation for some elements of the above outline.

Check-in round. The check-in exists primarily as an opportunity for participants to reconnect with each other and bring their focus to the work and energy of the group.

For the facilitators, the check-in is an invaluable time to get a sense of the mood of each of the participants, whether any particular concerns or successes are uppermost in their minds, and to tune into the needs of the group for that night's meeting. Part of using therapeutic approaches that are client directed is being flexible in the work and being able to respond to the specific goals and needs of the client. In group work, being client directed is complicated by the number of people and needs in the room at any given time. The check-in allows the facilitators to judge whether that night's agenda needs to be altered or not and to take advantage of opportunities for therapeutic interventions that arise out of concerns that are "of the moment" for the group members.

In past groups that I've been a part of, the check-in guidelines have been largely vague and unstructured (something like "tell us how you're doing tonight and how you're week has been"), and consequently there is a danger that check-ins may become extremely time consuming and problem focused. To avoid these difficulties, Libby and I provided a definite structure for the check-ins. Members were asked to tell us one feeling they were having right then, to tell us one significant thing that happened in the past week that they wanted the group to know about (and they were told this could be something that was going better or had improved or something that was concerning them), and whether they needed extra time after check-in to talk about something specific with the group. Starting approximately midway through group, we began to ask the group members to include in their check-in one thing that had gotten better as a result of coming to group or a sign that things were changing. As the group continued over time, the check-ins tended to change in flavor and spontaneously became much more focused on

things that were going well rather than on problems. While a strict solution-focus would have therapists commencing each second and subsequent session with instruction to the client to identify “what’s better since the last time we met”, it was my intention to give space for group members to talk both about solutions and concerns. I wanted to send the message that both were appropriate topics of conversation and would receive time and attention in the group.

The specialness of the check-in time and its opportunities for uninterrupted time to speak and receive the attention of the group, was reinforced by our use of a “speaking stone”—a polished stone that was used in each meeting for check-in and check-out and which the person speaking held. Group members generally find this stone comforting, and it helps reinforce both a feeling of connection in the group as each member holds it in turn as well as helping to hold the boundaries between speaking and listening. Libby and I also encouraged the group to use the stone during other discussions where we wanted to make sure that each voice had an opportunity to be heard.

Unfinished business. Unfinished business is a time for the group to pick up where it left off the previous week. Typically, it was a time when the group was reminded of what happened last week and where they or the facilitators could identify any questions, afterthoughts, or emotions that were left over from the week before. This approach provides for some continuity of the group’s work which is often especially needed, given the possibility of dissociation by group members during portions of the meetings. During the course of this group, particularly in the first few sessions, a number of the participants mentioned that at times they felt they were not fully present for the whole of the meeting,

or stated that they sometimes had difficulty remembering the content of the last meeting without a reminder. Numbing or spacing out, also known as dissociation, is a well documented strategy for surviving traumatic assault in childhood (Briere, 1989; Briere and Runtz, 1993; Courtois, 1988; Dolan, 1991; Herman, 1992), and it is one reason why we found it important to pay close attention to the process of the group. If the group facilitation was to truly be responsive to the needs of the participants and not just a rigid moving through a series of exercises and interventions, we felt it was critical to check in with group members frequently to make sure their questions and concerns were addressed and that they had an opportunity to express themselves when a topic touched them or impacted them. Referred to previously as “active listening”, this technique is central to feminist approaches.

Discussion of previous week’s homework assignment. Toward the end of most meetings some form of homework was often assigned. Sometimes, this homework was an observation task such as ‘pay attention to noticing the things in your life that are going well’ or ‘notice the ways in which you take care of yourself this week’ or ‘notice any small steps toward your goal or changes you make this week’. We always gave participants an opportunity to talk about the homework assignment and what difference, if any, it made to them. Aside from borrowing many of the wordings of the observation tasks (such as the ones above) from solution-oriented thinking, we also adopted a solution-oriented approach to the follow up of the tasks. For example, participants were encouraged to modify tasks in order to make them ‘fit’ for themselves, and when a participant identified she hadn’t done the task, she was often asked if she had done

something else instead or whether she had any current thoughts about it. Anything and everything the client may have done in response to the task was considered valuable. As for the concept of resistance, which has so often been used in a pathologizing and unhelpful way in traditional therapy models, we tended to characterize resistance as a healthy and courageous act. The group member would in such an instance be congratulated for taking care of herself and would be asked how she managed to say 'no' so effectively to something that did not feel right for her.

Exercises or discussions relating to a weekly theme. While Libby and I established the theme for the first few group meetings, themes for subsequent meetings were drawn from a list of group goals that the group developed toward the beginning of the second quarter of the group. As facilitators, we would take responsibility to develop a tentative outline for each meeting that would include an exercise aimed at drawing out discussion and thinking about the week's theme. The agenda was not, however, set in stone and there were many times when it was altered due to valuable impromptu discussions that occurred or due to the needs and mood of the group on a particular night. I believe a certain amount of flexibility is required of facilitators if the work is to be collaborative or client-directed in nature.

Group members were repeatedly assured throughout the group that it was perfectly acceptable to abstain from participation in an exercise or to opt out of a discussion at any point. I do not believe that coercion is an acceptable therapeutic technique, and particularly with individuals who have experienced abuse, it is important that the locus of control rest with the individual receiving the therapy. For this reason, I

believe it is important to note that, when beginning to lead group members through an exercise, the facilitators always explained the exercise in its entirety prior to its beginning. In this way, group members can make a fully informed choice about whether or not they choose to participate. There were a few occasions early on where participants opted out of exercises or discussions. Often they then used their sharing time to talk about their ambivalence or reaction to the exercise or to saying “no” to the exercise, and these discussions were often every bit as valuable to the group as were the exercises themselves.

As is evident from the group outline, we set aside time for theme work both prior to and following the break. One of our central process goals as facilitators had to do with making sure that group members would be function adequately when they left group to return home. We wanted to make sure we were not, through the work, taking people to extremely raw and painful places inside themselves and then having them leave group in that condition. For this reason, we worked hard to limit the heavier or more painful work to the time before the break, and then tried to balance that work with something gentler or more joyful following the break. In other words, you could say that we tended to do the more problem focused work before break, and the solution-oriented talk following the break. Also, since the concept of transparency is considered central to the collaborative approaches to therapy, we were very frank with the group about our motivations for organizing the group sessions the way we did. At times, during a painful discussion that was not closing itself off naturally, Libby or I would say something like “we’re going to close this discussion here because it’s time for a break. When we come back after break

we're going to do something more fun or lighter, because we want people to leave here feeling okay and not feeling so raw and pained". We would then ask the group if this sounded acceptable to them, and without exception they would agree. Often they would express some degree of relief that we were prepared to shift gears and change the mood at that point.

Journal writing. I gave each group member a journal the first night of group, and throughout group the journals were used in a number of ways. Firstly, the use of the journals was often incorporated into the exercises we did in group. For example, if the group was going to brainstorm a list such as a list of goals for group, the members were usually asked to generate a list in their journals first. If, for another example, members were being asked to think of a time when they felt a feeling of comfort and security, they were asked to reflect and write about this privately first and then were given the opportunity to share their discoveries and thoughts with the group afterward. The advantages, as I saw them, of using the journals in this way were as follows: 1) participants can be totally frank and uncensored in their journals as these are books that belong to them that no one else sees. Participants can then censor how much they share in group, something I believe they would inevitably do anyway, without losing the benefit of the deeper reflection; 2) participants can find out their own thoughts and experiences on a topic first before they hear others talk about their reflections. If Libby and I had introduced a topic and then immediately opened it up for sharing, my experience suggests that the subsequent discussion would be highly influenced by the tone set by the first few group members who spoke. This way, each group member finds her own individual

voice first, and then later has the opportunity to notice the places where it resonates with the voices of others as well as the places where it differs; and 3) group members have a written record of the work they do in group. Many of the group members took advantage of the journal to take notes about things that were said in group that they particularly wanted to remember, and also to refer back to work done in previous meetings.

The journal writing break toward the end of the meetings was used as a time for participants to reflect on how they were feeling at that moment and also to think about one thing that they wanted to take away from that night's meeting. Libby and I used this break somewhat in the style of the break toward the end of a solution-focused therapy session, where both client and therapist take a five minute pause or so to reflect on what stood out for them in the session and what suggestions they have for future moves toward the client's stated goals. Initially, while the group members were writing, Libby and I also took a consultation break and came back to the group with compliments and reflections. Over time, these comments tended to be included in the check out round with participants often reading from their journals about thoughts and feelings they had as a result of the session. Libby and I began to incorporate our compliments and reflections right into the substance of our check out comments.

Check-out round. The check out round proceeds very similarly to the check-in with group members holding the speaking stone and having uninterrupted time to talk. Once again, Libby and I would give a structure to the check-out to keep it away from problem talk and to avoid lengthy check-outs. Usually in check-outs we asked the participants to speak about how they are feeling now and to identify one thing they will



be taking away from group tonight or one action or change they have thought of that they would like to take or make during the upcoming week. My primary goals in structuring the check-outs this way were to make sure that group members were well and safe to leave and to get them thinking about changes they would like to make in their lives. On occasion, when we were running short of time at the end of group, we would ask participants to check out simply with “one word that best describes how you are feeling right now”. I believe it is very important to always do some sort of check-out round to make sure people will manage alright once they have left the group environment and also to provide a sense of closure to the group meeting.

“The circle is open but unbroken”. This phrase is from the feminist tradition and emphasizes that the connections that are built between women who sit and share in a circle together remain even when the individuals are apart from one another. One of the facilitators spoke this phrase at the conclusion of each check-out round as a formal signal for the end of the meeting and as a reminder that even though the members are leaving to pursue their own individual lives, the spirit of the group’s support is still with them.

#### Sessions One Through Four: Creating an Atmosphere of Safety and Trust

In the Living, Surviving, and Thriving Group, as well as in other groups for adults who have experienced childhood sexual abuse that I have facilitated, the first several meetings tend to be about creating a relatively safe and comfortable atmosphere in group that then provides the foundation for lasting connection and some of the more vulnerable work that occurs later. For survivors, often just the act of coming together in a group with other survivors, itself an act of disclosure, is enough to strongly heighten emotions

and bring painful feelings and memories to the surface. Much of the initial work for us, as facilitators, in this group involved establishing the parameters for our work together and assisting participants to find effective ways of expressing and managing some of the profound feelings that they were experiencing.

Exercises relating to an atmosphere of trust, comfort, and safety. My goals in the first group meeting included: 1) the development of group agreements that were co-constructed between all group members and facilitators; and 2) introductions between all participants. The establishment of clear group agreements is, as has been previously discussed, highly recommended in the literature (Donaldson & Cordes-Green, 1994; Rose, 1990; Sprei, 1987) and helps to let participants know what they can expect from other group members and from the facilitators. It also helps them know what others expect from them. I introduced the notion of group agreements as something negotiable--not set in stone--but something that we as a micro-community could agree to adhere to. I made it clear that if any of us found the agreements unworkable, we were free to revisit them and revise them if we chose. Libby and I approached the group agreements as a brainstorming exercise where any ideas were written on the flip chart, but all group members had to feel comfortable with an item before it became part of the agreements. The group generated a list of agreements (Appendix J) which I subsequently typed up and distributed to all members at the next meeting.

Feedback from group members following the development of the list was appreciative regarding having expectations spelled out clearly. For example, while confidentiality is a common expectation in many groups, in this group Libby and I really

encouraged the group to define what confidentiality meant for them. We drew distinctions between confidentiality, or respecting a person's story, and secrecy—something that is a very loaded concept for many survivors. We drew distinctions between ourselves as facilitators and the group members. In other words, because Libby and I, as facilitators, were in a position of trust and authority and therefore accountable for what we said and did in group, we identified that it was perfectly acceptable to disclose outside of group details of what we did and said within the group. For group members, even a casual contact outside of group in the presence of others could disclose their membership in a survivor's group. Two group members identified that they found it helpful to have these considerations identified as they might not ordinarily have thought about them. Other members talked about how difficult it is to say "no" to people and commented they appreciated the discussions we had about how "no" is as valid an answer as "yes"...to exercises, touch, or whatever.

Following the break in the first session, we used a common ice breaker exercise to deepen the introductions and the bonds between group members. The group generated a list of questions they would like to ask each other and then formed pairs, interviewed each other and came back to the larger group to introduce their partner to the group. Members appeared to enjoy this exercise and commented on the similarities they noticed between themselves and others in the group.

The theme of the second group was related to self care and strategies for self soothing at times of stress. At the end of the first session, participants were asked to: 1) notice the ways in which they took care of themselves in the upcoming week; 2) think

about and make note of the things in their lives that were going well and that they would like to have continue (de Shazer, 1988); 3) think about what in their lives comforts and sustains them; and 4) bring one small thing with them next week that delights them or nurtures their spirits or brings them comfort (Dolan, 1998). During the second session we followed up on the homework assignments by: 1) doing a round in which participants and facilitators talked about the things they had brought that comfort them, and 2) discussing and flip charting of the ways they take care of themselves and the things that bring them comfort. The group chose to call this list "Tools for the Journey" (Appendix K) to emphasize that these items are strategies for survival and healing.

Initial responses from group members to being asked to think about things that bring them comfort or security was a mixture of bewilderment and annoyance. Several group members said their first instinct was to say that they had no idea what we were talking about and that their lives have had so little comfort and security in them that it was like we, as facilitators, were speaking another language. This challenging by the group was not unanticipated by Libby and myself, as it is a fairly common reaction from individuals who have experienced incredible traumas and who have been raised in a culture that teaches an expectation that healing and recovery are painful, difficult, and involve a reliving of past trauma. This challenging did, however, lead to a very profound and helpful discussion about survival, coping, and healing.

Libby and I explained that our reason for taking this approach at this point in group was related to wanting to provide a solid foundation of resources for the potentially difficult and painful work ahead. We also made the group aware of our belief that they

had already survived the abuses of the past and that they had survived by being creative, resourceful, and courageous. We stated that we thought it would be helpful for each of them to share their survival strategies with the rest of the group, so they could also benefit from the cross-pollination of ideas and strategies. We were curious about the group's belief that somehow these exercises were "making nice" or glossing over the nastiness of the abuse. "This is the work of survival," we said. "Learning to take care of ourselves is the work of healing and recovery, because this is the caring that was denied us when we were younger. As young people we should have been taught about this by our caretakers, but since this has not happened fully for you, you have had to figure out most of what you know yourselves. Let's begin by identifying what you know and then we can begin to build on that." A lively discussion ensued and eventually the group members stated they were ready to proceed, and the list they generated is, in my opinion, very impressive. It is interesting to me, however, that Libby and I had to assure them that we would be getting to the painful material later, and that this work was setting the stage for that. I think this may partly be a comment on how deeply ingrained our cultural notions of "no pain, no gain" are. I think it may also speak to the need of many survivors to speak the horrors and ugliness of the abuses they have suffered and to have others bear witness to that...and to grieve and rage with them about it. This discussion reinforced my belief that the feminist concept of "bearing witness" to some aspects of the experience is integral to work with persons who have experienced trauma.

While we planned to move toward goal setting in our third session, the agenda took an unexpected turn when a member's comment sparked a lengthy discussion within

the group about levels of dissociation and trust. This conversation will be described further in the next section, but it is important to note that Libby and I felt the need to shift gears after break and use a solution-oriented exercise to begin to allow participants to self-soothe and begin to think about times when they felt calm and centered as opposed to times when they felt disconnected and apart from themselves. We modified the work of Yvonne Dolan (1991) and asked the participants to write in their journals about the following:

**Think and write about a time when you felt some sense, to whatever degree, of comfort and security. If you can't think of a time, then try to think of a time when you felt bored. Put as much detail into your description of this time as you can. It doesn't matter how small a time this was. Small is important. (pp. 101-103)**

I then wrote some questions on the flip chart that I hoped would further draw out the reality of this experience. These questions included such aspects of the experience as, sights, sounds, sensations, emotions, temperature, lighting, presence of others or of animals, and objects that were present. Participants were given some time to write about the experience, and then we invited them to make any adjustments or enhancements to the experience that would make it more safe and comfortable. Later they were asked to choose a symbol, word or image that would symbolize that time for them. The purpose of this exercise was to soothe participants in the moment and also to assist them to develop an associational cue for a feeling of comfort and security that they could use in the future when in distress.

After some twenty minutes or so of writing, we did a round in the group and invited group members to share anything about that experience that they chose. Most

group members were able to talk about a time when they'd felt some sense of comfort and security. Two members were unable to identify such a time in their lives, and one of these spoke about a visual image that she finds comforting even though the experience she imagines is one that has never yet occurred in her life.

In the fourth group meeting, Libby and I began to move the group through the preparatory work for setting individual and group goals that would guide our work through the following three quarters of group. I elected to rely heavily on solution-oriented techniques for the goal setting aspects of group as I believe that the tools for the establishment of clear and concrete goals that have been developed by solution-oriented practitioners are among the greatest strengths of the approach. In this fourth session, the central exercise used was an Yvonne Dolan (1998) modification of the Miracle Question (de Shazer 1988; 1991; 1994) developed by therapists at the Brief Family Center in Milwaukee, Wisconsin. What follows is a description of the wording we used to present this exercise to the group:

Tonight we want to begin to move to a consideration of your goals for group and your goals for your own personal journey of recovery from the negative after-effects of sexual abuse. Knowing where you want to end up will help you decide whether you're moving in the direction you want and will also help you all direct Libby and me in making the group as helpful to you as possible. At the end of this process we'll be asking the group to give us direction on the things that you want to discuss here during the rest of our time in group together.

We want to start with a question that will involve the use of your imagination. It involves you all imagining the future you see for yourselves once the problems and concerns that brought you to group have been resolved and once your goals for yourself are realized. I'd like you to take out your journals now. I'm going to ask you a series of questions about that imagined future and you may want to jot down whatever comes to your mind in answer to the questions, or you may want to try to picture

the future in your head. Afterward, there will be time to talk about what came to mind and what you see happening in the future. Any questions?

Okay. Now I want you to imagine that in the middle of the night, while you were asleep, some kind of miracle or transformation happens and you have achieved the hopes, goals, or dreams that brought you to this group. Just take a moment to really imagine this.

1. What is different when you awaken?
2. What is the first small change in your behavior that you notice?
3. What do the people and/or animals who live with you notice?
4. What do the people you work or study with notice?
5. What changes in you and your behavior—indicating that this miracle or transformation has happened since the last time they saw you—do the other members of this group notice at our next meeting?

Each group member was invited to share her miracle with the group following the time for writing in journals. Each member was able to identify some description of what her particular miracle would look like. While the drawback of asking the Miracle Question in group is that the therapist does not have the opportunity to draw out the details of the miracle to the same degree as in an individual or family session, writing the answers to the questions seemed to achieve comparable results. While group members' miracles varied widely in content and specificity, their answers seemed to capture the sense of optimism and possibility often described as an immediate by-product of the question. One member even commented at the end of the meeting that she felt it would be helpful to write down the details of her miracle and pin them up somewhere so she could see them regularly.

Group process during the first quarter of group. There are two significant pieces of group process that I want to highlight from the first four group sessions, because they illustrate some of the ways that the unexpectedness and unpredictability of group can be unusually challenging and rewarding at the same time.



When Libby and I took our consultation break toward the end of the second meeting, we were very impressed by the group's willingness to openly express the resistance they were feeling to the exercises related to comfort and security. One of the negative after-effects of childhood sexual abuse can be a sense of having to keep one's true self hidden from view. It is not unusual to hear people who have survived abuse talking about putting on a false front or mask that they let the world see, but does not really reflect their true selves. Sometimes this mask is a cooperative pleasing one, since very often, as children, their very safety and survival depended upon their ability to cooperate, endure, and hide their true feelings. So, for a group of women who have been through such experiences to express discomfort in the second group meeting with something the leaders were suggesting as an exercise is really quite an inspirational act of resistance and illustrates, I believe, some level of comfort and trust with the atmosphere of the group.

We were also impressed by how thoroughly the group chose to participate in the exercise once they felt their concerns were adequately dealt with, and with what an inspiring list of tools they were able to generate together. Before closure that night, we shared our admiration with the group and asked for their permission to send them a letter (Appendix L) during the week that would include more of our impressions and reflections on the evening's events. The use of therapeutic letter writing as a technique to promote change between sessions has been documented by narrative/collaborative therapists White and Epston (1990). Our intention in writing the letter was to continue to build the process of hope that had been generated that night as participants began to share their

strategies for survival. The letter encouraged group members to begin to trust their own knowledge of healing and what is right for them. The letter ends as follows: "At the risk of being too philosophical, remember that when a child learns to swim, as soon as she lets go and relaxes, her body can float all on her own. It knows what to do". This image had not previously been discussed in the group, but was a product of Libby's and my own discussions after the meeting.

During unfinished business in session three, some group members mentioned not only receiving the letter, but mentioned the image of floating in the water particularly. One mentioned that she has never learned to swim and that threats of drowning were part of the abuse that she experienced. Another mentioned that she remembered swimming as a child and that she was always on guard then and that the image of letting go was scary for her. In the end, I was not sure whether the letter was helpful to group members or not, but it reinforced for me to take great care when suggesting an image to group myself, because there is no way of knowing what associations an image may trigger for different members. One of the advantages of the solution-oriented approach is its focus on eliciting images and language from the client herself and relying on those in subsequent discussions.

The second aspect of group process I want to highlight is an impromptu discussion that arose out of a group member's check-in during session three, because it illustrates how Libby and I typically used solution-oriented questions in order to assist group members who were experiencing difficulties. In this case, a group member stated that she was noticing that she had been dissociating during the group meetings and that

she was having trouble remembering what had occurred in past group meetings. She identified that she could act like she was present in the group, and even participate in group discussions, but still not really be present.

Facilitator: "Are there times in your life when you are more present?"

Group Member: "Yes."

F: "When are those times?"

GM: (identifies two types of times where she feels more present)

F: "Are there any people you can be more present around?"

GM: (identifies some people she can be more present around) "I recall being moved by something that happened in group last week, but later I couldn't remember what it was. That didn't used to bother me, but now it does."

F: "Am I understanding correctly that you want to have more of that feeling of being present in your life?"

GM: "In theory. I'm feeling a lot of sadness."

F: "Is there anything that you know about from other groups that you've been in that you would like from us or the group that would help with that?"

GM: "Yes, there is. I feel sometimes that I'm too much. I need to know that I will not be reprimanded for that. Also, it's really important that I not be touched. And I guess that I will be accepted."

F: "Is it okay if I ask another question?" (Participant nods.) "How will you know that you are accepted? What are the signs to you?"

GM: "Acknowledgment. When people say things like 'I appreciate what you said' or 'that took a lot of courage'."

In the exchange above, Libby and I relied heavily on the solution-oriented approach to assist this group member to find a solution for the concern that was troubling her.

Initially, we started by asking about times when dissociation is not a problem or is less of the problem. The group member responded and then lapsed back into problem talk once or twice. We then asked about action that we could take that would assist her to achieve her goal of being more present for group, and she identified three actions that would help.

The facilitator amplified by asking the group member to be even more concrete in

identifying how she will know her goal has been met.

From here the discussion was opened up to the rest of the group for feedback. Group members quickly moved to discussing their own experiences with various levels of dissociation in their lives and offered reassurance to the group member who had spoken. In the end, we came back to the specific items this group member had said would help her to feel safe to be more present in the group. We were able to discuss and obtain the group's agreement regarding these items. We then moved to a broader discussion of dissociation and the ways in which it had and sometimes still did serve a protective function in the lives of group members. We also talked about the importance of balance in our lives between the ugly and painful aspects of our lives and the better times or the times when we experience the beginnings of feeling better and recognizing that the abuse is not all that we are.

#### **Sessions Five Through Eight: Goal Setting and Taking Steps Toward the Miracle**

It was during the second quarter of the group that group members really began to talk in concrete terms about what they wanted to accomplish for themselves during group and into the future. While logic might suggest that goal setting ought to be one of the first agenda items in starting a group, my experience suggests that group members generally need time to connect with each other and reflect with themselves for a time before they feel enough trust to verbalize some of the changes they would like to see and, even, for some participants, begin to formulate an idea of what they want for themselves in their lives. For some individuals, this may have been the very first time they have considered the possibility they are powerful enough in their lives to consciously head in a

direction of desired change.

Exercises relating to goal setting and moving toward the miracle. In session five, our planned agenda again needed to give way to a valuable group process discussion which will be examined in the next section. Again, at break, Libby and I were faced with needing to shift the mood and discussion away from difficulties and pain and toward optimism and calm. The group's homework assignment from the end of the fourth session involved taking notice in the upcoming week of the "ways in which you are noticing even the smallest signs or glimpses of the miracle or transformation that we talked about last week taking place in your lives". After break, Libby and I facilitated a round in which group members were asked to share what they had noticed in the past week about that. It was very impressive to Libby and me that when we introduced this solution-oriented exercise (de Shazer, 1988; Dolan, 1991) into an atmosphere that was pained and tense due to the group process that had occurred earlier, group members were still very responsive to the idea of noticing signs of the miracle. Most group members noticed a variety and a number of changes that were very behaviorally based. Signs of the miracle noticed by the group ranged from: asking for more things from partners and family ; to changes in hair style; to saying something that would previously have been too frightening to say; to receiving compliments from others in a different way; to speaking to more people in more situations; and to taking new initiatives with one's health. Without the aspect of a solution-focus in the group, we might have just asked about the ways in which the sexual abuse continued to be a problem in their lives and all these wonderful changes and initiatives might have never been noticed or commented on. By discussing

and identifying the signs of desired change, the group members were placed in a stronger position for the discussion of goals. I believed the goals would be less likely to feel overwhelming once group members had seen the areas in which they were already on track and moving in the right direction.

In group session six, it was my goal to further build on the notion of the fluidity of change and to help group members identify steps they have already taken in their desired direction, as well as the next few steps in the direction of their miracle. In a typical solution-oriented counselling session, the client would be asked to describe their miracle, and then would be asked to consider a scale of zero to 10 where 10 stands for the ways things will be the day after the miracle, and zero stands for when things were at their worst. Once the client indicates s/he has understood the concept, she is asked "where would you say you are today?" (de Shazer, 1994, p.231). The client is then asked to identify the steps s/he has taken to move from zero to whatever number s/he is at today. Then she is asked to consider what changes would need to happen for her to move up a half point or a full point on the scale. Given I was working in a group setting, I needed to find a way, I believed, to modify the scaling technique so that all members could have time to identify their own particular scale and work on it to make it specific enough to have meaning for themselves.

I chose to modify a time line or life line exercise I saw facilitated by Karen Saakvitne, of the Traumatic Stress Institute in Connecticut, when she was conducting a workshop in Kenora in February of 1995. I used her basic exercise idea and modified it using ideas from solution-oriented scaling techniques. The drawback of the exercise is

that it is somewhat complicated to describe to group members. Libby and I made attached computer paper available and a number of colored markers and pens for this exercise. Group members were asked to select two or three sheets of attached paper to work with. What follows are the instructions for the exercise as given by Libby and me in steps as the group worked:

The purpose of this exercise is to see where you feel you are on your journey recovering from the negative after-effects of sexual abuse, and also to begin to identify the steps between where you are now and where you would like to be. Remember that there is no right or wrong way to do this exercise...just do it in a way that makes sense for you. Take at least 3 sheets of attached computer paper to begin (more if you think you may need it) and a number of different coloured markers or pens.

1. Draw a line across the middle of the sheets of computer paper.
2. Label the point at the far left of the line as the beginning of your healing journey. Start the time line at whatever seems to you to be the point at which you started to heal from the abuse, or the point where you decided you wanted to survive or overcome it. Label that point "1". At the far right hand side of the line, label that as a point number "10" when the transformation/miracle has occurred and the problems and concerns that brought you to group are resolved.
3. Take a coloured pen and, at the number one, write a list of words that you feel describe how you were living your life when you began your healing journey or you started to recover.
4. Take another colour of pen and at number "10", write a list of words that describe the how you will be living your life after the miracle/transformation has taken place.
5. Pick a point between "1" and "10" that you feel most accurately describes where you are at on the healing journey today. Give that point a number between one and 10. Write some words that describe the changes that have occurred in you and your life since you started your journey of recovery.
6. Now, take two different coloured pens and fill in the space between the past and the present. In one colour, use the space above the time line to mark the various healing events and changes that have occurred (eg. talking about what happened, reading a significant book, starting & finishing group, seeing things differently than before, reaching out for help, etc.). In another colour, use the space below the time line to mark in significant personal events and changes in your life (eg. births, deaths, jobs, relationships, school, health matters, etc.) Include events that are positive and neutral as well as the unpleasant events that may have occurred.

7. Now fill in some of the space between the present and the future. Mark down the next two or three small steps you see before you on your healing journey. Mark also the next couple of personal events that you see in your future.
9. Spend a few minutes writing in your journal about how it felt to do this exercise.

Following completion of the exercise, we went around the circle and asked participants to comment on how the experience was for them. Were there any surprises or new information? Here are some samples of what group members said in response to the exercise:

**“I feel really good about this. I’ve been feeling really down, and now I can see how much I have done. That makes one feel solid. When you mention the next few things toward the miracle...for me this isn’t just pie in the sky. I’m already working on most of the things that I want.”**

**“I’m at the beginning of the scale. There’s a lot to do, but I’ll get there eventually.”**

**“This is really good to do. Yesterday, I was thinking I should be further along in my healing...I thought I just started a couple of years ago, but now I look and I realize this was the start way back here!....I don’t know about the future. I don’t even know how I’ll know. I feel someone’s going to tell me I’m healed....I’m on this journey and, you know, I can control this journey too. I used to think everyone else controlled it, but now I’m starting to see I have a say....I’d like to even do this over again on a huge piece of paper and put it on the wall.”**

**“I think I’m getting quite far along from the place that I started.” She then talked about her accomplishments. “I’m letting people into my life when I swore I would never need people.”**

**“I hated this exercise. I didn’t feel I had time to put in all the detail I would have liked and I would like to be more artistic. I found it very emotional. I’ve come a long way, but it’s very tiring....I’m tired of it. I’m tired of being triggered. I know I’m taking some big steps....I feel like I’m at an eight....”**

**“I was struck by things I did as a child that started getting me going in the right direction. There were things I did back then that helped.” She then**



talked about some of the significant steps in the past and about her goals in the future.

“I’m feeling frustrated that the healing started so long ago and still isn’t here.” She talked about some of the really difficult steps she took in the past.

I was encouraged by the feedback expressed by the group members as the exercise seemed to have given them a structure to reflect back with some pride and satisfaction on strategies they had used to reclaim their lives from the negative effects of the abuse. So often survivors express feeling “crazy” or really “messed up” because they are not totally healed yet or because they are experiencing some problems that necessitate, in their opinions, some sort of therapeutic intervention. It seemed to me the overall effect of the exercise was to emphasize how very much they had already survived and overcome and to highlight ways in which they had taken charge of their lives.

During group meeting number seven, we set about the business of identifying group goals that would guide our work in the remaining group sessions. We asked group members to take a few minutes to make note in their journals of the things they thought it would be helpful for us to spend time talking about in group. We then went around the circle with each member contributing one item for the list, and we kept going around until everyone’s goals were on the list. Goals that were named by more than one group member were designated with a number following that goal indicating how many individuals identified it as a helpful item to discuss. In the end, the group generated a lengthy list of goals (Appendix M) that, although there were more items than we could thoroughly cover in the remaining sessions, Libby and I referred to often in planning the

subsequent meetings.

Following the break, Libby and I had planned to begin to start the group talking about anger. Participants had already previously identified that they would like to be able to express feelings of anger in a way that they would not feel badly about afterward. To begin addressing this subject, Libby and I asked the group to spend some time writing in their journals about “a time when you felt anger and you dealt with it in a way you felt good about afterward. If you can’t think of a time, write about a time when you heard of or witnessed someone else deal with anger in a way which you admire”. Although the genesis of this exercise was from a psychodrama workshop I attended in Toronto in 1991 (Susan Aaron), it is very compatible with a solution-oriented perspective since it looks at an exception to the problem.

In the subsequent discussion of the exercise, three of the seven group members present were not able to identify a time when they felt good about the way they had expressed anger, nor could they identify any time they had seen anyone else express anger in a way they admired. The remaining four members, however, were all able to identify specific times when they felt better about the way they had responded to the feeling of anger. They told their success stories in a little detail, and in the ensuing discussion we were able to identify some ideas about how to express anger successfully that we could build on in a later meeting. One group member said her success story related to a time when she was speaking with a family member with whom she was angry, and her “inside matched (her) outside”. In other words, she was able to express herself to the other person in a way that matched her real feelings. Libby introduced the concept of being

congruent as a person as being true to oneself in one's interactions with others. The group responded favourably to the idea of congruence and the inside matching the outside, and this was a metaphor that was often referred to in subsequent group meetings.

In our eighth meeting together, our goal was to further expand on the topic of anger, and the central exercise that we used in this session was to ask group participants to write in their journals about the following questions: "What has my anger given me that I want to let go of? What has my anger given me that I want to keep?" In their writing, we asked them to attempt to give both questions roughly equal time and attention. Generally speaking, it is quite common for women who have experienced abuse to fear the emotion of anger and to see it as the enemy. When women come to consult with me in therapy about a problem related to their anger, often their initial goal is to simply make it go away altogether. For these women, the emotion of anger and the behaviours of violence and abuse have become so interrelated due to their experiences that the two are almost indistinguishable from one another. Our intent with this exercise was to begin to introduce the notion that anger is not the same thing as violence and abuse. We even wanted to suggest that anger may be an emotion which serves valuable functions in our lives and to which we are entitled.

Additionally, this was the first of a series of exercises introducing the notion of balance when dealing with and thinking about problems. For example, if we only spend time and energy thinking and talking about the problem of abuse, and no time thinking or talking about times when we've defeated abuse or signs that a solution may be at hand, this imbalance will likely have a profound impact on how we feel, how we act, and how

we respond to the problem. If we begin to think of anger as a powerful emotion with the potential to mobilize us to action and which has some protective functions, the goal becomes to utilize our anger responsibly rather than eradicating it altogether. Group members seemed intrigued by the balance of the exercise and identified behaviours related to anger they wanted to let go of. Here is a partial list of the things about their anger that they would like to keep: the power to say “no”; the power to say “I matter”; anger as a warning sign that something unfair or hurtful or violating has happened; radar that says something is not all right; the ability to feel anger because “I don’t like to be handicapped by only being allowed certain feelings”; the ability to speak up for myself sooner with others in my life; the courage to express anger; and the ability to act instead of just reacting.

Session eight was the midpoint of the Living, Surviving, and Thriving Group, and so we drew that fact to the group’s attention and asked them to complete mid-group evaluation forms (Appendix F) at the end of the meeting. Just before check-out that night, Libby read to the group from the Dr. Seuss (1990) storybook, Oh, The Places You’ll Go!, which talks about the wonderful ups and downs of life and which the group appeared to enjoy so much that they asked for the reading of the book again during the final night of group.

Group process during the second quarter of group. There is one particular piece of group focus that needs to be highlighted from the second quarter of group, and this occurred during our fifth meeting together. During check-in that night, one group member identified that she was having difficulties and requested extra group time to talk

about what was going on. Her concern centred around a request that a family member might soon be making of her that she did not want to agree to, but she felt worried that she would not be able to say “no”. We talked with her for a while about what she wanted. We talked about her right to express what she wanted and what she felt capable of. It was clear from responses that other group members were highly identifying with this situation, and one suggested that it might be more helpful if we came up with some actual possible responses that this group member could rely on when the request was made. Libby and I asked the troubled group member if indeed this might be helpful to her. She said she was willing to try it. We then turned to the flip chart and asked group members to share their expertise on “Tools for Saying ‘No’” (Appendix N).

One of the advantages of using a solution-focus in group work rather than individual is when possible solutions, exceptions, or strategies are being generated, there are many people’s experiences to draw from rather than just one person’s. It was clear, in this group, that many members had the experience of being asked for something that they did not feel comfortable giving, so the discussion was highly animated and fast paced. The group member with the initial concern, eventually became overloaded with the number of suggestions and the difficulty of her current situation and needed to call a halt to the conversation. The halt came somewhat abruptly and the concerned group member left the room for a bit with one of the facilitators.

When a group member becomes overloaded in a group meeting and needs to leave, it is common for other group members to feel badly and to wonder whether something they did or said caused the problem. In this case, a number of people felt very

badly about what had happened, including and particularly the woman who had been speaking when the conversation was stopped. In the discussion immediately following the event, it was clear that group members were upset and worried by the incident, and there was some friction between various group members due primarily, in my opinion, to the heightened atmosphere in the room. Eventually, the group member with the original concern returned to the room and explained that the suggestions were really helpful, but that she had just become overwhelmed. The group member asked if she could take the flip chart list home for future reference and if other group members would sign it for support before they left that night.

After a break, group members returned and we returned to the previously planned agenda. For check-out, group members were asked to say how they were feeling and one thing they learned or wanted to take away from the night. Here are some of their responses:

“I learned I can have my own emotions.”

“I learned we can get fixed in relationships. People get hurt without other people intending, and it’s hard, but you can still stay in relationships.”

“I matter to me and I’m willing to look after myself.”

“I feel an enormous feeling of connection. It’s amazing the way we encourage each other and understand one another. I feel incredibly safe right here.”

“I can choose me. It’s okay to put myself before (my family member). I got so much validation from all of you here. I’ve been feeling alone. Today I don’t feel alone, and I know people here understand.”

“I discovered I can handle ‘it’ and still be okay—the feeling that starts in the stomach and starts to build.”

While I think, on the whole, the experience was a useful learning experience for Libby and me as facilitators, and perhaps for some of the group members, the participant who

was speaking when the halt was called to the conversation did not return to the group after session five. From her feedback to Libby and me when she told us she would not be returning, I understood that her feelings of safety and trust in the group had been disrupted by the incident, and she did not feel they could be recaptured. While Libby and I did take some steps to attempt to repair the situation for this group member, she let us know those steps were not enough to restore her confidence in her ability to be comfortable in the group.

I believe Libby and I might have been able to avoid this particular upset in the group by generalizing the conversation more so that the focus became “what is our collective experience about how to find ways of saying “no” when we need to in our lives”. In this way, the group member who raised the initial concern might not have felt in the spotlight, so to speak, and might have been less inclined to feel overwhelmed. It is true, however, that the group is an interpersonal experience and conflicts and friction are bound to emerge at some point in the group process. There is an inevitable element of unpredictability in group work and an intensity due, in great part, to the sheer number of things going on in the room at any given time and the seriousness of the subjects under discussion. For this reason, I believe group work is contraindicated for individuals who are in current crisis or who are currently coping with a number of intense situations in their lives. The potential for feeling overwhelmed in group is very great, and it is important facilitators work to minimize that potential. In this instance, it seemed we let one of the participants down, and I felt very sorry to lose her. We continued to discuss the incident in the first part of session six and many of us were able to identify things we

would like to have done differently. Everyone felt sorry to have lost a group member, but people expressed a respect for her right to make that decision for herself.

### Sessions Nine Through Twelve: Anger, Personal Rights and Beginning to Feel Like Something

By the third quarter of group, participants seemed to be much more comfortable with each other and began to express their feelings and concerns on an even deeper level. They also began to talk about ways in which they noticed themselves reacting to the group experience. For example, one participant described herself at this point in group as very different from the person who met with me for the intake appointment. She stated in the past she was a person who did not allow herself to feel her emotions, and instead felt that she had to present a perfect outside appearance to others. In group, she commented that she was feeling a lot wider range of emotions than initially, and she credited this change to the impact of group and discovering that she was more alike the other women in group than she was different. In check-ins generally, participants began to speak much less about how difficult it was to come to the meeting, and more about how much they had looked forward to coming to the meetings. Group had become a solid support for members rather than another stressor in their lives.

### Exercises relating to anger, personal rights, and beginning to feel like something.

In session nine, our goal was to wrap up the discussion on anger with participants having actual tools they felt they could use to respond to their anger. We asked group members to refer back to the writing they had done previously about times when they had dealt with their anger in a way they were pleased with, and then we collectively drew up a list



of the elements that might be involved in “using anger effectively, safely, freely, and without guilt” (Appendix O). Within that discussion, we included times when we might be interacting with someone who is not going to cooperate. In other words, there are times when we need to deal with people who are not open to feedback or who will attempt to manipulate the conversation or who are attempting to gain control at any cost. To close out the work on anger, we asked group members to identify in their journals one or two small changes they would like to try to make with their anger in the next while. In the round that followed, group participants identified the following changes that they would like to make:

“I am going to ask for what I need, as if I’m going to get it.”

“I’d like to recognize my anger more quickly—before it boils over.”

“I will be angry as long as I need to be and as angry as I am, even when it is inconvenient.”

“I will not let other people’s straying from the point influence me.”

“I am going to use a calm voice and not get hooked into an argument.”

“I am going to say what I mean in the tone that I feel.”

“I am going to continue to do what I’m already doing. I’m going to deal with the bigger problem of not feeling heard.”

“I am going to admit that I’m angry and express what I’m angry about.”

Following the break, Libby and I wanted to shift the mood to something lighter and begin to make the transition to talking about boundaries. We asked the women to select a clean page in their journals and to write at the top of the page “Personal Bill of Rights”. We asked them to spend a few minutes writing down some of the things they felt entitled to—things they considered their personal rights. The initial rights that group members identified were: the right to say ‘no’ and to only have relationships that they chose; the right to love and hope; the right to need and to heal; the right to feel their

feelings and think their own thoughts; the right to be accepted and to have friends; the right to pass (not speak or share); and the right to express their creativity and to make their own choices.

During the first portion of session 10, we spent most of the time in an impromptu discussion with one of the participants. This conversation will be discussed in the section on group process. Following the break, we spent time following up on the personal bill of rights that we had begun the previous week. Everyone referred back to the bill of rights they had started for themselves in the journals. We then did several rounds in the group with each person contributing an idea each round until all the ideas were on the flip chart. Subsequently, I typed these into a bill of rights for the group (Appendix P) and passed them back to group members the next week. After we generated the flip charted list, participants took some art supplies that I made available and spent some informal time in the group drawing and colouring a sheet with the rights on it that were most important to the individuals in the group.

During this informal time, the following conversation took place:

Group Member (a): "Why do people have rights?"

Facilitator: "To remind us that we are people unto ourselves, and we can't just be done with whatever someone wants. We have some bottom lines, and these are our bottom lines."

GM(b): "I think of this as defining how we want to be treated and how we want to treat others."

GM(c): "Two years ago, I thought people could do whatever they want to you, but 'no!'. I've changed."

This is an important exchange to highlight because it illustrates the way in which the group members were starting to interact with each other and how facilitation from the

group leaders was becoming less needed by this point. Earlier in group, when a group member asked a question, other participants would usually let the facilitators handle it and not interact so directly with each other. As group progressed, group members started to become much more directly responsive to each other, and the facilitators were able to take a step or two back. This exchange also illustrates how very important conversations in group often happen during the more informal and unplanned periods of group.

The theme for group session number 11 was boundaries, particularly with their families of origin. One of the challenges in group work is attempting to find creative and interesting ways to prompt discussion, insight, and change about topics that have not naturally arisen in the course of that particular evening's conversation. In other words, while the group members had previously identified that they wanted to discuss the theme of boundaries, it is up to the facilitators to find a stimulating way into that theme that will introduce some new information to the participants. For this reason, I attempted to utilize a variety of mediums. Since the notion of boundaries is not always a very tangible one, particularly for individuals whose personal boundaries have been repeatedly trespassed upon, I chose a visual medium to see if that would allow participants to work with the idea in a more vivid way.

The exercise I chose for boundary work was an art therapy exercise (Terryl Atkins, workshop 1994) that I modified to include a future orientation that would be consistent with a solution-focus. Included below is a copy of the instructions for the exercise:

1. Think about your "psychological" family. These could be actual blood

relations, in-laws, or steps. It could also be your current immediate family or your family of origin. It can also include close friends. Anyone you want to consider “family” for this exercise. There’s no wrong way to do this exercise...I just want you to do it in a way that fits for you. You might want to think of this as people of ongoing significance in your life.

2. Choose a sheet of colored paper to be the background to your family collage. Choose a color that seems to represent the emotional tone of your psychological family.

3. Now choose a color and shape to represent every person in your family including yourself. Cut the shape out of colored construction paper.

4. Place the shapes on the background sheet in a way that seems to fit for you, paying attention to where you place them in relation to other shapes and on the page.

Take a few minutes to write in your journal about what that was like for you. Were there any surprises? How do you feel now? How did it feel while you were doing the collage?

5. Now, I’d like you to think about what changes you would like to make to your psychological family in the future. You can change anything you like. You can make additions or subtractions. You can bring some people closer to you and move others farther away. You can change the shapes and the colors.

6. Now, create a collage of the future, making the changes that you’d like to make.

Take a few minutes to write in your journal. What needs to happen before those changes will occur? What signs are there that these changes have already started to occur? What might be the next small signs that will occur to let you know you are on track in making the changes that you would like?

The original exercise was insight-based related to one’s connections with others and the boundaries and roles already existing therein. I added the future orientation where participants are invited to think about the changes they would like to make in these relationships.

Group members’ feedback to the exercise was thoughtful and was mostly oriented to noticing the changes they had already made in their family relationships or would like

to make in the future. One group member noticed only after she had completed the exercise that she had omitted the individual who had sexually abused her (a close family member about whom she expressed she had very mixed feelings of love and betrayal) from the picture altogether. Another commented that she would like to move some people closer to her and others farther away. A third commented that there was a family member on the periphery of the page, and she either wanted to move this person clearly onto the page or off altogether, and she had not yet decided which action she wanted to take. Overall, comments from the participants seemed to indicate that the exercise encouraged reflection, and the general mood at check-out that night was quiet and, I thought, somewhat discouraged. In retrospect, I wonder whether using a more solution and future oriented exercise might have been more useful for participants. They seemed to leave the meeting having reflected on the relationships in their lives, but with no very concrete ideas or strategies for change. In future groups, I would likely want to use a different technique that would encourage the emergence of such ideas and strategies for the participants.

During the development of the group goals, participants indicated that they would like to discuss “feeling like nothing”. This phrase meant different things to the different group members. Some described as feeling “not deserving and not entitled”, others as “having less value than other people”, someone else said she felt like she was “just a bunch of things that I do” and not a person in her own right, still others said it was like there was “no worth just for being me” and a feeling of “not mattering to anything or anybody”. Our task in group session 12 was to find a way of addressing these feelings

without having, hopefully, the participants re-experience them. A solution-focused approach, I thought, would involve asking group members to talk about times in their lives when they felt the opposite of those feelings. I felt, however, that the search for exceptions must be balanced by an acknowledgment of the reality of the difficult feelings as well. Libby and I designed a writing exercise to try to address both needs and perspectives.

First, we asked group members to take a very brief moment to write in their journals some thoughts about what those feelings described above have meant to them in their lives. We paused while the participants wrote, and quite swiftly moved to the next portion of the exercise as we did not want them to begin to identify with those difficult feelings too much. Then we asked them to write about the following:

Now take a moment to think of a time or times in your life when you have felt the opposite of the above (ie. Worthy, important, visible, like something, entitled, deserving). Write about that experience. What did it feel like? How might others around you have been able to tell you were feeling that way? How did it come about that you felt that way? What was different in that experience that allowed you to feel differently? If you can't think of a time, think of a person that you know that seems to feel this way. What about them convinces you they feel this way? How can you tell? What do you think it is about them or their life that lets them feel this way? What are the ingredients, do you think of feeling important, visible and worthwhile?

When describing the exercise to the group, we also explained why we designed it the way we did. We explained that sometimes we get caught up in only talking about the problematic feelings, but we believed their experiences were more than that and that we believed it was important to talk about "both sides of the coin". We also commented that some people think that talking and writing about a feeling that you want to encourage can

bring that feeling to life more, and that the reverse is also likely true—that we can re-experience shameful and difficult feelings when writing or talking about them.

Once the group members had sufficient time to write, we asked them to talk about what that exercise was like for them. The first participant who spoke said very openly that she was angry about the exercise. She stated that she had written down the questions in case she wanted to think about them another time, and then she had written “I do not want to talk about this” several times in her journal and the word “no” several times. She said, “That was my life. That was my childhood. There is nothing more to say.” She added that she thought what really made her angry about the exercise was that she tries not to think about “this stuff” and the exercise “put it in my face”. She went on to say that she is aware that at times she does feel the opposite of these feelings, but she feels frustrated because other times she feels so badly and she did not know how to reconcile the two or “live in both skins”. “How do I learn to live in both skins?” she asked.

F: “I wonder if you are living with that. If you already are. Perhaps not in the way you want to...”

GM: “That’s the truth!”

F: “But there are times when you cope as well as feel crummy and shitty and thinking about the horrors. You talked a couple of weeks ago about feeling like you were coming to a place of acceptance...”

GM: “Not now.”

F: “Okay. Well think back to that time or wait for it to come again, because it will, and that’s the time to be vigilant.” [The facilitator then made a comparison to questions some holocaust survivors ask, “How can I live with daily life when these horrors have happened to me?”] “There is no answer to that except you are.”

GM: “There needs to be some sense of what this is about. It’s not fair! I didn’t deserve that!”

F: “But you are living with it, and you are doing lots of really wonderful things.”

GM: “These moments of being up there...they don’t shift the balance for

me.”

F: “Maybe the point isn’t to shift the balance. Maybe the point is to relish in the time when you can be more accepting of those two places and know there will be times when you can’t.”

GM: (sounding tired) “I want a reward.”

We thanked the group member for taking the time to express honestly how she felt about the exercise and asked if she was ready for us to move on. She was, and we continued the discussion about the exercise with the other participants.

There was a really interesting mix of responses to the exercise. One person indicated that she learned from the exercise that she is more comfortable being invisible than she is with being noticed. Someone else could identify a person in her life around whom she felt important and visible. Another woman identified a very particular experience in her life that increased her self-confidence tremendously and caused her to interact with others in a way she felt really good about and that others commented on favorably. One woman could not name a specific incident, but felt that she is changing and that it has been a very gradual process for her made up of the tiniest of remarks that “just build and build. It started off as just a little spark inside of me, and it has just built.” Another woman gave a number of examples of signs she has been given from others that she is worthy and special. She noticed in her writing that the examples about the problematic feelings tended to be from the distant past, while the examples of feeling special were from the recent past. The last woman told a story about the first time it happened that she made a mistake and she was with someone who did not criticize or reject her for it. “That was the first time somebody didn’t leave me when I was not convenient,” she said. Overall, the exercise seemed to be a very powerful method of



drawing forth stories of change, visibility, and self-worth.

This was our last meeting before the holiday break at the end of December. We were not going to be meeting during the final week in December, so this was a natural break in group process for us. We closed the meeting focusing on giving ourselves and others in the group the gift of appreciation. Each group member wrote her name on a sheet of paper and then wrote, in one word, something she appreciated about herself. Everyone then passed around the sheets and each participant and facilitator wrote on each member's sheet, in one word, something she appreciated about that person. At check-out that night, group members expressed the following emotions: feeling strong, feeling warmth, feeling that everyone has different "good stuff" and nobody is better than anyone else, feeling more level, "understanding I have lots of feelings and that is who I am", feeling encouraged, and feeling empowered.

Group process during the third quarter of group. In our tenth group meeting, one of the group members requested some additional time after the check-in and the resulting impromptu conversation is, I believe, worth highlighting. The participant identified that feelings of anger have been increasing throughout the period she had been attending group sessions. She described feeling happy while she was in group, but very irritable in the rest of her life. This group member described herself as going through a lot of her life feeling "pretty numb" prior to group, and that one of the effects over the past number of weeks had been waking up to her feelings. While in general this participant liked feeling more real and true to herself by allowing herself emotions, she expressed feeling guilty about the way her anger was impacting others around her and wanted to know where to

put the anger.

**GM(a):** “My whole life is what I’m mad at. If I hadn’t been abused then a whole sequence of events would not have happened. Suicide was how anger had a voice before.”

**F:** Suggests starting a letter and pouring her feelings about the abuse into a therapeutic letter that she can choose what she can do with whatever she chooses.

**GM(a):** “The minute I start to do something like that I want to tell him [the abuser] I love him.”

[some excerpted]

**F:** “There is no rule you can’t love the person who abused you. There is no rule you can’t be angry with someone you love.”

**GM(b):** “I think it’s wonderful others can see you coping. They can see you stumble, and they can see you get back up.”

**GM(c):** “It might be helpful if you can tell others what’s going on. I think my [family member] used to have lots going on, but [s/he] would never say, so then I had to guess. I thought it was about me but now I can see it was not about me. I was not the cause. It would have helped if [s/he] could have explained it to me.”

We spent some time also discussing the role of anger in healing. I used the feminist-oriented tool of self-disclosure to talk about some of my own experiences with healing and feeling angry. While self-disclosure is not usually part of the solution-oriented therapist’s repertoire, and while it is a tool that should be used sparingly so as not to take the focus from the client, it can be a very powerful method of validating and joining. In this instance, the participant had survived her experiences by learning to keep her feelings tightly in check and appearing very happy and intact on the outside. Her inside reality was very different as she stated she was learning more and more during the course of group. When one has not allowed oneself to feel for a long time, and then the emotions begin to emerge powerfully, it is common to feel that everything is very out of control. Sometimes individuals will even describe feeling that there is something very wrong with

them or that they are going crazy. In such situations, self-disclosure can be very validating and normalizing of the client's experience. These feelings of anger, so justified and so long restrained, continued to stay with this participant through most of group, but she became better and better at identifying when the anger was related to past experiences and not present experiences. In this way, she was better able to let others around her know what she was feeling and how they could support her.

In this group session, we also had to announce that a second group member had chosen to leave group. When I spoke to this participant about her decision, she identified that she had several difficult issues occurring in her life at that point, and that she was finding all the emotion of group too much to cope with. She passed on her good-byes to her fellow group members through me. She also identified that she was going to be pursuing another form of therapeutic intervention that she thought would better meet her needs at that time. Group members seemed accepting of her decision not to return.

During check-in in session 11, one group member identified some worries regarding a difficult medical procedure that she was going to be undergoing. Group members and I (Libby was not present for this meeting) worked to encouraged her to ask the medical practitioners for some accommodations that might help make her more comfortable during the procedure. I also took this opportunity to teach the group an Ericksonian-style relaxation technique that I thought could be helpful in this situation and from which other group members might benefit as well. Yvonne Dolan (1991, 1998) has developed this externally oriented relaxation exercise. I explained the technique to group members and then demonstrated it myself. Clients are instructed to get into a comfortable

physical position and then to let their eyes rest comfortably on some spot in front of them. The rest of the exercise can be done either speaking aloud or just thinking in one's head. The person then names five things they see, five things they hear, and five bodily sensations they feel. They then name four of each, then three, then two, and then one of each. The person then may decide she is sufficiently relaxed and discontinue the exercise, or, if further relaxation is required, she may start at five again and proceed to count down until she feels ready to finish. Yvonne Dolan (workshop, 1998) has also modified the exercise to make it more effective for dealing with repetitive thoughts or with unpleasant medical procedures. In this modification, the client thinks of a place they would rather be than where she is, she then does the technique alternating between her present reality and the place she would rather be. Due to the complexity of this task, clients count down from three instead of five. For example, "Here I see a table. Here I see a metal tray. Here I see a doctor over me. There I see the sunshine. There I see the ocean. There I see a tree. Here I hear (three things). There I hear (three things)" and so on. Group members seemed intrigued by the exercise, and some indicated their intention to try it on their own in a variety of situations.

#### Sessions Thirteen Through Sixteen: Relationships, Sexuality, Endings, and the Future

We had a two week break between sessions 12 and 13 due to the holiday season. The group chose to meet on their own during the intervening week which I took to be a comment on the depth of the bonds that had been forged between members, and also on the degree of enjoyment and support that the group had come to represent for participants. The fourth and final quarter of group started the first week in January and we started in

that meeting to work to prepare members for the ending of the group on the 26<sup>th</sup> of the month. I operate from the premise that endings should be done as carefully in group as are beginnings. Somewhere I read once that we often get a lot more training in saying “hello” than in saying “good-bye”. Perhaps this is related to our larger difficulties with staying present for any painful experience. In any case, while oftentimes group members are tempted to forgo or dismiss the closure part of group, I believe the sense of accomplishment of finishing a challenging task like a group should not be glossed over.

Exercises relating to relationships, sexuality, endings, and the future. We began our thirteenth meeting by spending some talking about the upcoming ending of group. This process will be covered in more detail during the next section. We then moved to the night’s theme which was ways that the abuse has impacted group members’ relationships with significant others in their lives. Again, we used a writing exercise to prompt some initial reflection on the topic. We asked them to write their responses to two different questions.

The first question was “In what ways has the sexual abuse gotten in the way of, or interfered with, or pushed around your relationships with others?” Please notice that while this question asks participants to think about the problem, the design of the question includes a collaborative therapy technique known as externalizing the problem. While this technique has been most elaborated on by narrative therapists (White & Epston, 1990), it is very compatible with the solution-focused axiom “The person is not the problem. The problem is the problem.” We believed that by wording the question with the abuse identified as something external to the group members that is interfering in

their lives, they would be able to look at the things they wanted to change in their lives with less shame and less sense that they were having difficulties because there was something wrong with them. In other words, we wanted to provide an opportunity for group members to examine the problem, but to minimize the possible negative effects of that examination.

Second, we asked the group members to write about the question: "Are there ways in which the experience of abuse has enhanced or deepened your relationships with others or your ability to relate to others?" This, of course, was a question that had to be introduced very carefully to the group. We, of course, wanted to avoid any hint of a possibility that we were suggesting the abuse had any positive aspects to it whatsoever. Rather, we wanted to suggest that despite the horror of the abuse, despite its persistent and powerful efforts to interfere with their lives and their very survival, group members had managed to take something away from the experience that they valued and wanted to keep. So, in the tradition of transparency, we simply explained our intention as clearly as we could, to avoid any misunderstanding.

F: "Wait, now let me qualify this. We don't at all mean to suggest that we should be abused because it will make us better people or something. Your comments might be something like...it's allowed me to relate to people's painful experiences in a different way; it's made me more compassionate; it's helped me prepare my child to be comfortable with his/her body. Not that we are suggesting the abuse has given us some gift."

Facilitator 2: "Sometimes people have, despite all odds, taken something from the experience that they want to keep."

Once group members had time to write about the questions, we went to the flip chart and divided it lengthwise in half. We entitled the page "Ways in Which Sexual Abuse Has

**Gotten in the Way of Relationships & Things We've Learned That We Might Want to Keep" (Appendix Q). We then went around the group with each participant contributing one item for each side of the list. The list that documented sexual abuse's interferences was written in red ink, and the list of things group members wanted to keep was written in blue. We kept going around the group and accepting contributions from each member until everyone's items were included on the lists. During this discussion, we noticed group members again spontaneously facilitating each other. For example, after one woman added something to the red side of the list and talked about that problem for a bit, her neighbor prompted her, "don't you have something for the blue side?" This exercise seemed very significant to group members and was referred to several times in subsequent group meetings and then later in the follow up evaluations.**

**Our theme for the night of the fourteenth group meeting was sexuality. As usual, group members knew what we would be discussing ahead of time, and during check-in some participants indicated they had felt unusually reluctant to attend tonight. During the discussion of the homework assignment from the previous week (to write things they appreciated about themselves, things they appreciated about their partners, friends, and/or family members, and things they appreciated about the children in their lives) the energy in the group was noticeably less energetic and enthusiastic than had become usual for the group. Libby and I acknowledged the difference in mood as we moved into the discussion of sexuality and normalized it. In my experience, although group members usually put sexuality on the list of group goals, it is such an intensely personal subject with much attendant pain related to it that it is common for participants to dread the**

discussion itself.

We began the discussion with a quote I heard at a 1994 Thunder Bay, Ontario workshop facilitated by Mike Lew, author of the book Victims No Longer: Men Recovering from Incest and Other Sexual Child Abuse (Lew & Bass, 1990). He said he liked to say the following to survivors when discussing the difference between consensual sexuality and sexual abuse: “If I hit you on the head with a frying pan, would you call it cooking?” The point, we explained to the group, is that consensual sexuality and sexual abuse have about as much in common with one another as do cooking and being hit on the head with a frying pan.

F: “If I were hit on the head with a frying pan, I might develop some strong feelings about frying pans and maybe some negative associations, but I probably wouldn’t know anything more about cooking as a result of that experience. Because it’s such a different experience. Radically different; yet, some of the tools and the elements are the same. Sexual abuse is not the same as sexuality. You might even say it’s like the opposite. We know that you all know a lot about the experience of sexual abuse, and we probably don’t need to be exploring that piece, but what we want to explore tonight is more about intimacy and consensual sexuality, and we want to start from a place of knowing what does give each of us pleasure and delight in our lives. Think about sexuality, then include sensuality, and then include the feeling of closeness to someone.”

Facilitator 2: “Sexual intercourse is one small piece of sexuality. What makes your body tingle? What makes you feel silly?”

Our intention in starting the discussion this way was first of all to separate the ideas of sexuality and sexual abuse, and then to really broaden the participant’s definitions of sexuality to include notions of intimacy and closeness. Our intention was then to have participants generate a list of the things that gave them pleasure, but instead the conversation moved in another direction that took up most of the rest of our available



time. Libby and I drew heavily on feminist theory about women and sexuality in the ensuing discussion. Group members talked a lot about their own feelings of confusion and ambivalence toward sexuality—wanting and inviting it on the one hand and then feeling incredibly sorrowful about it after the sexual experience had concluded. We worked hard to encourage group members to define their own sexuality for themselves, and we took a very strong stand that each person is responsible for their own sexuality and that no one owes sexuality to another person, even in a long term partnership. We also stated very clearly that “no” needs to be as acceptable an answer as “yes” to an invitation to be sexual, and that a “yes” can change to a “no” at any point in the encounter.

Following a break, we asked group members to take a piece of paper and write at the top “Things That Make Me Happy” and then make a list. We requested that if participants were not feeling in the mood to make a list or could not think of anything for the list to write “we’ll see” or “maybe later” on the sheet. Afterward, group members shared some of the things that made them happy. For check-out that night we asked group members to identify something that impacted on them from the meeting, and something that they appreciate about being alive. I’ve included below some of the group members’ comments about what impacted them from the discussion.

“Hearing that I don’t owe anybody sexual favors is an interesting way to put it. When you said it, it had an impact.”

“I realize how much I am concerned about how my partner is doing. I think I need to separate myself, and I do believe once I get there it will be easier to engage with him.”

**“I didn’t want to come tonight but I’m glad I came because I learned about saying ‘no’ and that it’s okay to stop halfway. I need to believe in myself and that I’m valuable too and it’s okay to think of myself too. Also, I thought the way I was around sexuality was just because I was sexually abused, but you said other women who haven’t been abused go through that too and that was good to know.”**

**With the discussion of sexuality, our work on the group goals concluded and the two remaining meetings were focused on closure, celebration, and looking toward the future.**

**During our second last meeting, we began by spending time planning our closing celebration, and the group had some questions about the report that I would be writing about the group. These conversations will be described in the upcoming process section.**

**I also had group members complete a second Solution-Focused Recovery Scale (Appendix I) the results of which will be discussed in Chapter Four. After a break, I used a solution-focused exercise developed by Yvonne Dolan (1991, 1998) called “A Letter from the Future”. In this exercise, participants are asked to give their letter a specific date sometime in the future and to address the letter to a particular person that they hope to still be connected to at that point. They are then asked to write to that person from the perspective of the future, and tell her/him what the participant’s life is like at that point. I also let them know that Yvonne Dolan says that people get extra points for laughing out loud and that there is no requirement to be realistic in the letter.**

**We closed the night by giving group members the option to share their letter with the group or just talk about how the exercise affected them. Everyone chose to share their letters, and the results were wonderful and varied. Some participants chose to describe how things were different in the future from an internal aspect...the ways in which they**

were handling things differently or experiencing the world differently. Other women chose to describe outer changes in their lives where they were living in marvelous places and doing marvelous things. In either case, the participants seemed well pleased by their letters, and I found them inspiring and deeply moving.

The goal of our final group meeting was to frame it as a celebration and a graduation of sorts. We wanted to emphasize the courage, creativity, and bravery of these women first of all for surviving the crime and the horror that is childhood sexual abuse, and secondly for their courage and bravery in undertaking to participate in and open themselves so fully during the “Living, Surviving, and Thriving” group. There were several components to the meeting.

We did an initial check-in and then moved to an informal time of chatting, playing music, and eating. Each participant had been asked to bring a greeting card for herself and to write in it something that she had appreciated about herself during group. During the informal time, we each took turns writing an appreciation in each member’s card, so she would have something personal from each of us to take away with her. We then presented each woman with a certificate of achievement (Appendix R) and a rose to mark their participation in the group, and we finished with an exercise that has been modified many times, but seems to help people with closure.

For this final exercise, we used a bowl of polished stones and a bowl of water. The bowl of stones is passed around the group and everyone is invited to choose a stone that they would like to keep and take with them as a reminder of group. The bowl of water is then passed around and each person is invited to place their stone in the water

and name something (either silently or aloud) they would like to let go of in their lives. The bowl of stones and water is passed around one last time and each participant is invited to reclaim their stone and identify something (silently or aloud) that they would like to reclaim in their lives. We then did a final check-out round and finished with one last “The circle is open but unbroken”.

Group process during the final quarter of group. One of the process issues that we wanted to discuss with the group related to the ending of group concerned the possibility that the group would want to continue to meet without facilitators after session 16. We wanted to introduce this carefully, because my experience indicated that some groups want to continue to meet and some do not. Also, we wanted to make room for individuals who did not want to continue, to opt out. When we first introduced the topic of group ending, we also mentioned the possibility of continuing to meet on their own. We suggested that some groups choose not to continue, some do to stay in touch socially, and for some only some members stay in touch individually. Libby and I indicated that we would be stepping back following this initial discussion and that they would need to make the decision amongst themselves when the time came. The subject was then dropped, and really did not come up again while Libby and I were present. In the end, the group did decide to stay in touch for a while, and members made arrangements for that on their own.

Also in session 13, Libby and I framed the last session as a ‘graduation’ ceremony of sorts. That comment triggered the following discussion:

F: “It’s really more like an accomplishment than an ending or

termination.”

GM(a): “Is it really an accomplishment? All we’ve done is taken time for ourselves to look at things. That’s an accomplishment?”

F: “Has that been easy for you to do?”

GM(a): “No, but I think it’s selfish. I feel like abuse survivors or people who have suffered from trauma have two strikes against them, so they have to do this just to keep going.”

F: “Have you made any changes as a result of coming here?”

GM(a): “Oh, sure. I don’t know if they’re lasting changes though. I might be doing them because they’re homework. I’m not really sure why I’m doing all these things. I like to think some of them will stick.”

F: “It’s not like people are lined up to do these groups. It’s a testament that this is a difficult thing to do. It’s taking time for yourself, but it’s also looking at things that aren’t pleasant to look at and talking about things that aren’t pleasant to talk about and listening to things that aren’t pleasant to listen to. You give gifts to each other just by being here as well as gifts to yourselves.”

[some excerpted]

GM(b): (talks about how angry she’s been in the past for not being acknowledged for having survived) “One of the impacts of the group for me has been looking around the room at every one of these women from time to time saying, ‘That’s a survivor. That’s a survivor.’ And sometimes, ‘I’m just like her. I’m just like her.’ And if nothing else this group has made me realize that, damn straight, I’m a survivor, and that’s an accomplishment, and I want to celebrate being a survivor if nothing else.”

For Libby and me, having seen the difficult work that the women did and the changes that they made during group, their work was clearly an accomplishment. The fact that some members struggled with that notion is a comment on how sexual abuse tempts people to minimize their own strengths and achievements.

An additional piece of group process that occurred during our second last meeting concerned the report that I would be writing about the group for my degree. In the original informed consent form for the group that members signed during the intake interview (Appendix D), I had mentioned that I would make a summary of the findings of

the final report available to participants if they requested. During this second last meeting, we were talking about the group finishing and one of the group members asked whether they could all still get copies of the report.

F(1): "You can sure get a summary."

F(2): "The final report will be available in the university library. Also, I wonder if we could contact you all some day if we decide to write a paper on the group for publication."

GM(a): "Is what you've been doing with this group that different from what has been done with other groups?"

F(1): "The balancing between focusing on the past, the present, and the future is a bit different. The future stuff has often been left out of group work in the past....Other groups might have really dug into the past. You may have noticed we never had any sessions where people just told their stories of abuse. That's somewhat unusual for this type of group."

GM(b): "How did they get their members to come back week after week?"

GM(c): (Talks about an abuse group she attended that she didn't like, but that she still kept going for quite a while.)

[Some excerpted.]

GM(c): "Last week we were talking about women and women's experience and what's real. That's what is missing for me though I've been doing recovery work for a long time. I am pretty aware of my past and how it has affected me, but where do I go? I don't feel I have any role models. I need more information about that."

GM(b): "I came here really hesitant because I didn't like groups, but I've really loved this group."

I was not really prepared for the group members asking for information about the approach we used, but felt that it was important that Libby and I be as transparent about our work as possible because that is consistent with both approaches. Also, as facilitators and therapists, we are accountable to the group members for the work we do with them. I believe we should give a full accounting of our professional motivations and practices when our clients request.

I wanted to finish this chapter with the closing remarks that group members made

in the session 16 check-out, because these comments were made at a natural time of reflection about their time in group. It was an honor to work with these amazing women, and I think their remarks provide a fitting close to this description of the work that we did together in group.

**“I came here desperately seeking for a sense of me. I leave here excited and hopeful to discover who me is with the extra incredible strong backing of a ‘we’.”**

**“When I came here I was in really rough shape. I can’t put into words what I’ve gotten from this experience. It’s not concrete, but boy I feel much different, and there are no doubts in my mind that we’re going to continue to get together.”**

**“When I first came here it was for my kids, and after about three or four weeks I started to come for me. It’s made, I can’t even put into words....I thought when I came here if I could get out of this to blame my abuser, I’d come out of it a better person. But it seems I’ve let go of all the blame and the anger and underneath it all somewhere there’s me.”**

**“When Chyrise first asked me what I wanted from group, it was some sense of support from other women and some sense of friendship, and she said, ‘well, that can happen, and I feel that is what has happened here.”**

*“The circle is open, but unbroken.”*

## Chapter Four - Findings

In this chapter, I plan to review the results of the various evaluation procedures I put in place during the practicum study. As previously discussed, I was primarily interested in client and therapist perceptions as to the quality of the group experience and process, as well as client perceptions as to the helpfulness of the group. This chapter's discussion of my findings will centre on the following measures or tools: mid-group client evaluation forms; end-group client evaluation forms; client satisfaction questionnaires; pre and post group results of solution-focussed recovery scales; six week telephone follow-up interviews; and some comments regarding my co-facilitator's perceptions. This chapter will involve the presentation of the results of these measures, and a more detailed analysis including reflections and recommendations for the future will be included in Chapter Five.

### Mid Group Evaluation Results

I developed the mid group evaluation form (Appendix F) in order to obtain some feedback from the group mid-process. In this way, I felt not only would we know what the group members felt was working so that we could do more of the same, but I also felt it would be valuable to have a snapshot of how they saw the group at the halfway point to compare with their later perceptions. I received eight responses to the form, which accounts for all the group participants at that point.

One of the difficulties of group work is that, unlike individual work where the therapist can tailor his/her approach entirely to the particular needs of the client, in group work the facilitators work with a variety of individuals, all with sometimes varying needs,



preferences, and styles. These varied needs and styles, I believe, account for the sometimes contradictory feedback I received from the mid-group evaluation form. Roughly speaking, where there is contradiction, the responses may be generally grouped into two differing perspectives. There are those individuals who are more inclined to value the “process” of group: in other words, the impromptu conversations and discussions between group members as well as the sharing of experiences and/or feelings will tend to appeal to these individuals. The other perspective is formed by those group members who tend to value the “content” of group. These latter group members generally identify the tools and skills learned in the group and the structured exercises as the most helpful aspects of group. The challenge to the facilitators, in my view, is to find a balance between process and content that will meet the overall needs and expectations of all the group members.

At the midpoint of group, when group members were asked what they found most valuable about the group thus far, the most frequently mentioned elements were: the tools and skills learned; the sharing between group members; the atmosphere of safety in the group; and the feedback participants were able to receive from other group members. Specific tools that were mentioned were: the “Tools for the Journey” exercise that involved group members sharing strategies for self-care and creating a feeling of comfort and security for themselves; and a homework reading assignment of the chapter “Who’s Responsible for What” from The Dance of Anger: A Woman’s Guide to Changing the Patterns of Intimate Relationships (Lerner, 1985).

When group members were asked what had been least valuable about the group

thus far, three members left this section blank and the remaining five members wrote the following:

“There is too much time spent checking in and out—sometimes it gets too long.”

“That ‘if a miracle happened...’ thing didn’t help me.”

“I had a sense in the first few groups that we were only going to talk about ‘nice’ stuff—goals, how to feel safe, and so I was beginning to feel like we weren’t going to get into the hard stuff. Maybe I needed more understanding of the issues we’d be dealing with.

“Sometimes the day after group is very painful both emotionally and mentally.”

Group members further expanded on what was not helpful when they were asked to identify the changes they would like to see in the latter half of group. One person commented that she had felt initially that the pace of the group was too slow, that she felt it was picking up now at midpoint, and that she would like to see the quickened pace continue. Another person wrote she would like us to “get more done than just gabbing. By that I mean getting the exercises done without people taking too much time getting off track”, while someone else asked for fewer “restraints” to be placed on group members. “I know a schedule is good,” she said, “but sometimes just the sharing is as important as staying on task or track.”

The two types of perspectives among the group were also evident in what they wanted to see continue in the latter half of group. Some of the group members emphasized their desire to see the goals covered with further emphasis on tools and techniques that could be used to overcome various problems or issues. Other group

members put a much greater emphasis on the atmosphere in the group: sharing pain, laughing, improving communication and relationships within the group, fostering the bonding between group members, and attentiveness to dealing with the concerns of individuals within the group. In the space for general comments, two respondents mentioned feeling there was not as much time in the meetings as they would have liked. The remaining comments indicated a high level of enjoyment in the group with one participant mentioning she felt the group was well organized and well led, another commented she felt safe and comfortable in the group, and someone else added “This group has given me more tools and strength than I ever imagined. I feel more confident about my future”.

#### End of Group Evaluation Results

While there was still some evidence of the differing perspectives among members of the group when the time came to complete the end of group evaluation forms (Appendix G), overall the evaluation results were highly favourable and the group members’ scores were remarkably consistent. The End of Group Evaluation Forms were distributed along with the Client Satisfaction Questionnaires toward the end of the second last group meeting. Group members were invited to take the forms home to complete in the upcoming week. Some group members completed the form at home and brought it back the following week while others completed it at the final group session. Two group members did not attend the final group meeting, one due to illness and the other to a prior commitment, and I arranged for them to mail their completed forms to me. I was able to obtain completed forms from each of the group’s remaining seven participants.

The first eight items on the End of Group Evaluation Form consist of favourable statements about the group program with which the respondent is asked to indicate her level of agreement by circling the number between one and five which most closely resembles her opinion. This five point scale is anchored at one end with the number one indicating the group member feels the statement is “not at all” the case and five indicating it is “very much so”. Of the resulting total of 56 responses (seven group members each responding to eight items), there were 37 rating their agreement with the statements at the highest level of the scale—a “five”; there were 16 ratings of “four”; and three ratings of “three”. The most favourable responses were to items related to the usefulness of the handouts, the preparedness of the facilitators, the facilitators’ readiness to respond to questions and concerns raised by group members, and the supportiveness of the other group members. Respondents added the following comments in the margins of the first eight questions:

“The problem which I had wanted to solve is not solved, but I gained so much more than I could have imagined.”

“The group was very different from what I had expected. It was less scary, less depressing, and way better.”

“The variety of exercises allowed for individual preference. Great!”

“The facilitators were flexible enough to alter the structure for the needs of group members.”

Respondents indicated overall a high level of satisfaction with the group experience as itemized by these first eight items.

The remaining eight items on the End of Group Evaluation Form allowed

respondents to comment more fully on the aspects of the group that they felt were most and least helpful to them. With regard to which topics had the most impact, virtually all the topics covered were mentioned in one or more of the responses with no one topic being mentioned in all of them. Many of the participants mentioned the concept of balance as something they found helpful.

**“To turn my eyes from ‘bad’ and difficult and hurt, and see and recognize ‘good’. That helped me a lot. My perspectives became a bit more well-balanced.”**

**“The focus on the positive...the focussing on the future...—always balancing.”**

**“The balance of past, present, and future.”**

Other participants mentioned especially the sharing between women and the talking about women’s experience in the world as helpful.

**“The discussion about women—what is normal about being a woman.... Also, the discussion on the positive and negative aspects of abuse.”**

**“The fostering of safety and the valuing of ourselves and each other.”**

**“Letting each other be and listen even if we don’t understand or sometimes don’t agree.”**

When asked which topics had the least impact and what were the program’s weak points, participants were again divided as to whether process or content were most important to them. For example, one member mentioned that “sharing and check-in takes so much time and leaves little time for exercises and dealing with topics”, while another member wrote, “the pace felt too fast. There was little time for discussion and depth because we had to move to an exercise.” I felt pleased that, while it was clear that there

were some frustrations for participants relating to the relative amounts of time spent focussing on either process or content discussions, the overall level of satisfaction with the group remained high.

Some of the most enlightening comments from participants regarding the aspects of group that made the most difference to them are found in the section for “additional comments” at the end of the form.

“I liked that I could decide how much I’d share, and I could work things out at my own tempo. I didn’t feel exposed or forced in any sense. I felt I was in charge of myself and I could decide myself. I’m also grateful that you helped me to see the good and bright side of my experiences. My perspectives are getting a bit more balanced.”

“I am aware of not having learned a lot as much of what was discussed (not all) I knew—based really on all the work I have done (either in group or in therapy or on my own). I would often wonder fleetingly why I went, but I never felt compelled to not go. I needed for reasons I could not explain to go. Now I can see that the support of other women and the openness and gentleness and honesty of Chyrisse and Libby has made a world of difference for me in the past 16 weeks....[The facilitators] were both grounded, very safe and respectful. No matter how painful or crazy the situation, I came to know that I would be safe. That they were knowledgeable and could handle whatever came up. I so much appreciated being listened to with loving kindness when I felt totally crazy, and knowing that everyone else would be treated with the same respect.”

“The constant reminder to find balance and happiness even in the smallest things has changed my life forever.”

“Chyrisse and Libby’s theory of exploring the negative while learning to discover the positive and future helped me to not get bogged down in the past and to stay intact so I could function throughout the week.”

These comments are particularly interesting to me because, while Libby and I would not have thought of the work we were doing as focussing on the “positive aspects” of the abuse, that is obviously how some of the group members understood it. It also seems that

members found this focus helpful. I believe it was the solution-oriented aspect of the work, with its focus on looking for exceptions to the problem and existing signs of the miracle that participants are referring to when they mention looking at the positive aspects of their lives and the abuse they suffered. Also of particular impact, it seems, was the notion of balance embodied in the perspective “these really bad things have happened. How have you survived these? What do you want to take from these incredibly hurtful experiences?”

### Client Satisfaction Questionnaire Results

The CSQ-8 (Appendix E) is an eight item measure that is designed to measure client satisfaction with services. It "has been extensively studied, and while it is not necessarily a measure of client's perceptions of gain from treatment, or outcome, it does elicit the client's perspective on the value of services received" (Corcoran & Fischer, 1987).

Group members rated the quality of the service they received very highly with three individuals giving it a rating of “good” while the remaining four respondents scoring it as “excellent”. Likewise, participants indicated that generally the service received was what they had wanted. Four respondents answered “yes, generally” to this question, and the remaining three answered “yes, definitely”. Regarding to what extent the service met the participant’s needs, four women chose “most of my needs have been met”, while two chose “some of my needs have been met”, and one made one big circle around both of those options—likely indicating that she felt the answer was somewhere between the two. The group members displayed a high degree of willingness to

recommend the service to a friend in need of similar help. One person answered “yes, I think so” to this question and the remaining six respondents all said “yes, definitely”. There was a wide range of responses to the question, “How satisfied are you with the amount of help you have received?” One person answered “quite dissatisfied”, but this answer did not seem congruent with the other answers on her form, so may have been an error or misunderstanding of the question. One person indicated she was “somewhat satisfied”, one indicated she was “mostly satisfied”, one indicated she was somewhere between “mostly satisfied” and “very satisfied”, and the remaining three individuals responded that they were “very satisfied”. Six of the seven respondents, when asked whether the services helped them deal more effectively with the concerns that brought them there indicated that “yes, they helped a great deal” with one of those group members writing in the margin “that depends on my willingness to practice”. The seventh member answered “yes, they helped somewhat” to that question.

Unfortunately, I only have six responses for the final two questions and the additional comments section because these appeared on a second page, and one of the questionnaires was missing its second page. Of the six participants who were asked how satisfied they were with the service in an overall general sense, five indicated they were “very satisfied” and one said she was “somewhat satisfied”. When asked whether she would come back to this service if seeking help again, one participant answered “no, I don’t think so” and qualified her answer by adding “because I’d be interested in something else”. Of the remaining five, one answered “yes, I think so”, three answered “yes, definitely”, and one indicated she was between “I think so” and “definitely”.



Under the additional comments section, there were a number of remarks from three of the group members.

**“The skills, coping strategies, positive feedback, validation were wonderful. Even though 16 weeks is a long time, it’s just the tip of the iceberg. I feel like I’ve just been introduced. I’ve never done a group before, and I am thrilled with having been treated with respect and trust from all of the staff. The continual offers of support from Libby and Chyrisse outside of group time has been a lifeline I value.”**

**“I’m glad we didn’t have to exactly tell details of our abuse although it may be helpful to have an opportunity (I guess there were though). Excellent group–well led.”**

**“Just to be in a group was very helpful to me. I could see myself better and more clearly in others in the group and maybe more objectively rather than in one to one counselling. The whole atmosphere and the honesty, sincerity of you two especially and other members gave me reason not to give up but keep on trying, struggling, and fighting. I think the group was very effective and all the works we did were very helpful in general. The only reason that I answered that some of my needs had been met, instead of most, is that I think for me the sexual abuse is not the main or the core issue. It was a part of the whole unhealthy relationships within the family and especially with my parents. I do not underestimate the significance and the effect of it. But I think I need some other issues that I need to work on first....Thank you for being so caring. The group gave me hope and helped me to rethink about people.”**

Generally, I believe these results indicate a high level of client satisfaction with the service they received while participating in the group.

### **The Solution-Focused Recovery Scale for Survivors of Sexual Abuse: Pre and Post**

#### **Outcome Comparisons**

**“The Solution-Focused Recovery Scale for Survivors of Sexual Abuse [Appendix I] was developed as an external device to help the client begin to identify and talk about the ways she has already begun to heal and the signs that will convince her that she is**

healing in the future.... The purpose...is to provide a context of hope and to shift the focus toward healing." (Dolan, 1991, p.31). In addition, when Yvonne Dolan revised the Scale in 1995, she included the opportunity for clients to identify their own personal change measures for recovery. In this way, the client's success is being measured, but she herself is contributing to set the terms for that measurement. While this is not an empirically oriented scale, I believed comparison between the scale results prior to treatment and following treatment would give some indication as to the helpfulness of treatment and would constitute an intervention in itself as the client would then be able to see a measure of the movement and change she made during the group experience.

All group members completed a Solution-Focused Recovery Scale at the end of their intake interview prior to the beginning of the group process. I then kept the completed forms for the duration of group. The remaining group members then completed another copy of the scale in the latter half of group session number 15. Upon completion of this second scale, I returned their originally completed scales to the participants, and they had the opportunity to compare the results. (At this point, while the participants were comparing their pre and post scales, one group member burst out, "Wow! Holy doodle! I'm cured!") Once group members had time to take in the results, we went around the group and gave everyone a chance to talk about what that was like for them.

"I'm surprised. I guess I knew I was in a better space than October, but I was really surprised that I'm doing and feeling a lot better even though lots of things in my life have gotten a lot worse. I'm surprised and glad. I'm in a better place somehow."

**“There weren’t any real surprises.”**

**“Things haven’t changed that much except for slightly more positive. They’re either the same or more positive. Only two things went down, and I know why.”**

**“Mine was clearly on the upside. Before there were lots of zeros, ones, and twos, and now I’m just amazed at the threes and fours and some twos. When I look over the last 16 weeks, its obvious because when I came here I was in really bad shape and that was about the time I started making some shifts in my life: coming here, making contact with friends again, and a while later I started in counselling. So, I’m amazed and really surprised. I’m surprised at how low they were. I feel really good about this.”**

**“I feel really good too. I had lots of zeros and ones, and now I don’t have any zeros and I only have one “1”.... I have lots of threes and fours now. And I have to say I think I fibbed on the first one, because I was in that space of “everything is fine!” and if it wasn’t it was “nobody’s business but my own anyway!” This was a lot more honest and there was still a big improvement. The biggest change is that I’m aware of what I’m feeling.”**

**“Some threes got to twos, and some twos got to ones, but I don’t think I really got worse, but I think I see myself better now. I thought I was this kind of person before, but I’m finding I’m not. The first two things about thinking and talking about the abuse...makes me feel handicapped and I didn’t like to be categorized. Coming here and seeing other people, really nice people, and maybe we were hurt, but that’s why we can be better in some ways. It didn’t make us handicapped. Like the red and blue things [refers to exercise in session number 12]. I feel different about abuse and people who’ve been abused. I don’t feel so weird. I didn’t really think about it before, but I don’t have as many weird dreams where I wake up tired as I used to.”**

**I believe it is significant that this last group member whose scores actually dropped somewhat from her pre group measure, did not interpret this as a sign of things getting worse but rather as a sign that she now knew herself better. The comparisons seemed to either create a real sense of accomplishment and hope for group members or else seemed to make little impact...but they did not create a feeling of discouragement at all.**

In all, four of the seven group members experienced an overall rise in their scores during the post measurement. Of the remaining three participants, all had the majority of their scores stay the same, and of the scores that changed more increased than decreased. The changes in the scores tended to be spread over the whole measurement across the various participants and there were very few discernable patterns observed across group members beyond the general trend of improved scores. Everyone in the group, however, did score an improvement on item “CC”–“I experience a wide range of emotions, both pleasant and unpleasant”. Also, six of the seven participants registered an improved score in item “V”–“I seem to accept praise well. I thank the person giving the praise”. The seventh member scored the same as the pre group scale on that item. Finally, on item “S”–“I choose supportive relationships over non-supportive ones” four respondents scored higher on that item in the post group scale while the remaining three showed no change.

#### Telephone Follow-Up Interview

In planning to do a follow-up interview (Appendix H) with group participants six weeks after the conclusion of the group, my goals were fairly simple. I was primarily interested in checking in with the women after they had time to reflect somewhat on their experiences in group. I was curious about whether they still felt they had gotten what they wanted out of group, whether the changes they had made were still continuing, whether any new problems had emerged, and whether they had any further feedback regarding the group. The telephone interviews were completed between six and eight weeks following the last group session.

The first question of the follow-up interview refers to the main problems described by the group member during the intake interview and asks whether these problems are better, the same, or worse. All seven of the respondents indicated they felt their initial complaints had improved. Some of the improvements that participants described included: fewer fears, less shame, coping with difficulties better, able to better handle feelings of panic, not feeling so alone, feeling more stable, improvements in relationships, feeling more satisfied, speaking out more, expressing own needs more, and being more in touch with their own feelings. When asked what they felt made the difference in making these improvements, several participants mentioned the tools and coping strategies explored in group and also the reassurance of knowing they are not alone in their feelings, reactions, and experiences. In addition, one participant reported she no longer was in a place where her whole life centred around the sexual abuse. Three women mentioned they now felt a lot more hope than they did prior to the group experience.

The second question referred to whether changes that the women had noticed during group had persisted after the conclusion of group. All the women agreed that the changes seemed to be lasting changes.

**“I feel more hopeful now. I can believe I’m going to find balance. We did lots of negative/positive stuff and that really helped me. I found some balance in the group, so I can believe it now. If I’d kept on the track I was on prior to group, I would have become destructive to myself and started pushing people away.”**

**“I came away with strategies I can use. I have a kit of stuff to look at when I get into trouble....The fact that I can allow myself to think of the future now let’s me know that the way I’m feeling today ...it’s not the**

end.”

“I feel I’ve developed a stronger sense of self regardless of how things turn out in my life. I feel I’m separating my own voice.”

“I noticed a lot of changes. I’m starting to trust myself more. I’m not afraid of people so much and I don’t give them so much power. I’ve discovered it’s not bad or wrong to be me.”

“I realized I didn’t have to see the sexual abuse as defeating me. I’m still dealing with it, but I don’t think it has to stay this way or weigh me down. Before I thought ‘it will be like this forever’, but now I have more hope things can be better. I didn’t realize I have a say in my healing. From the tools and encouragement I got things to hang onto, and I started to realize I have a say.”

“Talking about our rights really helped...I feel more secure knowing we have rights. I think of the rights almost every day.”

It seems if one were to identify themes among the answers to these first two questions, they would be 1) feeling more hopeful, 2) having more options for coping, and 3) the sexual abuse experiences feeling less powerful and overwhelming.

The third question related to whether the group member had seen a therapist or counsellor since the conclusion of group about issues related to the sexual abuse. At the point of intake for group, four of the seven participants were also in individual counselling. At the point of the six week follow-up phone call all of the participants were either continuing to see their therapist or had begun counselling either during group or in the period immediately following group.

When asked whether any new problems had emerged during the period since counselling, all but one of the respondents said “no”, but several described themselves as moving on to working at things on a deeper level. It was clear from the interviews that,

while the group members were sometimes working with their counsellors on different issues, the participants themselves saw these as simply differing aspects of the same problem—the sexual abuse after-effects.

“I feel like I’m getting deeper in it, but not bogged down. I’m finding it easier to tolerate and explore.”

“I’ve gone onto other things. Some things got finished so I could move on.”

The respondent who described herself as having had a new problem develop indicated this new difficulty was related to realizations she had during group.

“Yes, I’m having some pretty rough times in my [relationship] now. I’m starting to realize some things are not acceptable, and I can say something about it. Something has changed.”

This participant seems to be seeing the development of the problem as related to her own newly gained self-awareness and confidence.

At the conclusion of the interview, I asked participants if they had any additional feedback or comments that they wanted to make about the group, things they felt were important for me to know before I wrote my report. Here are some of the things they had to say:

“I’m thankful to have had the group. I know my life is going smoother. I give myself a lot of credit, because I was afraid I wouldn’t finish the group. I don’t feel ashamed anymore. I feel I’m a part of all those women.”

“This group came at the right time for me. I don’t remember being affected by the exercises, but I appreciated the respectful listening of the facilitators and the community of the group.”

“I was really impressed with the group. It far exceeded any of my thoughts about what it would be like. I appreciated the balance between personal

exploration and positive thinking. I initially hated the questions about the future. They seemed New Agey, and I couldn't do it. That changed because I was in an environment that allowed it and didn't criticize it. It helped that it was okay not to do the exercises, but then I was amazed when I heard what other people came up with. I tried it and then I found that I liked it."

"I liked the more progressive focus and not constantly looking at the problem."

"I got what I was looking for. I was glad for this group. I thought it might be depressing dragging all this stuff up. I really liked the discussions where we brought up both sides of a thing."

"I thought it was a really good group. We didn't centre on the sexual abuse. We were also looking ahead. The abuse is not the whole me. I learned to look at other things in one's life. I picked up things to do when going through rough times."

At the point of the six week follow-up interviews, several of the group members mentioned that they were continuing to meet on their own as a group every two weeks or so, and that they were enjoying this ongoing contact with and support from the other women.

Many of the changes that the group members described can, I believe, be attributed solely to the experience of sharing, in a relatively safe environment, with other women who have experienced abuse. As previously discussed, breaking the secret of the abuse and revealing hitherto hidden aspects of the self, including the after-effects of the abuse can, in itself, be a healing and therapeutic experience. What I found particularly surprising about these results, however, were the frequent mentions by group members of increased feelings of hope following the group and the belief that the sexual abuse no longer formed the whole of one's identity or was destined to determine one's future.



These effects can, I believe, be largely attributed to the element of solution-focus that we introduced into this particular group experience. The single most frequently mentioned helpful element in both the end of group evaluations and the follow-up interviews was the element of balance—looking at the problem but also looking at what these women have taken and developed as a result of experiencing the problem. We, as facilitators, drew this approach from solution-oriented premises such as knowing what is happening in one's life that one wants to have continue, looking at times when the problem is not a problem, and an understanding of the problem as being separate from the person's identity or character. Overall, I believe the results and feedback from the various measures are highly favourable for a therapeutic blending of solution-focussed and feminist thinking in this type of group experience.

## Chapter Five - Reflections

Planning and facilitating this group was a tremendous learning experience for me that is further enriched by the many successes and changes reported by the women who participated in it. In this chapter, I will review the original outcomes that I expected and the measures I established for success in the sober light of reflection following the group experience and the feedback from its members. I will include my own analysis and reflections on the experience of blending the feminist and solution-oriented approaches.

### Anticipated Outcomes and Measures for Success: How Did We Measure Up?

When I initiated this practicum study, I expected that the blending of the two approaches in this type of group setting would result in clients reporting 1) decreased feelings of shame and stigma, and 2) increased feelings of hope and personal effectiveness. As illustrated throughout chapter four, there were many instances of group members reporting such changes during the evaluation portion of the study.

Decreased feelings of shame and stigma. During the course of this practicum study, I often thought that the many interventions and tools that we used, and in which we, as facilitators, invested so much time and energy, really were not the most transformative or impactful aspects of the experience for the participants. So much of the healing in a survivors' group happens spontaneously when women come together for the purpose of sharing their lives, experiences, and strategies with one another. Often the feedback from group members, either during group or afterward, focused on how healing it was for them to interact with other survivors in an atmosphere of safety and trust. There were many comments on the impact of being listened to respectfully and of feeling

valued by the other members of the group. As well, some comments related to individuals seeing themselves in the other women in the group, and recognizing something like “these women are strong, courageous, resourceful, and amazing. They are also survivors. Maybe I am all those things too!” The results of this group are powerful evidence, I think, in support of the feminist assumption that group work with women inherently results in: 1) increased insight into the plight of all women; and 2) positive changes in the lives of the individual women involved in the group.

The group seemed to be a powerful antidote to feelings of shame and stigma amongst the women, and the effect was further heightened by steps that Libby and I took to actively foster an atmosphere of safety and an attitude of respect in the group. I re-discovered during this group, that the concept of “bearing witness” which is so much at the heart of feminist approaches to counselling, had a profound effect whether I was bearing witness to details of abusive experiences and the depth of someone’s despair or anger, or to the details of success stories and the individual’s feelings of accomplishment and triumph. To be truly heard and to feel listened to is not an everyday experience for most of us, and most especially for individuals who have survived countless violations of their most intimate personal boundaries.

Increased sense of hope and effectiveness. The second expectation of an increase in feelings of hope and personal effectiveness was certainly met as indicated by feedback from the group members following the group. I was particularly impressed by how frequently participants spontaneously mentioned feeling more hopeful during the follow-up telephone interviews. Although it is always difficult to attribute broad changes such as

an increase in hope to a specific style of intervention, it is my opinion that, in the case of the Living, Surviving, and Thriving Group, the solution-oriented emphasis we used to assist participants to develop their vision of a preferred future and to help them build on existing small steps toward desired change in the present was instrumental in the amplifications of hopeful feelings among the group participants. I believe there is evidence for this impression among the participants' comments during the follow-up interview:

**"The fact that I can allow myself to think of the future now let's me know that the way I'm feeling today...it's not the end."**

**"I didn't realize I have a say in my healing. From the tools and encouragement I got things to hang onto, and I started to realize I have a say."**

**"The abuse is not the whole me. I learned to look at other things in one's life. I picked up things to do when going through rough time."**

From these and other expressions from group members, I conclude that the blend of approaches we used in the group was highly effective for reducing feelings of shame and stigma and increasing feelings of hope and personal effectiveness.

**Achieving and maintaining goals for change.** Other measures of success that I intended to use for the study included whether the group members reported that the group assisted them to achieve and maintain their particular goals for change. Some group members reported that the group was not what they expected, and that it did not solve the problems they came for but that they took other helpful ideas and strategies from the group. I feel the experience was not as helpful as anticipated in assisting group members to realize their particular goals for group. I attribute much of this lack to the difficulty,

inherent in a group experience, in tailoring the experience to precisely fit the needs of the individual members. For the individual goals to be achieved during the course of the 16 weeks, they need to be identified clearly and specifically and the progress must be charted and acknowledged systematically. To accomplish this in a group setting would be extremely time consuming, and would detract from the sharing of experiences and the unexpected benefits and spontaneous insights that so characterized this group.

In general, where participants' goals for group centered on things that could be readily achieved just by their involvement in a reasonably successful group experience (eg. meeting other women who have been through something similar; forming connections with other women, acknowledging the abuse in a semi-public arena), there was a much greater chance of the goals being achieved. Where individuals entered the group with very specific personal goals (eg. overcoming a sleep disturbance, sexual difficulties, or phobic reactions), these goals tended to be unrealized at the end of group, because they required time and personal attention that the group setting just did not allow for. As a result, in future group intake interviews, I would be inclined to be much more specific with women about the limitations of a group experience and also the advantages. I would then encourage a more detailed discussion about what goals might be realistic for the group venue and which may require another type of resource.

Reported helpfulness of measures used. Another measure of the success of the blending of the two approaches was related to what the participants would identify as the interventions and strategies that were most and least helpful to them during the experience. When I started the practicum, I expected to find a high degree of

homogeneity among the responses as to what was most helpful during the group. What I found instead were two fairly separate and distinct camps of opinion about what was effective about the group, and these two camps were fairly equal in numbers, with about half the group adhering to each point of view. Some of the participants saw the support and sharing between group members, the informal discussions, and the uninterrupted time to speak and share as the most valuable aspects of the group. These members tended to either describe the structured interventions as unhelpful or felt frustrated that the sharing was cut off in order to move to a structured intervention of some kind. Other members of the group saw the tools, skills, and strategies developed and explored during the exercises as the most valuable aspects. These members tended to say that the sharing was valuable, but sometimes went on too long. They wanted to accomplish more than just “gabbing”, and were hungry for concrete tools and strategies they could use in daily life. I was surprised by these results, because I had not really looked at previous groups I had facilitated in quite this way. In retrospect, however, I think these differing needs between group members may be really quite common to my experience, and I think give yet another rationale for using a blending of the feminist and solution-oriented modalities in sexual abuse survivor groups.

Generally speaking, I think the feminist approach with its emphasis on listening, sharing, and discovering the commonalities in women’s experiences tended to appeal more to the individuals who value process over skills and tools in a group experience, while the solution-oriented work was more to the liking of those women who were hungry for concrete strategies for the present and future. Of course, these distinctions are

not so clear in real life as they are on paper. In reality, we incorporated many of the principles of feminist practice into the exercises and often used solution-oriented questions during informal discussions that were getting bogged down in problem talk. Generally, however, the two approaches seemed highly complementary and did seem to work together to meet the differing needs of the group members.

Therapist impressions of “fit” and ease of use. The final measure of success for the blending of the two approaches was the therapists’ impressions of “fit” and the ease, in practical terms, of using the two perspectives together in the group setting. From my point of view, the two approaches were highly compatible. For me to work from a feminist perspective using a feminist approach is very natural, and allows me to be congruent in both the personal and professional aspects of my life. I see the world through a feminist lens, so to carry that lens into my work makes a great deal of sense to me. I find the solution-focused approach blends very well with the feminist because it is highly collaborative and client-directed in nature. Solution-focused therapists eschew the position of expert and work hard to be effective while being as non-intrusive as possible, which is also very consistent with a feminist approach. What I particularly valued about taking a solution-focus into the group were: 1) the questions and techniques to shift the group from talking about problems into talking about solutions; 2) the persistent recognizing and valuing of existing competencies, resources, and small signs of change, and 3) the tools to help participants envision a future for themselves in which they have not only survived but have overcome the negative after-effects of the abuse and have created new possibilities for themselves.

I feel had we facilitated the group and used only a single modality—either feminist or solution-focused—that the group would have been a much less helpful experience for the participants and a much poorer fit for the facilitators. Had we used a feminist approach solely, the potential for becoming mired in hopeless and helpless problem talk would have been much greater. When a participant was in extreme emotional distress, I would have been hard pressed to think of anything to do other than listening carefully and helping her understand that her distress was natural given the oppression she experienced in the past and the present. I could have invited other group members to share their stories of distress, but I would not likely have many concrete strategies at hand to assist her to move out of the distress. When discussing problems such as difficulties with anger, I might have helped the group to explore the ways anger had hindered them in their lives, but I might not have thought to ask them about the aspects of anger that were valuable in their lives or that they would like to reclaim in the future. In helping them explore the abusive experiences in their lives and the after-effects, I might have unwittingly contributed to their own sense of being irrevocably damaged by the events of the past and reinforced notions of their own helplessness to break free of the after-effects or to chart the course of their lives in the present and future. I would not have liked to have given up these benefits of the solution-oriented approach.

On the other hand, I would not have liked to have facilitated the group using purely solution-oriented approaches. There were times in the group when the sense of possibilities had been so narrowed by the nature of the abuse that it was very difficult to envision real change in the future. For example, the discussion about sexuality was a case



in point. The past experiences of the abuse had done some very powerful teaching about sexuality to the group members. Those experiences had tried to convince them that: 1) it was not acceptable for them to say 'no' to sexuality; 2) they owed other people sexuality under certain circumstances; 3) sexuality was a very limited range of experiences and behaviours; and 4) sexuality was the same thing as sexual abuse. If we had relied solely on a solution-oriented approach in that session, we might have asked them about times when they had felt comfortable about a sexual experience and about what they would like their expressions of sexuality to look like in the future. Due to the misinformation and wounding due to the sexual abuse, however, the range of possibilities and exceptions that the group members would have had to draw on would have been extremely limited, and so their vision would have been limited too. This was a discussion where Libby and I felt there was a need for us to become more directive, more informative, more educational, and to make some very clear statements about what sexuality is and what it is not. I think it was very important in this discussion for the group members to know where we stood on this issue. I think it was crucial to hear someone in some position of authority to say "you don't owe it to anyone to be sexual with them. Sexuality is always a gift which we may or may not bestow. Each and every time, it is a gift." We also identified that some of their concerns were concerns for women in general, and that these concerns were not specific to the experience of being sexually abused. In this meeting, we worked from a feminist perspective to take a stand against the lies and deception of the sexual abuse related to human sexuality and intimacy.

In addition, a pure solution-focused approach in the group might have been

experienced as very invalidating and minimizing of the concerns and experiences of the members. For example, the most effective tool that we used, according to participants, was the idea of balancing the problems caused by the abuse (which the participants wanted to get rid of) with the perspectives and coping skills they had taken from the experiences (which they wanted to keep). If we had only, as a pure solution-focus might be argued to dictate, talked about the aspects of the after-effects that they wanted to keep, the participants might have regarded us as only wanting to talk about “nice” things or as not taking the horrors of their experiences very seriously. While talking about the things they wanted to have continue in their lives was extremely valuable, we could do it only because we spent the time acknowledging the horrors and the problems first. In my experience, clients are rarely willing to discuss solutions with me until they feel satisfied that I understand the problem thoroughly and clearly. Further, with individuals who have been sexually abused and have, as a matter of course, been severely restricted in their ability to talk about the abuse and its effects on them, talking about and acknowledging the harmful experiences is integral to the process of recovering from them. I do not mean to say that they must tell their stories in detail, but they must have the space to tell others as much as they feel they need to. I feel that the addition of the feminist perspective to the solution-oriented approach gave the necessary space for acknowledgment of the problems sexual abuse had caused, while opening space for new ways of seeing the self in the present and the future. I would not have wanted to give up that blend.

### My Own Learning Objectives

When I embarked on this project, I had a certain vision of what I might learn from

it that would contribute to my professional competence. At the outset, I felt I had a good grasp of feminist approaches to work with survivors of sexual violence. Although I had a significant amount of training in solution-oriented approaches, however, I found these models deceptively simple in theory but requiring a sophistication in application that I hoped to achieve, in part, through my work in this practicum. I feel I have, at least, made progress in that goal during the course of this study. The participants' feedback on what was and was not significant for them during the course of the group was of particular value to me. I learned much more about which aspects of the solution-oriented approach stood out for clients as helpful, and the results were not always what I expected. Group members did not seem particularly affected by the miracle question or the concrete descriptions of the future, for example, but did seem very affected by the concept of balance. It was a surprise to me that the question, "what have you taken from your experiences that you want to keep?" had such a profound effect. As a consequence, I intend to use this type of questioning much more in my practice.

Another of my learning objectives had to do with the development and adaptation of interventions and exercises that involved a blending of the two modalities and to do some evaluation to assess how helpful this particular combination was for clients. Again, the exercises related to balance are a very good example of the way in which the two approaches blended into an exercise that participants described as very effective. I also wondered at the outset, how this combination of approaches would work for Libby and me as therapists implementing them. I have to say I was very pleased with the results. The feminist approach is very consistent with the way I see the world, and I suppose one

might wonder whether incorporating a solution-orientation into that approach might dilute it in some way. For me, it was quite the contrary. Due to my knowledge of solution-focused approaches, I felt more confident in group that I had tools to handle any difficult feelings or situations that might arise. My colleague, Libby, agreed that the two approaches complemented each other well. "Of all my groups, this felt the most feminist in every way," she told me.

Personally, I also found the addition of solution-focus very enriching to the experience for me and really invigorating. I noticed that working from a solution-oriented perspective helped me feel more optimistic and energized at all stages of the group. It also was very helpful in keeping me oriented toward the group members' strengths, competencies, and possibilities, rather than feeling overwhelmed by the horrors of the experiences they have endured in their lives. The approach involves looking for examples when they have triumphed over the horrors, and when I looked for that I found many examples that I might never have noticed otherwise. At times in the past I have felt that feminism generally has strength in critique, in reflection, and in examination, but sometimes I feel that we women in the movement could do better at creating a concrete vision of what we want to change and at acknowledging our strengths and achievements. A solution-orientation helps me deepen my feminism and enrich it, I believe.

### Benefits to the Profession

With its concern for social justice and equity issues, social work is a profession looking for effective therapeutic models that take into account issues of gender, race, and class, and empower those that have traditionally been systemically disadvantaged. I

believe this practicum has demonstrated that a combination of solution-oriented and feminist therapeutic approaches has significant potential for social workers working with individuals who have experienced violence in their lives. The experiences that the participants reported are highly favourable for further exploration in this area. A number of the exercises and interventions that Libby and I used originated with more traditional therapeutic approaches and were given a solution-focused “flavor” by building in a search for exceptions or vision of the future. Others were drawn from solution-oriented work and were broadened to include aspects of acknowledgment or ‘bearing witness’ to the difficulties of the past. More work along these lines is being done by social workers in the field. These results should be shared and the work continued so that clients can be helped in the most effective and least intrusive manner possible. I believe there is tremendous and exciting potential for the development of new ways of working with individuals, families, and groups based on a blending of these two approaches.

#### Climbing into the Swamp: An Analogy

In 1993, I was working with a terrific clinical supervisor named George Ens (personal communication) who told me that when individuals come to consult with us, they feel like they are mired in a swamp that they cannot find their way out of. He said a therapist has two choices. S/he can climb into the swamp with her/him and really experience the swamp alongside her/him. The risk of this approach is to become lost with the person seeking help, and then two people are mired there instead of one. The alternative, he claimed, was for the therapist to keep one foot firmly anchored on firm ground while stepping cautiously into the swamp with the other foot and reaching out a

hand to the person in distress. Some individuals, he said, might be in greater distress than others, and so we might need to climb further into the swamp to reach them, but in those cases he advised me to make sure I tied a strong rope round my waist and anchored it to a stout tree so that, when the time came, I could lead both of us to safety. To me, this is a good analogy for illustrating the advantages of blending the solution-oriented and feminist perspectives and techniques.

Feminist approaches might be likened to climbing into the swamp with the individual who is seeking help. The therapist might then share the client's experience quite fully and truly come to a thorough understanding of what it feels like to be stuck and without hope in a pool of sticky muck. With sexual abuse in particular, I think that, to have credibility with survivors and to be effective, therapists must be willing to clearly view and explore the horrors that make up the experience of sexual abuse. The silence and the invisibility of the torture that victims experience cannot and should not be glossed over or minimized. It is, in my mind, unquestionably part of the healing process to, in some measure, expose the abuse in its ugliness and betrayal. Feminism gifts therapists with the ability to not only look at the horror, but also to link it both personally and globally to the lives of all women, children, and men—to understand what happened to this one client is not an individual problem or aberration, but is a problem that affects the whole community of humanity. The solution to this problem, therefore, must be both a personal one and a political one. The feminist therapist can, then, assist her client to link her individual experience with women's collective one, and women have told me many times there is immeasurable solace in knowing they are not alone. They are not crazy.

**This happens to other women and to other children too. Other women and other children feel like this and cope like this too. She begins to see this did not happen because she is bad or broken. She begins to see she has survived. All of these revelations may happen while exploring the swamp, and that may be enough for her to find a way out of the muck while moving on to making her dreams and goals a reality.**

**Sometimes all this is not enough. Sometimes the individuals who reach out to us for assistance do not want to explore the muck. They feel they already know enough about it from living with it for a long time, and what they want help finding is the quickest way to firm ground and feeling better. Really, it is an assumption of both approaches that every person with a problem wants to find the quickest way to a solution—the path just varies from person to person. This is where a thorough familiarity with a solution-focus has assisted me to be effective. Solution-focus approaches are designed solely to help therapists draw personalized and meaningful solutions from the client herself. What better approach can be imagined for someone who has experienced childhood sexual abuse: someone whose experience has often taught her she has little control over her own life and few answers to the dilemmas that trouble her. Time and again, when I and my clients were at a loss I have asked a solution-focused question about the future or about exceptions and new possibilities have emerged into the conversation. Solution-focus is the rope anchored to the tree on firm ground. It is a set of techniques and a hopeful perspective about problems that helps me and my client find a way to firm ground.**

## **Appendix A: Group Recruitment Notice**



## **LIVING, SURVIVING & THRIVING: A SEXUAL ABUSE GROUP FOR WOMEN**

This 16 session group will assist participants to move further in their recovery from the negative effects of child sexual abuse. The group facilitators believe in the importance of understanding the impact of the abuse experience while acknowledging all the other aspects of women's lives. This group will work to strike a balance between the past, the present, and a vision of a hopeful future.

The group will take place at the offices of the Family Centre of Winnipeg. Meetings will commence on Tuesday, October 6<sup>th</sup> from 6:30pm until 9:00pm and the final meeting will be on January 28, 1999.

The group facilitators will be:

### **Chyrisse Regehr, B.A., M.S.W. (In progress)**

Chyrisse is a full time counsellor and trainer with the Kenora Sexual Assault Centre in Kenora, Ontario and a part-time Masters of Social Work student at the University of Manitoba. Facilitation of this group program will represent a component of Chyrisse's Master of Social Work requirements. Chyrisse has 14 years of previous experience as an individual and group therapist with survivors of sexual violence. Her past experience includes several years of work with the Sexual Assault Crisis Program of Klinik Community Health Centre.

### **Libby Yager, M.S.W., R.S.W.**

Libby is a therapist at the Family Centre of Winnipeg. She has focused her work in the last 12 years as a trainer, educator, and therapist in the area of violence against women and children. Her past experience includes work at Child & Family Services, Klinik, teaching at the continuing education program at the University of Manitoba, and private practice. Libby lives with her partner and two young children.

For further information, or to book an appointment to meet with a Chyrisse to find out more about group, please call Libby at Family Centre of Winnipeg (947-1401) on September 8<sup>th</sup> or 15<sup>th</sup> between 8:30am and 4:30pm

**Appendix B: Sexual Abuse Group Intake Form**

**Name:**

**Address:**

**Phone Number:**

**Age:**

**Occupation:**

**Relationship Status:**

**Birthplace:**

1. **Can you tell us a bit about why you'd like to be in group?**
2. **Have you ever been in a group before? How was that experience?**
3. **Do you have any worries about being in group?**

- 4. What are you hoping will happen in group? What would you like to see change as a result of coming to group?**
  
  
  
  
  
- 5. Have you ever talked to anyone about the sexual abuse before? How was that experience?**
  
  
  
  
  
- 6. Have you ever had counselling before? Was it helpful? Did you talk with your counsellor about the abuse? What was that like?**
  
  
  
  
  
- 7. Would it be okay for us to talk with your counsellor if necessary during group? Does s/he know you are planning to attend group?**
  
  
  
  
  
- 8. What is going on in your life now that is helpful? What is going on that concerns you?**
  
  
  
  
  
- 9. Who knows you are coming to group? Who is supporting you? Who would you call if you needed to talk to someone after group?**

10. **If things get tough for you during group, how will you take care of yourself? How would you know that things were getting tough for you? How would we know?**
  
11. **Have you ever used drugs or alcohol in the past? Are you currently? Would you be able to not use drugs or alcohol for 24 hours before and after group?**
  
12. **Do you have a medical condition that may affect your participation in group? Are you currently taking any prescribed medication?**
  
13. **Have you ever attempted suicide? When? Are you concerned about feeling suicidal currently?**
  
14. **How do you think it will feel to hear others talk about their experiences of abuse?**
  
15. **Do you have any worries about talking about abuse in general or about your abuse in a group setting?**

**16. Will you be able to attend group regularly?**

**Additional Comments:**

**Facilitator Assessment re: group readiness:**

**Contracts/Referrals:**

**Date:**

**Facilitator Signature:**

## Appendix C: Informed Consent to Intake Interview

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

I understand that I will be meeting with Chyrisse Regehr to discuss the possibility of participating in a group counselling program consisting of sixteen group meetings. I understand that the main purpose of this group is to assist me in recovering from the negative after-effects of childhood sexual abuse and to assist me in achieving my identified goals for change. I also understand that this group program represents a component of Chyrisse Regehr's Master of Social Work requirements.

I understand that my participation in this meeting is totally voluntary. If I choose not to participate in this group, Chyrisse will refer me to a group that better suits my needs. I also understand that I may withdraw my participation from this meeting at any time. As part of my involvement in this meeting Chyrisse will ask me some questions about my goals for change and my past experiences of sexual violence. I also understand that I may take this opportunity to ask any questions I may have about the group and my participation therein.

I understand that Chyrisse will be writing a final report on this group to be submitted to the Faculty of Social Work, University of Manitoba. The individual information which I provide to Chyrisse will be kept strictly confidential and in no way will I be identified in her final report. I also understand that if I am interested in obtaining a summary of her findings, Chyrisse will provide a copy to me.

I understand that Chyrisse is supervised by a senior staff person employed by Family Centre, and by her Social Work Program advisor. During these supervision meetings, Chyrisse may be discussing information provided by me in the course of this initial meeting, and all individual client information will be kept confidential within Family Centre. I also understand that it is Family Centre's policy to maintain client records for all individuals receiving services. Family Centre files are maintained with the strictest confidence.

Chyrisse has reviewed these matters with me verbally and I fully understand the purpose of this meeting, its voluntary nature, confidentiality issues, and requests that will be made of me over the course of my participation.

My signature below indicates my understanding and agreement to the parameters outlined above.

Date:

Signature:

### Appendix D: Informed Consent to Group Treatment

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**I understand that I will be participating in a group counselling program consisting of sixteen group meetings. I understand that the main purpose of this group is to assist me in recovering from the negative after-effects of childhood sexual abuse and to assist me in achieving my identified goals for change. I also understand that this group program represents a component of Chyrisse Regehr's Master of Social Work requirements.**

**I understand that my participation in this group program is totally voluntary. If I choose not to participate in this group, Chyrisse will refer me to a group that better suits my needs. I also understand that I may withdraw my participation from this group at any time. As part of my involvement in this group I will be asked to complete a number of questionnaires, and to identify my therapy goals and evaluate these on an ongoing basis. Chyrisse will use these items to evaluate the usefulness of this group program. Chyrisse will summarize the information contained in these questionnaires and goal statements and will document these in a final written report to be submitted to the Faculty of Social Work, University of Manitoba. The individual information which I provide to Chyrisse will be kept strictly confidential and in no way will I be identified in her final report. I also understand that if I am interested in obtaining a summary of her findings, Chyrisse will provide a copy to me. Six weeks following the completion of the final group meeting, Chyrisse will contact me by telephone for a brief discussion regarding my experience of the group program.**

**I understand that Chyrisse will be supervised by a senior staff person employed by Family Centre, and by her Social Work Program advisor. During these supervision meetings, Chyrisse will be discussing the progress of the group, and all individual client information will be kept confidential within Family Centre. I also understand that it is Family Centre's policy to maintain client records for all individuals receiving services. As such, the group facilitators will be recording individual progress in my file. Family Centre files are maintained with the strictest confidence.**

**Over the course of the sixteen week group, each group meeting will be audio-taped for the purposes of supervision and to aid the facilitators' recollections of the group process. These tapes will be kept strictly confidential between the facilitators and the Family Centre supervisor. These tapes will be destroyed following the completion of Chyrisse's final report, and will be stored in a safe and confidential manner in the interim.**

**Chyrisse has reviewed these matters with me verbally and I fully understand the purpose of the group, its voluntary nature, confidentiality issues, and requests that will be made of me over the course of my participation.**

**My signature below indicates my understanding and agreement to the parameters outlined above.**

---

**Name**

---

**Date**



**Appendix E: Client Satisfaction Questionnaire**  
**(Larsen, Attkisson, Hargreaves, and Nguyen, 1979, Modified by Chyrisse Regehr, 1997)**

Please help improve the group service you received by answering some questions. We are interested in your honest opinions about what you thought and felt, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much. We really appreciate your help.

Please circle your answer:

1. How would you rate the quality of service you have received?

5	4	3	2	1
Excellent	Good	Satisfactory	Fair	Poor

2. Did you get the kind of service you wanted?

1	2	3	4	5
No, definitely	No, not really	Somewhat	Yes, generally	Yes, definitely

3. To what extent has the service you received met your needs?

5	4	3	2	1
All of my needs have met.	Most of my needs have been met.	Some of my needs have been met.	Only a few of my needs have been met.	None of my needs have been met.

4. If a friend were in need of similar help, would you recommend this service to her?

1	2	3	4	5
No, definitely not.	No, I don't think so.	Perhaps, I might	Yes, I think so	Yes, definitely.

5. How satisfied are you with the amount of help you have received?

1	2	3	4	5
Quite dissatisfied	Indifferent or mildly dissatisfied	Somewhat satisfied	Mostly satisfied	Very satisfied

6. Have the services you received helped you to deal more effectively with the concerns that brought you to counselling?

5	4	3	2	1
Yes, they helped a great deal.	Yes, they helped somewhat.	I'm unsure.	No, they really didn't help.	No, they made things worse.

7. In an overall, general sense, how satisfied are you with the service you have received?

5	4	3	2	1
Very satisfied	Somewhat satisfied	Indifferent	Somewhat dissatisfied	Very dissatisfied

8. If you were to seek help again, would you come back to this service?

1	2	3	4	5
No, definitely	No, I don't think so	I'm unsure	Yes, I think so	Yes, definitely

Additional comments (Please include anything you found especially helpful as well as anything that you were unhappy or dissatisfied with):

**Appendix F: Mid Group Evaluation**

**What has been most valuable about group so far?**

**What has been least valuable?**

**What would you like us to cover in the last half of group?**

**What would you like to see continue in the last half of group?**

**What would you like to see change in the last half of group?**

**Comments:**

**Appendix G: End of Group Evaluation Form****Date:**

**Please circle the number which most closely resembles your opinion. The number "1" means "not at all" and "5" means "very much so". Please feel free to make additional comments in the space provided.**

**1. This group program met my expectations and needs.****1      2      3      4      5****2. The content was useful to help me attain personal goals.****1      2      3      4      5****3. The content was useful to help me deal with people.****1      2      3      4      5****4. The structured group exercises were helpful.****1      2      3      4      5****5. The handouts were relevant and easy to understand.****1      2      3      4      5****6. The facilitators appeared knowledgeable and prepared.****1      2      3      4      5**

**7. The facilitators readily responded to questions and concerns raised by group members.**

**1      2      3      4      5**

**8. The meetings were group focused. Other participants were supportive and helped to increase my understanding of sexual abuse and my ability to cope with my past.**

**1      2      3      4      5**

**There were many topics covered during group which were brought up by group members and the facilitator:**

**9. Which topics had the most impact on you?**

**10. Which topics had the least impact on you?**

**11. Are there any additional topics which you would include in a similar group?**

**12. What were the program's strong points?**

**13. What were the program's weak points?**

**14. What, if any, follow-up would you like to see to the group?**

**15. What changes, if any, would you recommend for future groups of this type?**

**16. Do you have any additional comments?**

**Appendix H: Telephone Follow-Up Interview  
(adapted from de Shazer, 1985, by Brodovsky, 1990)**

1. **When you first came to group your main complaint was .....? Is it better, the same, or worse?**

1a. better    1b. same    1c. worse

**Comments:**

2. **While you were in group you noticed a change in .....? Is this still continuing?**

2a. yes    2b. no

**Comments:**

3. **Have you seen another therapist or counsellor since group was completed about ..... (the presenting problem)?**

3a. yes    3b. no

**Comments:**

4. **Have any new problems developed since you finished group counselling at Family Centre?**

4a. yes    4b. no

**(If "yes", inquire whether a referral for service is desired. If it is desired, interviewer will provide appropriate referrals.)**

**Comments:**

5. **Do you have any additional feedback or comments you would like to make about your group experience?**

### Appendix I: Solution-Focused Recovery Scale for Abuse Survivors

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Name \_\_\_\_\_ Date: \_\_\_\_\_

Circle the number that applies to you today: 0 = Not at all, 1 = Just a little, 2 = Occasionally, 3 = Some of the time; a fair amount of the time; 4 = Frequently or most of the time.

| 0 | 1 | 2 | 3 | 4 | A. I am able to think/talk about the abuse or the sexual abuse when it is appropriate.

| 0 | 1 | 2 | 3 | 4 | B. I am able to think/talk about things other than the abuse or sexual abuse.

| 0 | 1 | 2 | 3 | 4 | C. I sleep adequately; I don't feel unusually sleepy in the daytime.

| 0 | 1 | 2 | 3 | 4 | D. I feel part of a supportive family.

| 0 | 1 | 2 | 3 | 4 | E. I stand up for my self (I am reasonably assertive).

| 0 | 1 | 2 | 3 | 4 | F. I maintain physical appearance (weight, hair, nails etc.)

| 0 | 1 | 2 | 3 | 4 | G. I go to work; I am on time, I am reasonably productive.

| 0 | 1 | 2 | 3 | 4 | H. I am satisfied with my work.

| 0 | 1 | 2 | 3 | 4 | I. I engage in social activities outside the home.

| 0 | 1 | 2 | 3 | 4 | J. I have a healthy appetite.

| 0 | 1 | 2 | 3 | 4 | K. I care for child, loved ones, pets. (I can take care of others.)

| 0 | 1 | 2 | 3 | 4 | L. I adapt to new situations.

| 0 | 1 | 2 | 3 | 4 | M. I initiate contact with friends, loved ones.

| 0 | 1 | 2 | 3 | 4 | N. I show a sense of humor.

| 0 | 1 | 2 | 3 | 4 | O. I am interested in future goals.

| 0 | 1 | 2 | 3 | 4 | P. I pursue leisure activities.

| 0 | 1 | 2 | 3 | 4 | Q. I exercise regularly.

| 0 | 1 | 2 | 3 | 4 | R. I take sensible protective measures inside and outside house.

| 0 | 1 | 2 | 3 | 4 | S. I choose supportive relationships over non-supportive ones.

| 0 | 1 | 2 | 3 | 4 | T. I am able to relax without drugs or alcohol.

| 0 | 1 | 2 | 3 | 4 | U. I seem to tolerate constructive criticism well.

| 0 | 1 | 2 | 3 | 4 | V. I seem to accept praise well. I thank the person giving the praise.

| 0 | 1 | 2 | 3 | 4 | W. I enjoy a healthy sexual relationship. I can give and accept intimacy.

| 0 | 1 | 2 | 3 | 4 | X. I have long term friendships.

| 0 | 1 | 2 | 3 | 4 | Y. I am satisfied with relationship with spouse or partner.

| 0 | 1 | 2 | 3 | 4 | Z. My partner or spouse would say that relationship is healthy and satisfying.

**OTHER SIGNS OF RECOVERY (Please list any which are important to you):**

| 0 | 1 | 2 | 3 | 4 | AA. My dreams are usually tolerable and not very upsetting.

| 0 | 1 | 2 | 3 | 4 | BB. My attention span is fairly good and I can concentrate well.

| 0 | 1 | 2 | 3 | 4 | CC. I experience a wide range of emotions, both pleasant and unpleasant.

| 0 | 1 | 2 | 3 | 4 | DD. People would say I am more calm than jumpy

*List any others below:*



|0|1|2|3|4|

---

|0|1|2|3|4|

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|0|1|2|3|4|

---

|0|1|2|3|4|

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|0|1|2|3|4|

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**Appendix J: Group Agreements****Confidentiality:**

Please do not repeat outside of group what other group members say in group or reveal the identity of other group members. It is ok to repeat anything you share in group or anything about Chyrisse or Libby's involvement in group.

**Attendance:**

Please don't miss more than two group sessions. Please call Chyrisse or Libby and leave a message if you are going to miss or be late. If you come late, please join us quietly and catch up with what you've missed at the break.

**Drugs & Alcohol:**

Please do not use alcohol or misuse prescription or non-prescription drugs for 24 hours before group meetings and 24 hours following group meetings.

**Violence:**

No physical or verbal violence is okay during group meetings.

**Touching/Physical Boundaries:**

Chyrisse and Libby will not touch group members. Group members will ask each other before touching each other.

**It's okay to say "no":**

To any request from Libby or Chyrisse or other group members.

**It's okay to ask:**

For what you need (touch, kleenex, space, etc)

**Crying:**

Is okay and allowed.

**If you need to leave:**

It's okay. Chyrisse or Libby will follow to see if you need anything and to lead you to a private space. Please do not leave Family Centre without checking in with Libby or Chyrisse first.

**No Smoking:**

In Family Centre space.

**Self-monitoring:**

Please take responsibility to check in with yourself and share only as much as you are comfortable with. Let Chyrisse, Libby, or the group know if you are in distress.

*These agreements are open to discussion at any point. Please let us know how these are working for you.*

Appendix K: Tools for the Journey

**Find a good doctor**

**Remind yourself about the people who think you are important or worth it  
Think of what you would give to a child in your care, then give that to yourself**

**Get enough sleep**

**Start saying “yes” to suggestions instead of an automatic “no”**

**Make a contract with friends or professionals around suicide or anything else**

**Eat well, healthily, and enough**

**Exercise**

**Massage**

**Drinking water**

**Take care of your physical needs...like allowing yourself to use the bathroom when  
you need to**

**Treat yourself to a day in bed with tea and cookies**

**Remember the small, simple, everyday moments**

**Carve really creative pumpkins**

**Allow yourself to play: child style or adult style**

**Choose when to cook: some don't like to cook on holidays**

**Keep the holiday traditions you like, or make a point of doing things differently if  
you don't like the traditions you were raised with, make new traditions for your  
family**

**Talk to friends and other supports**

**Spend time with pets and children**

**Have family nights**

**Take time to yourself (like taking an adventurous bus ride)**

**Dance, sing, listen to music**

**Give yourself a french manicure**

**Go for walks in parks, on trails, or in the country: spend time with/in nature**

**Play the piano and let whatever comes out come out: express yourself creatively**

**Appendix L: Therapeutic Letter to the Group**

**C. Regehr  
c/o 530 3<sup>rd</sup> St. N.  
Kenora, Ontario  
P9N 2M3**

**October 14, 1998**

**Dear Group Members,**

**This is a letter of feedback including some of our impressions from our October 13<sup>th</sup> group meeting. What stands out for us about the meeting is your willingness to question and work toward making things clear and a good “fit” for you.**

**We wonder...is it true that we don't know how to take care of ourselves or that taking care of ourselves is unimportant, or have we been sold a “bill of goods” that we ought not do it. This leads us to further wonder...when we begin to trust ourselves completely, will the rewards of healing be endless?**

**At the risk of being too philosophical, remember that when a child learns to swim, as soon as she lets go and relaxes, her body can float all on her own. It knows what to do.**

**Sincerely,**

**Chyrisse Regehr,  
for Chyrisse and Libby, group facilitators**

## Appendix M: Group Goals

### Guilt (x3)

### Anger/Rage (x3)

-skills to express anger safely—keeping your own dignity and that of those around you intact.

### Sexuality (x4)

-stopping judgements (eg. “You’re disgusting for thinking that.”)

### Physical/Emotional Intimacy (x2)

### Healing Journey (x2)

-how long will this go on?

-is it ever over?

-what would my life have been like without the abuse?

### Mood Swings (x2)

### Feeling Like Nothing (x3)

-not deserving/not entitled

-less value than other people

-“I’m just a bunch of things that I do”

-no worth just for being me

-not mattering to anything or anybody

### Impact on Partner and Family (x2)

### Boundaries (x2)

-family of origin

-not losing self

-difference between privacy and secrecy

### Feeling dirty/soiled/damaged/ashamed (x2)

### Bedtime Rituals/Sleep/Dreams (x2)

### Control

-feeling out of control anytime not completely in control

### Suicidal Feelings

### Need for physical perfection/repetition until perfect

(Cooking, sewing, or anything one is doing)

### Perfection/Wearing a Mask

### Feeling Suspicious

**Appendix N: Tools for Saying “No”**

**I’m a good person.**

**I need to do what is best for me (before her).**

**S/he’s an adult. S/he’s responsible for her/his own decisions.**

**What’s best for me?**

**I need some time for myself.**

**I’m not trying to hurt you.**

**I’m not ready to talk to you about this.**

**Sometime in the future I may be ready, but not now.**

**I haven’t upset her/him. The abuse has upset me and her/him.**

**I didn’t do anything wrong.**

**I’m not responsible for this problem.**

**I’m entitled to some time for myself.**

## Appendix O: Tools for Using Anger Effectively, Safely, Freely, & Without Guilt

- **Be direct**
- **Stay calm**
- **Let your voice tone match your feeling**
- **Let your inside match your outside**
- **Be clear**
- **Give examples of what you mean**
- **Use a rock or a ribbon, take turns, don't interrupt**
- **Respect the other person: eg. Don't insult them**
- **Comment on their behaviour specifically: Don't knock who they are as a person**
  - **Be persistent**
- **Focus on the point you want to make and keep repeating it till you feel heard**  
(Broken Record)
  - **Consider timing**
- **Writing letters, talking on the phone, talking in person are all options**
  - **Use laughter and humor where you think it might help**
- **Tell the other person what you appreciate about them and their behaviour where you can**
- **Consider what is it you want to ask the person for, what do you want to have change**
  - **Consider possible outcomes: is it worth it to you?**
    - **Remember you can agree to disagree**
      - **Do something different**
      - **Avoid sarcasm**
- **Use fogging where appropriate ("you may have a point"; "that may be so")**
  - **Say what you really mean**

**Appendix P: Personal Bill of Rights****Personal Bill of Rights**

**I'm entitled to say "no"**  
**I have the right to feel important**  
**I have the right to be heard**  
**I'm entitled to my own beliefs**  
**I have a right to feelings and to have them respected**  
**I have a right to feel safe**  
**I have a right to be loved and to feel loved**  
**I'm entitled to feel peace**  
**I have the right to love whom I want**  
**I have the right to have friends**  
**I have the right to have rights**  
**I'm entitled to be taken seriously**  
**I have the right to change my mind**  
**I have the right to dress the way I want**  
**I have the right to my own body size and shape**  
**I have the right to be**  
**I have the right to be angry**  
**I have the right to be protected**  
**I have the right to loyalty**  
**I have the right to personal preferences**  
**I have the right to spend time on myself and with myself**  
**I have the right to make mistakes**



**Appendix Q: Ways in Which Sexual Abuse has Gotten in the Way of Relationships & Things We've Learned that We Might Want to Keep**

- feeling needy: squishing other people's rights or withdrawing completely
- repulsed by my husband's maleness
- inability to forgive
- it's hard to trust myself (getting better)
- feeling so ugly and no good
- I don't expect anyone to be interested in me
- hate being controlled
- lack of boundaries
- lack of clarity: I jump to conclusions
- lack of trust in others
- some issues are so loaded that it really restricts my experience of things
- unable to get through the friction point in relationships with friends
- intimacy/sex/making love feels dirty and ugly and bad...even when or especially when it feels good
- broke my self-esteem down
- afraid to trust
- don't know what is normal and what is not
- suspicion of others' genuine intentions (think they've got a hidden agenda)
- aware of value in healthy ideas and actions
- hug your penguin
- ability to listen to really crappy shit others cannot hear
- ability to appreciate the little things
- made me want to live my life experience as much as I can instead of stagnating
- importance of kids growing up to know they have worth
- more understanding of other people who are kind of weird
- healthy respect for honesty
- ongoing active need to heal self and relationships
- very very compassionate with kids and older people
- increased or developed tenderness
- I like it when I don't say "sorry"
- more empathy for people with traumatic wounds
- very loyal, nothing surprises me
- very careful not to hurt anybody

## **Appendix R: Certificate of Achievement**

# *Certificate of Achievement*

for

Name

**for willingly completing a 16 week “Living, Surviving, & Thriving” Group designed to challenge her relentlessly. And for enjoying life, taking creative risks, & turning negatives into positives.**

**January, 1999**

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**Chyrisse Regehr, Facilitator**

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**Libby Yager, Facilitator**

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