

**Narrative Therapy In Individual Counselling And
Group Work With Adult Males Who Have Experienced
Childhood Sexual Abuse**

**By
Gerard C Menezes**

**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
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ABSTRACT

The narrative approach to therapy has its origins in postmodernism. Narrative practice recognizes that clients are their own best consultants and that it is effective in assisting and supporting people to reconstruct a culture that values human relations. Narrative therapy is not a therapy for treatment but rather a therapy for social change.

The literature review consists of postmodernism, narrative therapy, definitions of child sexual abuse, adult males who have experienced childhood sexual abuse, narrative group work and other models of group work.

This practicum was made up of two phases of counselling - individual counselling and group work with male adults who had experienced childhood sexual abuse. Five male adults were counseled individually from 5 to 11 weeks, preparing them for group work. Group work helped the men break the code of silence by externalizing their stories. With the identification of unique outcomes, the men were able to distinguish the identity of the problem from their own identity enabling them to thicken their preferred stories and claim their preferred identities and move on with their lives. This report examines the assessment, intervention, and qualitative evaluation – narrative analysis through themes that were identified in counselling.

To conclude, a summary of my practicum experience, conclusions on the application of narrative therapy, narrative analysis and my learning goals are outlined. Narrative analysis proved compatible to narrative therapy in evaluating individual counselling and group work with adult males who have experienced childhood sexual abuse.

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Chapter I

Introduction

What do 'traditional therapies' offer to men, who were sexually abused as boys, and are now seeking help? What makes narrative therapy client-centred and influential? How does individual therapy differ from group work? Does individual therapy prepare men for group work?

I attempt to argue how and why individual counselling can be a pre-requisite in terms of preparation for group work. I discuss six different models of therapy in group work and present arguments in support of narrative group work as advantageous over these other models. While doing so, I recognize the limitations of both individual therapy and group work.

In most psychotherapeutic and medical models of individual therapy and group work, the therapist is seen to be the expert. Hence the values of individualization, self-determination, and being non-judgmental that work towards the empowerment of clients are not made explicit (Papell & Rothman, 1980). Narrative practice on the other hand presents a social work approach that encourages people's exploration for meaning and preferred futures. It stresses the value of context, of society's main shaping role and is ardently sensitive to the significance of power in commanding thought and action (Abels & Abels, 2002). Narrative practice studies how stories help or hinder us from discovering the meaning we search for and helps us reauthor our stories as a way of increasing control over our lives (Abels & Abels, 2002). Narrative therapy relinquishes the expert stance; it is structured in such a way that there is room for workers' expression

of values. "It is (narrative therapy) not a therapy in the sense of treatment but a therapy in the sense of social change" (Abels & Abels, 2002, p. 66).

For my practicum at Elizabeth Hill Counselling Centre, at the Men's Resource Centre, I had chosen first to counsel individually, and then facilitate group work with male adults who have experienced childhood sexual abuse. This is an area where support is much needed as in recent years men who have experienced childhood sexual abuse are increasingly coming forward for therapy. As a man, the work of alleviating the pain of childhood sexual abuse in other men is challenging and rewarding. I hope that by helping men deconstruct society's dominant constructions of masculinity, they will change to a preferred story and move on with their lives. Men will be able to influence other men in finding their uniqueness, which will eventually lead to social change. This change could be enormous when men focus on their uniqueness by closing doors to the problems that have taken over their identity and learn to look at who they really are, disregarding societal expectations of who they should be as men. This transparency helps men to live their lives without the pressures and expectations of the male images society expects of them.

Since December 2001, I have co-facilitated men's groups using narrative therapy at the Men's Resource Centre of the Elizabeth Hill Counselling Centre. The groups include: a *Relationship Loss* group, a first stage and second stage group for *Men Who Have Witnessed and Experienced Emotional, Physical and Sexual Abuse in Childhood*, three groups for *Anger Management* and an *Anger Management Workshop*. I have used narrative therapy with individual participants in my work at the Men's Resource Centre.

In my work I have found narrative therapy encouraging and challenging. Being

genuinely interested in and curious about the participant's journey through life makes the participant in counselling feel respected and heard. This approach helps to join with the participant in counselling easily and pleasantly. I, therefore, believe it could reduce burnout for the counsellor, as the counsellor does not shoulder the burden of participant's problems in counselling.

I was fortunate to attend the conference on narrative therapy by Freedman and Combs at Portage La Prairie, Manitoba in October 2001, and the Michael White Conference on narrative therapy in Winnipeg in October 2002. These experiences have added to my knowledge and interest in the subject. My plans for further development as a professional are summarized in the learning and intervention goals of my practicum:

1.1 Learning Goals

- 1) To understand what 'Dominant Constructions of Masculinity' (O'Leary, 1999) mean to abused men and how they have resisted the influence of childhood sexual abuse.
- 2) To understand how 'Gender Shame' and feelings of being 'flawed' lead men to prove their masculinity by either over compensation or under compensation (Dimock, 1995).
- 3) To use and develop narrative therapy as an approach to empower participants in counselling by:
 - (a) viewing participants as the experts of their own lives, (b) helping participants distinguish between their personal identity and the identity of the problem, (c) helping participants organize the information from their life's stories, (d) understanding their experience in order to help them rewrite these stories into preferred stories and (e) helping them move toward living these new rewritten stories.

- 4) To explore the philosophy of the narrative approach with male adults who have experienced childhood sexual abuse.

1.2 Intervention Goals

All work should have a goal in mind. For the purpose of this practicum, there are a variety of goals, both process-oriented and outcome-oriented.

A. Process

- 1) To provide stimulating and challenging individual counselling sessions as well as group counselling through the use of the narrative therapy (motivating participants to join group work after individual counselling).
- 2) To transcribe tape recordings of group process in order to identify and use these unique outcomes to help men in the group see that the problem is not always a part of their lives, thus providing an opening for alternate stories.
- 3) To evaluate clinical interventions through the use of qualitative methodology known as narrative analysis.
- 4) To examine the result of using narrative therapy through other sources of data, such as the weekly homework scaling questionnaire for group members, weekly analysis questionnaire of unique outcomes in group process, end of practicum group evaluation and a follow-up evaluation (See Appendices F, G, H & I).

B. Outcome

- 1) To assist men to move toward greater self-empowerment through the use of narrative questioning.
- 2) To help men recognize, through the use of narrative therapy that they are experts of their own lives.

Chapter II

Literature Review

This chapter is divided into three sections. The first section (2.1 to 2.3) describes sexual abuse: definitions, effects, and the purpose of intervention. The second section (2.4 and 2.5) covers an introduction to narrative therapy, narrative therapy and postmodernism, an overview of narrative therapy, research about the efficacy of narrative therapy followed by key concepts of narrative therapy. The third section (2.6 to 2.9) illustrates the various models of group work with male adults who have experienced childhood sexual abuse, advantages of group work, co-facilitation in group work, group work versus individual therapy, individual counselling as a complement to group work, group work using narrative therapy: theoretical implications to practice and narrative group work in contrast to other models of group work.

2.1 Definitions Of Child Sexual Abuse

Any seductive behavior, exposure to pornography, exhibitionism, digital and oral sex and rape perpetrated toward the child are classified under child abuse. Any sexual activity, whether overt or covert between a child and adult or a child and an older child irrespective of whether the child's participation was obtained through seduction or coercion is defined for clinical purposes as child sexual abuse (Ratican, 1992).

Sattler (1998) defines child sexual abuse as "a wide range of conduct including genital exposure; masturbation between adult and child; fondling breasts, genitals, buttocks, and thighs; oral copulation; vaginal or anal penetration by finger, penis, or foreign object; dry intercourse (rubbing penis between child's thighs or anal-genital

areas); making a child fondle an adult; and commercial exploitation through prostitution or the production of pornographic materials” (pp. 669-670).

2.2 Effects Of Sexual Abuse On Men Abused As Boys

Whatever the form, it is said that the effects of sexual abuse are long-term and devastating (Lew, 1988), with significant harmful and persistent psychological impact on its victims (Browne & Finkelhor, 1986). In some of the most severe mental disorders, as well as dissociative disorders, anxiety disorders, eating disorders, sexual disorders, affective disorders, personality disorders and substance abuse, child sexual abuse has been found to be an etiological factor (Brickman, 1984; Gelinas, 1983). Child sexual abuse is also found to be a contributing factor in paranoid, obsessive-compulsive and passive-aggressive disorders. It is considered to be one of the foremost reasons for borderline and multiple personality disorders (Briere & Zaidi, 1989; Murphy, Kilpatrick, Amick-McMullan, & Veronen, 1988; Wheeler & Walton, 1987).

In a study by Lisak (1996) on men who were sexually abused as boys, he found that they were subjected to reactions of anger, betrayal, homosexual concerns, vulnerability, seclusion, estrangement, humiliation, embarrassment, failure, uncertainties about masculinity, unenthusiastic peer relationships as boys, negative schematas about people, and problems related to sexuality, self-blame and guilt. In Sepler's (1990) view, male victims of sexual abuse frequently emerge as “aggressive, violent, masterful, commanding, and threatening. These postures are the socially determined means for males to accommodate victimization” (p. 79).

2.3 Purpose of Intervention With Adult Males who have Experienced Childhood Sexual Abuse

Sexually abused male children who have grown up to live with the consequences of sexual abuse have also grown up exposed to masculine prototypes. Very few men, therefore, come forward to break the silence of abuse (O'Leary, 1999).

"Alexithymia" refers to the inability to identify and describe feelings in words (Krystal, 1982, p. 353). Alexithymia is "a result of being socialized to be emotionally stoic. Not only were boys not encouraged to learn to identify and express emotions, but more pointedly they were told not to" (Levant, 1992, p. 383).

Research was scant because the problem was not given its due importance on account of societal values, norms, and the expectations of men. The feminist movement, while highlighting the power imbalance between men and women (O'Leary, 1999), has cast light on reasons for men's abusive behavior. It has exposed the fact that men have also been victims of abuse either in childhood, adolescence or adulthood and need therapy, not only for perpetration but also for being victims.

In my opinion, this has led to the advancement of rehabilitation through therapy and counseling for men who offend. Due to resources that have been made available, in the past ten years or so, through men's resource centers, men are now coming forward, and there is a growing need for intervention. Culture and society have played a significant part in shaping the identity of men and women, and in expecting different roles of them. Adult males who have experienced childhood sexual abuse are no exception to society's classification and demands of the male stereotype. According to Lew (1988), all men, whether abused or not, are supposed to be knowledgeable,

experienced, aggressive and dominant sexual partners, whereas women are looked upon as the opposite of men, weak, powerless and vulnerable victims. With society's male prototype in mind, Green (1998) outlines some of the characteristics of masculinity, which are as follows: antagonism, autonomy and independence, determination for wanting authority, economically supporting the family, repressing emotional weakness, homophobia, sexual dominance and treating partners as objects, and having no place for so-called 'feminine behavior'.

Postmodernism relinquishes the absolute truths that modern science claims (Schneider, 1998). Instead, it recognizes socially constructed realities and pays attention to multiple interpretations of reality (D'Andrea, 2000) whereas modern science and modernism have no space for multiple realities. "Heterosexism" has been invented by male and female prototypes of socialization that bear advantages to benefit men at the expense of women (Almeida & Durkin, 1999, p. 314). This is a socially constructed reality that makes no space for other realities. In society's view men are not **allowed** to be what women are **expected** to be. According to our culture, men have to be strong, sexually dominant and in control. A loss of control as a result of sexual abuse brings about confusion and a crisis in sexual identity. Our culture does not allow men to be weak, powerless and victims of abuse. Consequently, men who are abused undergo a process of "demasculinization or emasculation" (Lew, 1988, p. 41). Abused men feel the need to mask their feelings, which results from the abuse that brought about pain and powerlessness. This adds to the confusion between power and abuse among the other dominant constructions of masculinity that society demands from men. The abuser may have been the only role model in a position of power. Power is therefore equated with

abuse. According to Lew (1988), this confusion offers men three different role options: to be perpetrators, victims or protectors. In the role of perpetrators, men act in a position of power by turning someone else into a victim. By being victims, they are determined never to victimize anyone. By being protectors, they seek to protect others from being victimized.

Dimock (1995) highlights the following issues that are connected to gender shame, which can be dealt with in group work for men who have experienced childhood sexual abuse. They are:

- **Sexual Preference/Orientation:** When men sexually abuse men, victims are confounded by their sexual preference. Images of dominating masculinity emphasize men's sense of powerlessness. Sexually abused men, whether hetero- or homo-sexual, have doubts in determining their sexual orientation (Dimock, 1995). Group work provides the opportunity to explore feelings and concerns within the safety of the group.
- **Father/Son Relationships:** Men who were sexually abused in childhood by the very men who were supposed to be their caretakers suffer an even greater pain of isolation and gender shame. In Dimock's experience (1995), men's therapy groups have played an important role in filling this void by means of affirmation, validation and acceptance.
- **Rage:** Group work helps men not to target their feelings of anger toward others.
- **Sexuality and Masculinity:** Issues relating to one's abuse, one's sexual experiences and one's sexual acting out, together with requests for information on sexuality, are common themes that are encouraged to be spoken about in men's groups (Dimock, 1995). Dimock (1995) specifies issues that help men in their development and

understanding of masculinity, such as redefining masculine stereotypes, granting consent to be susceptible, recognizing healthy role models, and learning to be intimate.

In my experience of facilitating groups for men, I have noticed that men tend to identify similarities between their stories. When the first story is revealed, the next person seems to feel safe enough to tell his story. This sense of safety tends to be automatically realized within the group. For many of the men, this could be the first experience of sharing their secrets after decades of suffering in silence. They realize they are not alone but actually share a similar past. When group members identify with other's experiences, they begin to respect each other in a non-judgmental way. This adds to the safety and comfort amidst the memories of painful experiences. Group members help each other identify coping mechanisms, healthy and unhealthy strategies and learn which methods are best to use (Dimock, 1995).

2.4 What Is Narrative Therapy?

Narrative therapy respects clients by looking at them as experts of their own lives and not finding fault with the way they have responded to problems or viewed solutions in an attempt to survive and cope with life. Narrative therapy views problems as separate from people's identities. It assumes that people have various skills, expertise, beliefs, values and commitments that will help them to change their relationship with the problems they encounter (Morgan, 2000). It brings out a genuine curiosity and a willingness on the part of the counsellor to ask questions that form the basic principles to engage in therapy (Morgan, 2000).

The social constructionist view of narrative therapy is that our lives are made up of meanings and stories. These stories are not often visible because they can

only be seen in the context of our families and ingrained in the culture and language of our communities (White, 1995). Narratives echo cultural standards and social connotations (Cheung, 1998). Helping men discover their cultural restraints is, in itself, an empowering exercise that will give form to preferred ways of interacting and living out new stories. Conversations in therapy revolve around these stories. Discussions arrange information around a participant's life story. In the process of doing so they are written and rewritten from memory, finally emerging as a preferred story. This preferred story might have been hidden but not diffused by time; these stories may not have been lived out on account of the dominant influence of other stories (Sween, 1999). Narrative therapy, therefore, helps the participant in counselling refocus that lens on the preferred story that was overshadowed by the dominant story (Sween, 1999).

Poverty, for example, may be seen as either a situation where one has no means to support oneself, or as the outcome of being a failure in society. Hence, people in poverty may come to believe that they are worthless and are a problem to society. Narrative therapy helps a person see the problem as something separate from self and external to personal identity in order to create an opportunity for change. The self therefore is not seen as the problem, but the problem is seen as an outsider. Narrative therapy recognizes how the course of events is guided by any given situation, for example poverty, which controls and forbids alternative courses (Kamsler, 1990). "The creation of alternative stories anchors narrative therapy's therapeutic process" (Monk et al., 1997, p 62). Morgan (2000) says that therapy is an opportunity to break the chain of overriding stories by assisting participants in counselling to create, retell and live by substitute stories. Narrative therapy focuses on stories about relationships rather than relationships in

themselves (Zimmerman & Dickerson, 1994). Conversations between the counsellor and participant bear a comfortable and rich association, reflecting a life story that is present and real in the therapeutic relationship (Freedman & Combs, 1996). Narrative therapy explores those choices that the participant in counselling has but which he/she is not yet aware of.

Narrative therapy with men concerns itself with society's "dominant constructions of masculinity" (O, Leary, 1999, pp. 159-165). The strongholds of these constructions are dealt better within group work than in individual counselling (Dimock, 1995). Group work interaction provides support and validation from other group members in closed and secure surroundings. Through the recognition from other group members, respect for and the right to one's masculinity are achievable (Dimock, 1995).

'Dominant constructions of masculinity' help form problem-saturated stories. For some, everything in the world reinforces the notion of the problem and they see only the evidence of what reinforces the problem, not what contradicts it. This manner of viewing problems leads to a web of problem reinforcement. Narrative therapy helps look at our narratives by externalizing problems that these dominant constructions have internalized, by separating the person's identity from the problem (O'Leary, 1999, White, 1995).

2.4.1 Narrative Therapy And Postmodernism

Postmodernism seeks to bring about transformation from the meaning of life that is constructed historically, and liberation from life lived as a result of such constructions (D'Andrea, 2000). Postmodernism challenges societal assumptions and expectations. It opens avenues for manifold perceptions, thereby classifying no particular viewpoint as an absolute or universal truth (D'Andrea, 2000). It is rooted in relativistic thinking guided

by a relative nature of knowledge that leads us to observe, examine and understand truths that are personally relevant to our lives, in contrast to modernism which relies on absolute truths and interpretations.

The use of narratives as a means of ascertaining information for assessments and interventions bring about synchronization between social work in practice and change in the community (Gorman, 1993). Postmodernism opens the door to other beliefs and opinions for social work through the various implications it is likely to bring. It is important for clinical practitioners in social work to query how a participant's cultural familiarity affects the counsellor-participant relationship and, more so, how culture and life experience may be used to improve the clinical and therapeutic relationship (Pardeck & Murphy, 1994).

Narrative therapy is rooted in postmodern theory. The self repetitively generates through narratives (Freedman & Combs, 1996), which are stories based on religion, culture, gender and language (Merscham, 2000). White and Epston (1990) compare an individual's story to a map that expands through time. It is through the uniting of the person's experiences and perceptions that helps the counsellor to understand the realities that have shaped the construction of a person's narratives (Freedman & Combs, 1996).

2.4.2 An Overview Of Narrative Therapy

The ideas of Foucault, the French philosopher and historian, have been instrumental in White's theoretical and practice orientation of narrative therapy (Madigan & Law, 1998). With the use of Foucault's "power and knowledge" (p. 16) position, White shapes the groundwork in externalizing an individual's culturally controlled inner-problem-discourse (Madigan & Law, 1998). White's considerations of therapy reflect

and echo Foucault's philosophy and beliefs that "the person was not the problem, rather, the problem was the problem" (Madigan & Law, 1998, p. 16). White's interpretation and breakdown of the dilemma of culturally fashioned dialogue, and dialogue pertaining to a "healthy normal person" (Madigan & Law, 1998), resembles Foucault's ideas in his writings (p. 16).

Foucault stood against the classification and globalizing of political and scientific presumptions that categorize people into things or subjects into objects. Foucault saw all dialogue that fought for the dominance of one idea as a dialogue of social control. He viewed the classifications of "normal and abnormal" (Madigan & Law, 1998) among people as the work of discourses that were constructed culturally (p. 17). All these discourses, according to him, were not only geared toward individuals but were also involved in practices of "knowledge and power" that affected individuals (p.17).

Foucault believed that people freely subdue themselves to subtle forms of power (Foucault, 1980), the outcomes of which are unquestioned but rather taken for granted as an acceptable way of relating and communicating (Gergen, 1999; Neimeyer, 1998). Foucault believed that the problem, rather than the person, needed to be objectified (Abels & Abels, 2002). Foucault identified society's three "modes of objectification" (Madigan & Law, 1998) of an individual. The first is "dividing practice" which divides people of a specific "**social**" or cultural group from other groups of people who demonstrate differences, and "**spatial**" by ways an individual may be segregated from the group for expressing differences (p. 17).

The second mode of society's objectification refers to the "scientific classification" (p. 18) of subjects into objects through the use of psychiatric evaluation

resulting in classifying people as normal or abnormal individuals. Foucault calls these “totalization techniques” (p. 18). He writes about documenting the classification of individuals in ‘files’ that, according to him, account for an added device of social control (Madigan & Law, 1998).

“Subjectification” (Madigan & Law, 1998, p. 19), society’s third mode of objectification, refers to individuals being active, in contrast to the first two passive modes, in the development of self-acceptance through internal discussion arbitrated through external cultural standards. When people examine themselves and behave in particular ways on account of their understanding of set cultural standards, they act through self control directed by these established social principles.

Woven firmly around the problem of the subject is the knowledge and power that go hand-in-hand. This is clearly instrumental in the disentanglement and exclusion of substitute knowledges. The inclusion of an individual in cultural discourse provides the individual with “truths” (Madigan & Law, 1998, p. 20) that in turn confine the development of optional truths. It is around these optional truths that an individual happens to mould his/her life.

Freedman and Combs (1996) believe that Foucault’s presuppositions reveal language as an appliance of power. Power is then measured on the ability of each individual’s share of investment in language through communal and societal discourse that contribute to the formation of our society (Freedman & Combs, 1996).

Guided by Foucault’s ideology, White theoretically examines the therapeutic query of “is the talk about the problem gaining more influence over the person or is the person’s talk gaining more influence over the problem?” (White quoted in Madigan &

Law, 1998, p. 22). White discovered not only the effects of the problems that are discussed, but also the representative and overpowering effects of evocative or suggestive knowledge itself. Hence by way of externalizing problem dialogue, counter discursive practices of an individual's wisdom are conveyed. Preferred stories are likely to surface, choice descriptions that are personal and not influenced by societal discourse may find room to objectify and form a thick description thereby separating the identity of the person from the identity of the problem. Problems that were previously seen as permanent and unavoidable are seen through narrative therapy as less controlling and temporary, which may now be overcome. Therefore one can see that an individual's culturally perceived account of the problem leads the individual to be fixated on the problem. With the preferred story emerging, the individual sees a better fit with self and can relate on a personal level to his/her "local knowledge" (Madigan & Law, 1998, p. 24) rather than the "global knowledge" (p. 25) that was previously dominant.

White sees people being enslaved and fashioned by overriding universal knowledge. The overriding stories pattern a uniform lens with a vision that sways control over the meaning that people attribute to successive life situations. Information that is faithful and loyal to the overriding story is reserved, preferred over other stories and articulated in conduct (Madigan & Law, 1998).

In Tomm's (1989) view, externalizing problems in a therapeutic setting result in the use of disjointed language in the distinguishing of the problem from the identity of the individual. In so doing, people find theoretical freedom, which motivates them to obtain alternative truths that help them move away from the power of the problem that dominates their lives. This helps the person to view abandoned lived experience that has

been blocked out by the dominant story. White (1989) calls these abandoned experiences “unique outcomes”. These unique outcomes bring new light, new meaning and do not reinforce problem-saturated stories. These unique outcomes are situated in alternative descriptions that have been blocked out by the dominant story. Alternative descriptions lie within the localized accounts of personalized stories whereas the dominant story is situated within the person’s own cultural environment.

2.4.3 Research About The Efficacy Of Narrative Therapy

Neimeyer (1993) notes that inadequate consideration has been given to language-based modalities such as narrative therapy by the current surfacing of constructivism as a clinical and experiential model. The use of narrative therapy as a therapeutic model is on the increase (Cowley & Springen, 1995). According to O’Hanlon (1994), a narrative approach to therapy represents a fundamentally new direction in the therapeutic world and is “the third wave” (p.22). Gale (1993) believes that quantitative research methods are incompatible with the social constructionist’s point of reference in which this postmodern therapy is embedded.

According to Merchant (1997), the emphasis in the evaluation of most counselling training programs is on quantitative research methodology and rarely on qualitative methodology. In a study by Besa (1994), the effectiveness of narrative therapy in reducing parent/child conflicts was evaluated by using single systems designs. A comparison with the baseline rates of parent/child conflicts showed an improvement in five to six families. The decrease in conflict ranged from 88% to 98% only when narrative therapy techniques were used in intervention.

Weston, Boxer, and Heatherington (1998) studied 92 (five to twelve year old) children's stories for their capability to understand the causes for arguments in the family between spouses or between parents and children. This study revealed that a blending of both quantitative and qualitative research methodology could be constructive and positive for studying narrative therapy.

Coulehan, Friedlander, and Heatherington (1998), using both qualitative and quantitative methodology, studied how clients in preliminary therapy sessions altered the process of their conception of the presenting problem from an intrapersonal or linear viewpoint to an interpersonal systemic/relational viewpoint. Sluzki's (1992) narrative approach to therapy was the basis for Coulehan, Friedlander, and Heatherington's (1998) research in which eight families and eight therapists from different disciplines were involved. Intake interviews were videotaped and follow-up questionnaires helped to identify the various ways in which parents described their problems. With the use of a coding system the problems illustrated were classified under the multiple ways in which parents comprehended the problem. The transcription of the videotapes helped identify narrative techniques used and the changes the parents made during this process. Changes in the ways the family members described the problem through several views and descriptions of the problem, the changes in the affective tones recorded and the ability to discover constructive characteristics of individual family members were found in this research (Etchison & Kleist, 2000).

St. James-O'Connor, Meakes, Pickering, and Schuman (1997) studied eight families' observations and understanding of narrative therapy familiarity and what meaning they ascribed to this knowledge. A qualitative semi-standardized questionnaire

in an interview setting was used to get a comprehensive account of each family's discernment. The families found that narrative therapy helped as their problems were on the decrease. This research implied that narrative therapy used with families for an extended period of time resulted in a greater decline in the number of problems. These results were seen as the outcome of the cognitive shifts. This study supports the use of narrative therapy and efficiently assesses narrative intervention with the use of qualitative methodology (St. James-O'Connor, Meakes, Pickering, & Schuman, 1997).

All the research cited above reveals that narrative therapy has been constructive as an application with various types of family issues. However, no conclusions can be made about narrative therapy being useful for any specific family problem. Clinicians have the opportunity to use narrative therapy on different clientele, regardless of the distinctive features of different clients (Etchison & Kleist, 2000).

Narrative therapy has a closer compatibility with research methodologies such as grounded theory and ethnography that do not put emphasis on generalizability (Etchison & Kleist, 2000). Hence qualitative methods like narrative analysis that focus on the uniqueness of individuals and the themes identified from their narratives, are ideal in evaluating narrative therapy either in group work or individual counselling. A combination of qualitative and quantitative methodologies has also been used successfully in evaluating narrative therapy.

2.5 Key Concepts Of Narrative Therapy

2.5.1 Externalizing The Problem

A problem may lie in the belief system, in the emotional reaction and in the behavior of the person seeking therapy. A participant in counselling is offered the means

to stand away from the problem and look at the experiential nature of the problem and the effect on his/her life. The counsellor uses language in such a way as to distinguish the problem from the person (White, 1995; White & Epston, 1990).

2.5.2 Contextualizing The Client's Story

The counsellor invites the participant to talk about his/her cultural assumptions of related issues (for example: sexuality, gender, violence and the therapy itself). Rather than being neutral, the counsellor should be open about his/her values and assumptions and treat them as preferred meanings as opposed to absolute truths.

2.5.3 Unique Outcomes

White (1995) looks at the "unique outcomes" as those brief moments when a participant in counselling experiences freedom from the problem's power over his or her responses or has experienced any other "glimpses into a preferred way of being" (Snyder, 2000, p.38).

2.5.4 Co-Constructing A Preferred Story

The dialogue between the counsellor and the participant in counselling, about creating and supporting the possibilities for setting themselves free from the dominant story, is the process of co-constructing a preferred story, raising questions about forgotten or dormant knowledge, building together a network of support to live preferred ways of being, and finally, celebrating this difference between the dominant and preferred story (White, 1995). Other members of the group may also contribute to the co-construction of preferred stories.

2.5.5 Deconstructive Listening

Deconstructive listening on the part of the counsellor takes place when stories are accepted and understood as having various possible meanings, without emphasizing the pathology or the powerlessness of the person in the situation (Freedman & Combs, 1996). By this, counsellors release the space for people's life stories that have not been taken into account so far (Freedman & Combs, 1996).

2.5.6 Deconstructive Questioning

"How has anger given you a reputation at work?" or "In what ways has your anger influenced your relationship with your colleagues?" "What gets in your path that shows you that your problem is getting worse?" or "what behaviors do you display that remind you that your problem is getting worse?" Deconstructive questioning helps participants in counselling to view their stories from alternative perceptions or angles to look at how they become assembled that way (Freedman & Combs, 1996). Participants become aware of the construction of the narratives they live by and understand they are not necessarily the truth. Deconstruction helps to dismantle a narrative from one perspective and assemble it from another perspective (Freedman & Combs, 1996).

2.5.7 Naming the Problematic Story

Naming the problematic story known as the 'theme' or 'plot' is vital to externalizing the story and moving counselling toward its goal. It is the breaking down and the explanation of the problematic story in a personal and meaningful definition rather than giving the problem a generalized name. Thereby, the theme behind the

problem is uncovered, which helps the story move out into the open with clarity. Once this is done, a space for the problem to be worked on is created.

2.5.8 Relative Influence Questioning

Relative influence questions help the participant in counselling see how much the problem has influenced him/her. It is a manner by which externalizing conversations are co-constructively organized, where participants are first requested to chart the authority of the problem in their lives and relationships and then to chart their influence on the existence of the problem (Freedman & Combs, 1996). Relative influence questions could take the following shape: What amount of power do you have over your frustration? How does frustration treat you? How has this changed over the past year? When did you notice this change?

2.5.9 Landscape Of Action and Landscape Of Consciousness Questions

Landscape of action questions (White, 1986) are also known as opening space questions (Freedman & Combs, 1996). Landscape of consciousness questions (White, 1986), are also called meaning questions (Freedman & Combs, 1996). The interconnection between these two types of questions is clarified below.

(a) Landscape Of Action Questions (Opening Space Questions)

These questions open space to remember personal meaningful actions that help in taking control of the problem. Have there been times when anxiety could have taken control of your mind but it did not? They help in uncovering unique outcomes. In landscape of action questions the counsellor plans a progression of events over time, which helps to develop an opening into an alternate story.

(b) Landscape Of Consciousness Questions (Meaning Questions)

Consciousness questions bring meaning and help a person develop new insight into existing resources that lead to forming a new identity. What does it say about you that you were able to stand up to yourself? They help reflect on the inference of experiences for one's identity storied in the landscape of action questions. When one is asked to reflect on personal identity through personal experiences, a new awareness is initiated. This new awareness brings about consciousness of self.

2.5.10 Statement of Position Map

The statement of position map consists of the definition of the problem, its effects, the preferred identity conclusions on the basis of unique outcomes identified and the facilitation of preferred or alternative story construction. A 'statement of position map' (White, 2002) has four parts. According to Mann (2000) these four parts take the following route. The first part is the negotiation of a personalized experience in an externalized definition of the problem. This is where the counsellor and the participant in counselling negotiate an externalized definition. This exercise shifts the problem out of the authority of the expert's professional classification into the participant's own expertise in defining his problem and further, where the participant can use his personal solutions and skills to his own benefit. Part two is where the effects of the externalized problem are traced. It is here that the participant and counsellor engage in identifying, naming and mapping out the effects or influence of the problem on the participant's life. Part three calls for the participant's own evaluation of the effects of the problem in which the participant is seen as the principal author of his personal life experiences. The final part is where the participants justify the evaluation of the effects of the problems.

Participants have the occasion to speak about their values, beliefs and the meaning and purpose behind the justifications made. Hence, the reasons why the participant has made these justifications become evident.

2.5.11 Definitional Ceremony

The definitional ceremony includes the re-authoring of conversations, the retelling of the story by other witnesses present during the conversation, a response to the retelling and finally a discussion of what went on during this entire exercise. Dean (1998) notes that the telling of stories and the receiving of responses from other members involves interacting, exchanging and expanding each other's stories that brings about awareness of a rich account of the narratives being told. According to Russell (2002) re-authoring conversations is a process by which the witnesses listen to conversations between the counsellor and participant with a view to open space for the expression of unique outcomes and preferred stories. After the storyteller has told his story, the witnessing members change places with the storyteller. The storyteller now listens to the witnessing members to hear their de-centred responses. Response to the retelling involves the storyteller giving his comments on the retelling by these witnesses. Unique outcomes are identified in the process of story telling by the counsellor and witnesses. The witnesses highlight these unique outcomes when the retelling of the story takes place. This process richly describes unique outcomes and preferred stories. The storyteller and these witnessing members join together for a discussion about the process. The counsellor may have to answer questions about re-authoring conversations and the witnessing members may be asked questions about their retelling.

In the case of group work these witnessing members are usually the other members who are present in the group. Significant others may be invited if the group feels comfortable. In individual counselling the participant and counsellor may agree to invite significant family members or other witnesses to be present. These witnesses are known as outsider-witnesses.

The definitional ceremony centers on narratives that are told and retold and offers the opportunity for group members and the storyteller to be witnesses at different times during the process. Narrative group work does not solely rely on the use of the definitional ceremony. The definitional ceremony can best serve narrative group work after the participant's problem is externalized and contextualized or after using the statement of position map.

2.6 Models Of Group Work With Adult Males Who Have Experienced Childhood Sexual Abuse

Literature on adult males who have experienced childhood sexual abuse is scarce with regard to group work as compared to the literature on individual therapy. This section covers five models of group work found in the literature.

2.6.1 The Dimock Model

Dimock's (1995) rationale for a men's group is the need to help men who have experienced childhood sexual abuse deal with notions of **"being flawed"** and experiencing **"gender shame"** (p.1). He says there is a need for them to prove their masculinity by either "over-compensation" or by "under-compensation" (p.1). By over-compensation he means hyper-sexuality, invulnerability, and habitual striving for

perfection and control. Under-compensation refers to the avoidance of male behaviors in favour of qualities that bring out gentleness, cooperation and care taking. Membership for group is open for gay and straight men, which contributes to inducing conflicts regarding sexuality. These are some of the key issues that are discussed in the group: issues of sexual preference/orientation, sexuality, father/son relationships, rage, and issues regarding masculinity. Some of these issues are: redefining masculine stereotypes, the permission to be vulnerable, appropriate release of anger and the use of power, identifying healthy role models, developing intimacy with men, learning to compete and value what other men do, regaining a feeling of pride in masculinity and learning interdependence rather than fearing dependence.

The group membership is limited to seven men as the intensity is generally high and the smaller number offers more time and safety for members (Dimock, 1995). The smaller the group the more they will be able to connect and relate to each other.

Dimock distinguishes between men who need to attend group work for an extensive history of committing sexual offences against others and those with single incidents of offending. He says that most men have at some time in their lives either physically or sexually committed offences against others, even if it might have been a single incident in childhood or adolescence. Men who have a more extensive history of sexually offending others, however, need to seek help in a group for offenders. Offenders, after therapy, can join a group for men who have experienced childhood sexual abuse if they wish to deal with the issues arising from their own victimization.

Dimock talks about men who have experienced childhood sexual abuse as being 'survivors'. The term 'survivor', in my opinion, could be stigmatizing, labelling and seen

as being in a state from which the person cannot move ahead. Using the term ‘men who have experienced childhood sexual abuse’ may be better because it shows that men are not ‘tied down’ to being ‘survivors’ but have the option of not just surviving the experience but also rather living beyond the experience.

2.6.2 The Psycho-educational Model

Harrison and Morris (1996) describe three phases of treatment, which are the individual phase, the group phase and the after group prevailing phase (“activities associated with prevailing may involve participating in education and advocacy around issues of abuse”, p. 350), but specifically identify the group phase as the most powerful intervention. The group phase includes: (a) helping men develop verbal communication to illustrate their experiences and emotions, (b) helping men develop their masculine identities, (c) developing coping strategies that are healthy, (d) helping men gain mastery over the “degree of self-disclosure” about their abuse, and (e) helping them integrate their “histories into their identities” (p.344).

Most men do not verbalize their emotions easily. They fear losing control and compromising their masculinity. Trauma is very often internalized, on account of the shame and self-doubt, if it is not addressed in therapy (Harrison & Morris, 1996). As the group facilitator encourages men in the group to share, the level of embarrassment is gradually reduced. Groups help men to characterize their emotions verbally, overcoming what the medical profession calls “alexithymia” (p.342), the inability to express emotions in words. Group work plays an important role in addressing this issue by helping members open up and speak about embarrassing truths pertaining to abuse and its consequences.

The psycho-educational model works with members who are severely traumatized. Harrison and Morris (1996) focus on helping men communicate verbally by expressing emotions and experiences in order to develop healthy masculine identities. The stress on healthy ways of coping and developing healthy masculine identities makes this model medically inclined. It focuses on mental health and the internal state of a person, rather than on the intentional state. The intentional state is where a person aspires to be, based on past unique experiences. The internal state is where a person is seen as being good or bad, healthy or unhealthy etc. This brings about pressure to conform to these expectations.

2.6.3 The Cognitive Restructuring Model

Bruckner and Johnson (1987) facilitated two groups of men who were sexually abused as children in a pilot project to find out whether the men responded differently from women in the process of group work. Most of these men had been in individual counseling. Their experience was unique to them, and because of society's expectations of men their guilt was reinforced. Most of the men in the group expressed a lack of identification with their own gender and a discontentment for companionship and support. They also expressed anxiety with regard to self-disclosure.

A mixed gender counseling team was used so that the anxiety level of some members would be reduced. This helped members experience acceptance by both sexes as well as the opportunity to have male and female interaction.

The group themes were as follows: disclosure, anger, sex education, victims as offenders, and intimacy and trust. The six sessions of group work dealt with these issues through cognitive restructuring, by self-talk and challenging beliefs, as well as memories

of the abuse. A group exercise was conducted once at the beginning and thereafter the focus was shifted to the abusive experience and the effects it had on them. For the session on sexuality, group members were asked to read hand outs given to them the previous week, in order that all members would be prepared for the discussion.

Bruckner and Johnson (1987) focus on cognitive restructuring and look directly at problems of anger, poor self-concept, flashbacks, sexual and other addictions, sexuality, and help needed for establishing and maintaining relationships (p.82). In this model, establishing and maintaining relationships is something that is specifically worked on, whereas other models mentioned in Section 2.6 see this as an outcome of the group process that happens naturally.

In my opinion the therapists using cognitive restructuring techniques take on the 'expert' view that deprives the client of his unique lived experience, an experience that narrative therapy holds sacred. Narrative therapy used in my work would help clients relive 'unique outcomes', those times when problems of anger and poor self-concepts or flashbacks were not present, hence focussing on preferred life stories that have been dimmed by dominant stories.

Narrative therapy moves away from the 'pathologizing' effect that psychiatry, cognitive restructuring and psychotherapy give to its clients. It avoids stigmatizing or labeling clients in an effort to distinguish between the problem and the person.

2.6.4 The PTSD Model

Catherall and Shelton (1996) highlight the role of shame in posttraumatic stress disorder (PTSD) group work. Group treatment for PTSD is particularly notable because of the normalizing influence that comes about as a result of other group members

influencing fellow trauma survivors in ways that facilitators/group workers/clinicians are not in a position to do (Catherall & Shelton, 1996).

The following guidelines have been taken from the Catherall & Shelton's experience and not concluded from research. According to them, trauma survivors begin by looking for similarities and move towards accepting others' differences. They participate and relate with others to gain from members' survival and coping skills only if the others have had similar experiences. The telling of one's story is one way of opening up in the group, but it needs to come about only when members are ready to process and integrate thoughts, feelings and experiences. Premature exposure of personal traumatic experiences can cause feelings of vulnerability and anxiety. The authors advocate open group sessions unlike all the other models mentioned in Section 2.6. The leaders need to be sensitive to the joining and leaving of members, to anticipate and process the loss of members and to integrate the inclusion of new members. Having open group sessions with men who have experienced childhood sexual abuse could be damaging in many ways. The fear of opening up in front of new group members with experiences of abuse could be intimidating, especially when no bond has yet been built. The concern about confidentiality when new group members tend to leave the group is yet another reality. As well, the interruption of a new member joining disrupts the continuity of the group process.

The PTSD model focuses on the internal state and could reinforce the diagnosis of pathology made by a psychiatrist based on the Diagnostic and Statistical Manual of Mental Disorders (DSM V, 2001). It is my belief that the role of shame and PTSD are

reinforced in this model and their presence is justified rather than externalizing it with a view of moving away from it.

Narrative therapy moves away from labels such as PTSD and others labels that the DSM espouses, labels used in psychiatric and psychological diagnoses. Narrative therapy on the contrary stays away from labelling but rather favours the client's authority and regards his information as privileged. It externalizes the problem and separates the identity of the person from the identity of the problem, thereby allowing the person to cultivate his uniqueness and move on with his life.

2.6.5 The Psychoanalytic Systems Model

"To be an incest survivor suggests that there has been a mutation in the rite of sexual initiation" (Rauch & Jones 1997, p. 1). The violations by way of trust and safety imposed upon by parents or caretakers have resulted in disruptions in "body boundaries and image, in the modulation of feelings and the naming of them, and most profoundly, in the loss of self" (Rauch & Jones, 1997, p. 1). Rauch and Jones advocate a male and female co-therapy team with a total of six men of mixed sexual orientations. Screening for potential group members is done in order to exclude men with a "history of abusive reactive perpetration" (p.1). This model requires the men to have an individual counsellor parallel to group work.

The group is divided into three phases. In the first phase safety and trust are developed. It also deals with education about what healthy families should be, in contrast to abusive ones, and the sharing of personal life stories. The second phase involves a "therapeutic re-enactment of the dynamics of the family of origin" (p. 2), and the therapists work here involves offering "containment and interpretation" (p.2). Therapists

offer “a real presence which affirms and validates the true self” (p. 4). Once the members have learned modeling, the third phase is used as an empowering phase for men to work among themselves, with only minor involvement on the part of the therapists.

The group environment allows members to address or enact the following: issues relating to chronic trauma disorder, reenactment of double binds with one another, splitting and projections, primitive idealizations and devaluations, counter transference, omnipotence and diminishment, passive-aggressive comments and withdrawing, and all other adaptive defenses to long term traumatic survival (Rauch & Jones, 1997). Therapists name and deal with these processes helping members to work through their projections and self-loathing with empathy and without embarrassing or undervaluing other group members (Rauch & Jones, 1997).

Rauch and Jones (1997) in their psychoanalytic systems model look into the disruptions in body boundaries that have caused loss of self and damaged feelings. This model is similar to Catherall and Shelton’s (1996) model where issues relating to chronic traumatic disorders are a major part of group work.

Rauch and Jones’ (1997) model clearly indicates the expert stance that the facilitators’ have, for example: clients in the group are required to attend individual counselling simultaneously and therapists name and deal with client problems. This is a clear indication of therapist’s having power over the lives of men in therapy. This takes away power from the men and their ability to make choices. The naming and dealing with client problems by the therapist curtails the freedom of the individual to externalize and personally define the problem and to re-author his life story to a preferred one on the basis of unique outcomes he may have identified.

2.7 Advantages Of Group Work

Group work in the above models emphasized application and intervention by:

- (1) helping men to distinguish between societal myths and the reality of life experience
- (2) helping men to express their feelings and emotions through verbal communication, i.e. self-disclosure
- (3) helping men to move beyond their shame by dealing with their guilt. In doing so, men bring out their commonalities and help build group cohesion. At the same time, they learn to accept individual differences
- (4) dealing with issues of control, release of power, use of anger, developing boundaries with other men and learning to relate in respectful ways toward women. According to Schneider Corey & Corey, “control and boundaries are key therapeutic issues in incest groups” (1997, p. 400)
- (5) teaching men to relate to other men and providing mutual support.

2.7.1 Co-facilitation In Group Work

Having been “abused by a female or male or both, the presence of a male and female co-therapist invites the rich and varied opportunities for transference” (Rauch & Jones, 1997, p. 2). Rauch and Jones (1997) in the Psychoanalytic Systems Model espouse that the balance brought about by co-facilitators of both sexes could be a better help for men in dealing with issues of ‘transference’. This is because some group members may visualize therapists as a figure from the past, either a perpetrator or a rescuer or sexual object among others. Co-facilitation in group work with male and female workers helps reduce the anxiety level of the group members, as there is an opportunity to interact with both sexes. This brings about acceptance by both sexes and a

gendered perspective within the group. There may be a possibility that the female co-facilitator's presence may raise the anxiety level and the joining made less easy if men have had abuse issues with women. The female co-facilitator's sensitivity and respect for the men can help straighten out situations like these.

According to Douglas (1976) the main advantages of having two facilitators work together are "support, sharing, splitting leader roles, feedback on each other's leadership performance and role model of co-operative leadership" (p. 79).

2.7.2 Group Work Versus Individual Therapy

Our culture wants men to be strong, sexually dominant and in control. A loss of control through sexual abuse brings confusion and a crisis in sexual identity. Those who seek therapy for childhood sexual abuse tend to be fearful and isolated from other men, having difficulty undressing in locker rooms and urinating in public washrooms, as well as participating in male activities (Dimock, 1995). Group counselling was considered an alternative treatment as individual counselling generally reinforced isolation (Bruckner & Johnson, 1987).

Harrison and Morris (1996), speaking about individual therapy, note, "clinicians expect strength and self-reliance from their male clients and are surprised and even unprepared for clients' vulnerability when they ask for help or disclose feeling traumatized" (p.342). They say that traditional therapies "relied on the client to have the ability to verbally express his/her emotional experience" (p.342). Men depict their reduced level of performance as the main reason for seeking counselling (Harrison & Morris, (1996).

Individual counselling emphasizes the rules of privacy that form the basis of patriarchy (Almeida & Durkin, 1999). A participant may choose not to speak about a problem in individual counselling for various reasons, whereas he may open up in a group setting on hearing about similar problems spoken by others. Group work defies and may even challenge the norm of privacy. Many different opinions may be heard in a group, which opens up space for discussion and challenge by the group members. The rules of privacy reinforce the code of silence and the expectations of society through patriarchy. Privacy destroys accountability. Accountability brings transparency and transparency helps to move beyond the problem to help form a new identity. Individual counselling could be a warm-up for group work, a time for preparation in order to face more than one man and to be able to seek a common goal, that of 'recovery' together with other men. Group work cannot replace individual counselling, for individual counselling cannot do what group work seeks to accomplish. However they can be used to complement one another.

Group work brings individuals together into a safe environment, face to face and gives them the opportunity to validate each other's experiences. They learn not to deny, minimize or distort their experiences in the presence of other members who have experienced and spoken about situations that are similar to theirs and who are not a threat to them. They work together to facilitate greater openness. By doing so, they develop insight into their abusive patterns. This inspires them to look for change. By learning to accept each other they also learn to accept their masculinity.

2.7.3 Individual Counselling As A Complement To Group Work

Courtois and Sprei (1988) and Herman (1992) advocate individual therapy as a

required first step in counselling for those who have experienced childhood sexual abuse, with a view to addressing issues such as revictimization, betrayal, stigma and shame, and as a preparation for group work. Meiselman (1994), has identified three areas that are of importance to be addressed in individual therapy: (a) establishing a therapeutic relationship with clients, (b) addressing defences that are built through repetitive abuse which turn out be maladaptive outside the context of abuse, especially when abuse is being addressed in therapy, and (c) dealing with physical, emotional and sexual revictimization in therapy. These three areas are of fundamental importance to address in order to establish a therapeutic relationship and bringing down defences in order to build a stable platform from which group work may be introduced.

Herman and Schatzow (1984) have written about three criteria for including clients who have experienced childhood sexual abuse into a group. The first two criteria are directly related to selection and screening of prospective group members through individual counselling before group inclusion whereas the third refers to the relationship between individual counselling and group work. These criteria are (1) clients must convey a willingness to be involved and committed to a group of men who have experienced sexual abuse. (2) The prospective member should not be in a state of crisis, in order that he may participate reasonably well in the group. (3) The group member should have a parallel and co-existing therapeutic relationship with an individual counsellor for one-to-one counselling.

In Peter Dimock's model for group work with "Adult Male Sexual Abuse Survivors" (p. 1), he states that it is beneficial but not necessary for a group member to have parallel individual counselling. His argument for individual counselling as well is

that the group member will be able to find space to debrief the intense feelings and expressions on a one-to-one level that could be overwhelming to him in the group.

Harrison and Morris (1996) see individual counselling as a necessary preparation for group work. They view individual counselling as a time when clients may be assessed for the effects of the abuse, their coping strategies, reasons for breaking the code of silence, their self-awareness, and the degree to which they make disclosures suitably. Individual counselling, according to them, is necessary in order to focus on issues such as: the impediments that survivors' silence, secrecy and coping strategies may have maintained, as well as issues which are associated with the sexual abuse. Individual counselling, before group work, gives the clients space to "assess the safety of the therapeutic relationship before disclosing details about sexual abuse" (p. 344). Individual counselling helps clients not to see "treatment as a task to be completed" but rather as a place to develop "skills for making purposeful and safe self-disclosures" (Harrison & Morris, 1996, p. 345).

Rauch and Jones (1997) strongly believe that group members should be compulsorily asked to attend individual therapy while in group therapy. The reason for this is that they see "individual therapy as both a journey of self-restoration and grief work", whereas "skillful group therapy is to provide a context to reclaim oneself in connection with other survivors through the renewing of 'transferential experiences' both with facilitators and one another" (p. 1). They ask their 'patients' to sign a release so that the group facilitators have access to their individual therapists, in order to make certain that effective synchronization of treatment is carried out (Rauch & Jones, 1997).

Individual counselling complements group work and is seen by some as a pre-

and co-requisite to group work. My intentions and expectations are that individual counselling be done before group work and not simultaneously as mentioned above. Individual counselling prior to group work can serve as an opportune time to develop a therapeutic relationship with the client, address safety issues, and initiate the practice of self-care. Safety issues in my opinion include creating an awareness of timely self-disclosure of childhood sexual abuse when the individual participant joins the group, coping strategies to help during intense and overwhelming times while in the group and self-care to strengthen one's physical and emotional well being in preparation for group work. I see individual counselling as a place where the counsellor and participant can bond with one another and create an atmosphere of trust. It is also a place where the participant will gain a better understanding and knowledge of how a group works. It is a time for the counsellor to learn of participant's expectations, goals and insecurities.

The same worker may also carry out individual counselling and group facilitation. This has both advantages and disadvantages. If the joining between the counsellor and participant is smooth in individual counselling, the trust formed will serve in helping to break the code of silence among other men in a group setting, as well as enhance the quality of interaction in the co-construction of narratives and in the re-writing of preferred stories. Having the same worker in both individual counselling as well as group work saves time for the group member to bond with other group members. If all the participants have had counselling with the same individual counsellor, who is now the group facilitator, the amount of time and energy saved may be used toward other initial activity within the group. The opposite may come true if a rapport has not been built between counsellor and participant.

2.8 Group Work Using Narrative Therapy: Theoretical Implications To Practice

This section tries to integrate some of the ways in which the theoretical concepts of narrative therapy can be applied to group work. All traditional and mainstream groups, whether they are psychotherapeutic, psycho-educational, or others, assume that the leaders or facilitators should have excellent facilitative, teaching and instructional skills, which put the facilitator in the position of 'expert' (Silvester, 1996). "Problem dominated personal and cultural stories" (p. 234) may conceal this personal expert knowledge and make people powerless and insufficient. Group facilitators use narrative therapy to open space for group members to story their own strengths and preferred ways of being (Silvester, 1996, p. 234).

Narrative therapists aim to be "de-centred and influential" (White, 2002, p. 4). According to White (2002), being de-centred does not mean that the counsellor does not concentrate emotionally on therapeutic practices. Instead, it means that the counsellor respects the participant's expertise regarding his life stories, knowledge and skills. Counsellors are influential when it comes to building a scaffold or framework (White, 2002) through questioning and making reflections in order to help clients be able to (a) have a fuller and thicker description of optional life stories, (b) discover abandoned life stories, and (c) become aware of the participant's knowledge and skills that are relevant to their presenting problems. A scaffold is a framework built through the counsellor's questions and reflections by which a participant is helped to use his own skills and knowledge to connect his steps in the process of discovering preferred optional stories. When the counsellor makes himself de-centred by respecting the participant's expertise,

the participant is free to use his knowledge and skills in a way that best suits him. In this way the counsellor becomes influential in the eyes of the participant.

Being experts of their own life stories, members should know how to agree on and abide by certain rules (Silvester, 1996). This would include rules of safety, confidentiality, respect, and communication. Social work with groups also insists on group norm setting. The narrative model gives the group an opportunity to become active listeners while members develop favoured images of themselves. Silvester (1996), in inviting group members to build favoured images of themselves used his curiosity by asking narrative questions, the answers to which helped members rewrite their stories.

2.9 Narrative Group Work In Contrast To Other Models Of Group Work

In facilitating group work using narrative therapy, the facilitators view clients as the experts of their own lives. This gives the facilitators a genuine curiosity into wanting to understand a client's life that has been "criss-crossed by invisible story-lines" (Sween, 1999, p.1). These story lines are drawn out and augmented by the facilitators in order to bring **purpose** and **meaning** into a person's life story. Facilitators using narrative therapy advocate that "the person is never the problem; the problem is the problem" (Sween, 1999, p. 1). They use language in such a way as to distinguish the problem from the person (White, 1995; White & Epston, 1990).

Facilitators in the other models of group work mentioned in section 2.6 take the expert stance while facilitating group work. The use of the expert stance turns out to be problematic in that it obstructs clients from using their preferred knowledge and skills, giving them a message that the therapist's knowledge and skills are better. The expert

stance subjects the client to the views of the therapist and may disempower the client from seeking his preferred story.

Narrative group facilitators look at certain parts of men's histories that have been dormant. Group facilitators use a certain dialogue with group members about creating and supporting the possibilities of setting themselves free from the dominant story. This is the process of co-constructing a preferred story. Their histories' hold preferred stories. The part of "helping men integrate their histories into their identities" in the Harrison and Morris' group therapy model (Harrison & Morris, 1996, p. 344) seems contrary to what the narrative facilitators espouse. Certain parts of their histories that were buried were identified as preferred stories using narrative therapy in my work in the group. To unearth these preferred stories, a negotiation of an externalized definition of the problem was done which helped both the facilitator and the group member work toward mapping the effects of the externalized problem. Once the effects were mapped and an evaluation of the effects was made, group members were able to justify their evaluations. Unique outcomes were identified as times when the problem was not the problem. This was made possible through mapping and justifying the effects of the externalized problem.

Narrative group facilitators look at the group as a small community of people whose socially constructed identities may be deconstructed, so that preferred identities and realities that have been dormant are brought to the surface with the help of the other members. Narrative group facilitators working with men challenge them to externalize and deconstruct dominant constructions of masculinity. They help group members to co-construct preferred realities through unique outcomes that are identified through the process.

This section outlines how narrative techniques play a prominent role in guiding the group work process. The facilitator uses language in order to distinguish the problem from the person and in doing so externalizes the problem. The facilitator invites the group member to talk about his cultural assumptions and values through which the group member's narrative has evolved, thereby helping the member to contextualize his story. The group facilitator deconstructively listens and accepts stories as having various possible meanings. This he does without emphasizing the pathology or powerlessness of the person in the situation. Deconstructive questions asked by the facilitator help dismantle the story from one perspective and organize it from another meaningful perspective. Different types of questions such as relative influence questions, landscape of action and landscape of consciousness questions are asked by the facilitator in order to ascertain the influence of the problem over the person, identify unique outcomes and develop new insight into existing resources that lead to the formation of a new identity. Conversations between the facilitator and member are held to create and support the possibility for setting the group member free from problem saturated stories. During this process other members of the group freely contribute by retelling the storyteller's narrative which leads to the uncovering of unique outcomes. This leads to the co-construction of a preferred story with the help of unique outcomes that have been identified.

The statement of position map helps the facilitator and group member to negotiate an externalized definition of the problem to trace its effects, evaluate them, and justify the evaluation of the effects. The definitional ceremony plays an important role in telling,

retelling and retelling the retelling of the story in the hope of uncovering unique outcomes leading to the co-construction of a preferred story.

The roles of the group members are manifold. Group members in narrative group work co-construct the group agreement and make themselves accountable to one another with regard to honouring the rules. They open space for other members to help one another co-construct narratives, act as witnesses when the story teller tells his story, retell the storyteller's story, identify unique outcomes through retelling stories and take charge of their own thought processes, skills and knowledge. The group members become experts of their own lives.

Chapter III

Intervention

3.1 Setting

This practicum was conducted at the Men's Resource Centre of the Elizabeth Hill Counselling Centre, situated at 301-321 McDermot Avenue, Winnipeg, Manitoba. It forms part of the Faculty of Social Work at the University of Manitoba. The centre is a training site for students from the Faculty of Social Work and the Department of Psychology at the University of Manitoba. Winnipeg Child and Family Services, the Child Protection and Support Services Branch and the Family Violence Prevention Program of the Department of Family Services and Housing, Government of Manitoba fund the Men's Resource Centre.

3.2 Criteria For Selecting Participants

Intake involved selecting adult men with issues related to childhood sexual abuse, and its effects. The intake interviewer's interaction with the potential members for individual counselling and group work "is more like a conversation with a purpose than an interview" (Abels & Abels, 2002, p. 62). No attempts were made to assess candidates, as assessments would make the interviewer hold on to preferred stories and be the expert.

The limitations of group work are chiefly those of exclusion due to a chronic history of offending and severe alcohol and drug addictions, among others. According to the literature, men who have victimized others in childhood and in adolescence were accepted, while men with a chronic history of abusing others in adulthood were excluded since men feel threatened having someone with a history of perpetration in the group

(Gartner, 1999). Sexually abused men who have had a severe history of sexual offending are candidates for offenders' groups, which take on a different agenda. Dimock (1995) says that most men who have been abused have physically or sexually victimized others, even if it might have been a single incident in childhood or adolescence.

Of the five men selected for group work, all except one had sexually offended in some way or other. Out of the four members who had sexually offended, two had an offending history and had undergone therapy for offending. These two members were now prepared to deal with the effects of their own childhood sexual abuse.

Other important factors for evaluating admission and accepting members to the group are noted below. Apart from sexual offending, questions were asked on substance abuse related problems and diagnoses that the medical model had given such as: alcohol, drug and sex addictions, psychiatric problems that bring about poor impulse control, life-threatening eating disorders, multiple personality disorder, active psychosis, intense paranoia, acute suicidal ideation and severe self-mutilation (Sprei, 1987). This was asked of the men not with a view to screen them out but rather to understand what labels they may have taken on. Narrative work facilitates the moving away from the stigmatizing effect of labels by helping men seek their uniqueness to the point of claiming their identity through lived experience.

The labels that the men had identified themselves with gave me a better understanding of their background. Men with alcohol and drug addictions, psychiatric disorders and chronic suicidal tendencies were not suitable for group work as their behaviour could obstruct the group process and be a danger to themselves and others.

Men in crises who needed immediate and individualized help were not candidates for group work as it was not the intent to offer crisis intervention within a group setting.

The acceptance of a single gay member among heterosexual men in the group or a single heterosexual member among gay men in the group might prove threatening according to Dimock (1995). It is preferred not to have one gay person in a group of heterosexual men and vice versa. When there is more than one gay or heterosexual man, there is the opportunity for men to have the company of others belonging to their sexual orientation. This helps men not to feel segregated and threatened but is not always possible and is a limitation of group work. This was borne out of my experience with a group I facilitated previously in which the only gay member in the group felt uncomfortable opening up and sharing his story. With the encouragement of the other men, he was able to talk about his abuse, but he felt intimidated and after six sessions no longer came back to attend the group.

All the members who were accepted to this practicum group were heterosexual men who had dealt with offending behaviour, drug and alcohol addictions. None of them had chronic suicidal tendencies or were diagnosed with any severe mental illness by the medical profession.

The other important factors for evaluating admission to the group are noted below. These are some of the questions that form part of the intake form used at the intake interview (Appendix B). Selection of members was done on the basis of both the counsellor and participant coming to a conclusion regarding whether the participant felt suitable for the group. An assessment was made through the participant's response according to the following guidelines:

- Individuals who have had therapy for offending and now wish to deal with victimization issues that have not been dealt with earlier
- Readiness for group work: One way this readiness comes about is by having had some individual therapy sessions. Individual counselling is optional, however I'd like to note here that the candidates for group work were assessed from those who attended individual counselling and were ready for group work
- Knowledge of one's personal abuse and its effects thereof
- Knowledge of one's behaviors and history
- The knowledge that the group could be a fear-provoking experience
- Factors that reveal positive experiences in other group settings
- Ideas on how the group is envisaged
- Ability to engage in accommodating relationships with a particular note on handling homo- or hetero-phobia
- Readiness to learn about oneself and the abuse (Dimock, 1995).

The intensity and duration experiences of abuse in the childhood of the candidates were not factors that hindered admission for group work as confirmed by Briere (1995). This therefore was not a criterion for selection to the group.

3.3 The Practicum Committee And Supervision

The practicum committee was comprised of Dr. Maria Cheung as Advisor, Professor Esther Blum as Internal Committee Member and Martha Aviles, Senior Counsellor at Immigrant Women's Counselling Centre as External Committee Member. Dr. Maria Cheung, my Advisor, provided me with clinical supervision and evaluated my

learning. Duane Lesperance, Program Manager of the Men's Resource Centre provided weekly supervision throughout this practicum.

3.4 Group Structure And Duration

The narrative model for the requirements of this practicum consisted of individual counselling first, from five to eleven weeks and a twelve-week group for three hours weekly. Five men were counseled individually (by this counsellor who was later co-facilitator) from July to September 2002. All of them joined up for group work, which commenced in October 2002 and ended in January 2003. The group was a closed group that consisted of five members; hence no new members were admitted after the intake selection was finalized.

The co-facilitation team consisted of a male and female therapist. It is said that having co-facilitators of both sexes helps men deal with issues of "transference" by learning from others in the group to relate in a healthy manner with both men and women alike (Rauch & Jones, 1997, p. 2). The female co-facilitator, a Master in Social Work and a Senior Counsellor, was instrumental in bringing to the group her expertise on working with women who had experienced childhood sexual abuse. She served as a female role model to the men, especially for those who were sexually abused by female perpetrators in childhood. The men were comfortable in her presence and looked up to her for a feminine perspective on issues of sexual abuse, sexuality and other issues. The men had the opportunity to both relate to the opposite sex with respect and be respected in return.

When there is a combination of gay, straight and bi-sexual men in a group setting, the hope of finding a respectful common ground, that of being 'male' is nurtured (Rauch

& Jones, 1997), and this makes space to deal with differences of sexual orientation (Dimock, 1995). The facilitators were open to accepting two or more from each sexual orientation category depending upon the availability, as one of each category may have brought isolation. However, as no gay or bi-sexual men sought therapy, the group was made up of five heterosexual men.

3.4.1 Rationale For A Twelve-Session Group.

Groups may be long-term or time-limited, but the majority of groups facilitated are of the duration of 10 to 12 weeks because they can be better structured and focused (Drews & Bradley, 1989; Gordy, 1983; Sprei, 1987). Courtois (1988, p. 250) cites Sprei (1987) in her book on the advantages of time-limited groups. According to Sprei (1987) time limited groups:

- (1) make it easier for members who are only willing to make a time-limited commitment to treatment
- (2) promote goal-oriented work
- (3) focus attention on common themes of sexual abuse and in so doing minimize the focus on interpersonal relations within the group
- (4) limit the level of anxiety experienced by a person considering joining a group
- (5) deliberately decrease the level of dependency that can be developed
- (6) provide a hopeful, optimistic outlook for survivors
- (7) encourage bonding and minimize resistance to sharing
- (8) provide a clear structure for intense group work sessions
- (9) encourage the emergence of feelings that can be further explored
- (10) fit the need and organizational structure of most centers.

Mann (1973) thinks that a time-limited group of twelve sessions is just right for members to develop a progression of active, forceful and vigorous proceedings which will help men to thrive, and be open to conversation, assessment and closure.

3.4.2 Rationale For A Closed Group

Closed groups augment the growth of interconnectedness, confidence and expectation (Drews & Bradley, 1989; Gordy, 1983; Sprei, 1987). When new members join the group the old members, as well as the new ones, will have to go through the process of integrating and getting to know one another. In my opinion, open groups may prove to be a threat to confidentiality and may also stall or delay the group process each time someone new joins the group. On the other hand, a closed group protects the content of the group process and supports the development of the existing members within the safety of the group. The confidentiality aspect is very important for issues of sexual abuse in groups. Men risk their vulnerability in sharing sensitive and private issues related to their sexual boundaries that have been violated by others. These issues may have been kept secret for decades. Personal information is shared only after bonding with one another takes place and the assurance that members in the group respect confidentiality. This is only possible in a closed group.

3.5 Group Work With Narrative Therapy

Toseland and Rivas (2001) organize the group-span into four stages: the planning, beginning, middle and ending. The **planning** stage for the narrative group model used for this practicum comprised of the recruiting strategy, which included intake and

screening. As advocated by Toseland and Rivas (2001), the twelve-session group work model is divided into the **beginning**, **middle** and **ending** stages.

Each group session was guided by the key concepts of narrative therapy. Within the context of these sessions men acted as experts of their own lives. They engaged others in relevant discussions, and gave and received feedback that was relevant to their personal stories. The group sessions began with a check-in and ended with a checkout. The first group session had an exercise to help men join with each other and with the facilitators. Facilitators were de-centred and influential (White, 2002). The men were the experts of their own lives, experiences and narratives. At session two, group members were requested to define sexual abuse and how it had affected them. Three sessions were used for the men to reveal their stories of childhood sexual abuse. The men acted as witnesses for the 'storyteller' during the definitional ceremonies (White, 2002). The telling, retelling, and retelling of the retelling of their stories thickened the 'themes' of their life narratives and made the definitional ceremonies a rich experience. Other sessions were a continuation of previous sessions. Work such as externalizing problems, contextualizing stories, identifying unique outcomes, co-constructing preferred stories and claiming new identities (Section 2.8) were the subject matter of every session.

Group members were given transcriptions of weekly group process at their request. They were requested to sign a standard release, freedom of information form (Appendix E) indicating that EHCC had supplied them with this information from their personal files. These transcriptions were carefully edited in order to protect the identity of each group member.

3.5.1 Beginning Stage

The beginning stage is usually characterized by difficulty, as the members of the group are unsure about how to proceed and what is expected of them. Many of them may fear authority. They may ask themselves questions such as: What am I in for? What kind of person will the worker be like? How can other group members who have problems similar to mine help me?

This is the stage where group members begin to see how the facilitators interact and ways in which the facilitators affect them. They make sure their individual safety is ensured. Once they have tested their ground and begin to feel safe, they may start to open up (Shulman, 1984). Facilitators have the important task of helping group members' work as a team, assisting each other in ways that are beneficial to all.

The beginning stage was smooth sailing for this group. The men had the privilege of bonding with the counsellor (myself) at individual therapy. I was now one of the group co-facilitators, and this made it easier for the men to have more time to bond with one another, including with the female co-facilitator who was new to them.

Toseland and Rivas (2001) prescribed a set of 10 objectives to accomplish goals in the beginning stage (Appendix J). These 10 objectives were achieved in the group process through the use of narrative questioning. By being genuinely curious and taking the de-centred and influential stance, the facilitator learned from group member's stories and views. Narrative questioning helped group members use their own, and others', answers to guide them into preferred ways of thinking, questioning, clarifying, acting and living. The members were guided and encouraged to formulate the group agreement (Appendix D) and rules at the first session, which also included taking on the

responsibility of discussing issues related to correcting members who broke group rules. Men had time to reflect on the agreement during the first week and come back to review the agreement during the second session. Clarifications and additions to the group agreement were made at session two. The narrative model looked at group members as experts of their own life stories and the two facilitators shared with each other, their expertise with regard to setting the stage and guiding the group process. The use of narrative therapy was non-threatening and worked extremely well in facilitating comfort and ease among the men.

The narrative approach helped men distinguish their identity from the identity of the problems they faced, thereby helping them move away from problem identities into alternative identities through rewriting stories they preferred. Narrative techniques are only tools used to externalize problems and guide the group process. All group sessions focused on men as carriers of potential social change. Narrative techniques complemented the narrative approach with this postmodern view in mind.

The beginning stage is the 'joining stage'. These beginning stage sessions included an introduction, defining abuse, exploring the influence members had over the effects of childhood sexual abuse and vice versa, and revealing stories of childhood sexual abuse.

3.5.2 Middle Stage

The middle stage is differentiated by a preliminary phase of difficulty, disagreement and fitting in, while group members occupy themselves with their relationships with one another and the group as a whole (Toseland & Rivas, 2001). Conflicts and testing are part of every group, and in expressing themselves they assert

their needs, create boundaries and display their strengths. Group members set their own goals and were guided by the facilitator's narrative way of questioning which served as thought provoking challenges. Men being the experts of their own stories and lives took on the initiative of being open, challenging each other with respect and offering their support and guidance when needed. A group member who knew that another member was smoking marijuana picked up the courage after battling with himself for a couple of weeks and confronted him in a respectful manner. Members and facilitators accepted his apology; he then promised to abide by the group rules. This was an example of addressing an issue with assertiveness and respect within the group.

The middle stage is the intervention stage. These middle stage sessions included interventions that helped the men to move on through externalizing conversations, taking a stand against the effects, identifying unique outcomes, tracing the history of unique outcomes, and mapping the future with stories of success. No particular technique was confined to any particular stage, but each was used whenever needed as a means to guide the narrative group work process.

3.5.3 Ending Stage

The ending stage (Toseland & Rivas, 2001) took place during the last three sessions and focused on discussions regarding the following developments: changes that have developed in the lives of individuals through the group work, the approaches that each other identified to help these changes take place, and the acceptance of their innate strengths and outside supports as a resource for future self-help. These last three sessions gave the men the opportunity to express their feeling regarding the group ending and prepared them to venture out on their own. Unique outcomes that were identified,

preferred stories recalled, and the claiming of new identities throughout the twelve sessions played an important part for group members in the building of self and preparation for moving on with their lives. Members decided to end the group with a 'potluck' party. Everyone joined in with the singing accompanied by two guitars. Cards and complements were being exchanged. A final group exercise was held and certificates distributed to celebrate graduation. Group evaluation questionnaires were filled in anonymously, sealed and handed over to the facilitator. A date for the follow up was tentatively set for the following month when the facilitator would meet with the men and evaluate their progress.

3.5.4 Termination

Men were offered the option of being referred by the facilitator to other groups within the EHCC for anger, parenting and sexual issues. Three of the men who were eager to continue work on other issues requested to join another group that was to be facilitated at the centre toward the end of the month. Those who wished to have individual counselling were free to request services at the centre. The bi-weekly drop-in counselling held at the centre was another option that was open to the men. The men considered continuing to meet periodically to support one another after the group ended.

3.6 Qualitative Evaluation Methodology

Knafl and Howard (1984) state that qualitative research provides a precise and comprehensive description of a point of view and how incidents happen, both the development and the outcome. Tutty, Rothery and Grinnel Jr. (1996) agree that qualitative research highlights the consideration of the social world from the perception

of the participants, and the social environment in which occurrences develop and take on meaning. Rosenthal (1997) believes that the content and structure of personal narratives are people's identities. Narratives offer admittance to people's identity and personality (Cheung, 1998, Lieblich, Tuval-Mashiach & Zilber, 1998). In my work with clients I have seen narratives as rich descriptions of the inner world of people's lives and histories that have moulded their identities. What better understanding may we have than to hear one's personal narratives in order to evaluate our intervention with them?

All narrative inquiry uses diachronic data, which presents chronological information about the sequential relationship of happenings (Oliver, 1998). Naturally, there is an account of both the event and the ensuing outcomes of the event, often in the form of autobiographical information of personal episodes, covering both the "when" and the "why" of the actions, and their anticipated result (Oliver, 1998, p. 250).

Narrative analysis is a form of generic narrative inquiry (Polkinghorne, 1995). More distinctively, it is the pattern or arrangement of a narrative (story), drawn from various information sources, that helps explain the lives of the narrators as well as their complex environments. It is an acknowledged method of inquiry in numerous fields of study, especially anthropological and sociological research. (Brown & Gilligan, 1992; Dyson and Genishi, 1994; Nespor & Barber, 1995; Witherell & Noddings 1991).

Stories create imagery, mythology and metaphors; they present a voyage into the world of practical ethics, unifying the worlds of thought and feeling (Coles, 1989). The knowledge expressed through stories describes a uniquely human experience whereby action and events contribute either positively or negatively to the achievement of goals and fulfilling purposes (Polkinghorne, 1995). Narrative analyses help to admit and frame

these stories (Bloom & Munro, 1995; Bruner, 1986; Greene, 1995).

Narrative analysis is compatible with views of postmodernism which advocate the idea of 'no single truth' but that of 'multiple truths' as representations of reality and that which studies the core meaning of the story, the structure as well as the progression of story telling (Reissman, 1993).

Narrative originates from what Bruner (1986) calls one of two ways of knowing, which provide two different ways of understanding peoples' stories. One way of knowing "truth" is through the "well-formed argument", that scientists use as a cognitive functioning method. The second is the rational and experiential evidence that is created from the question of how we come to "know truth", whereas a story originates from the question of how we come to bestow experience with meaning (Richard Rorty, quoted in Bruner, 1986, p. 12).

Narrative analysis does not miss out on the uniqueness of each story since it does not rely on the researcher's predetermined classification (Oliver, 1998). It utilizes a theme or plot. The theme ties together the individual experiences, constructing a framework for understanding meaning (Polkinghorne, 1995). Narrative analysis seeks out participant's stories through analysis of multiple forms of representation that will be designed and arranged into a narrative, or set of accounts, through the use of a theme, which builds sense into the experiences of the people involved.

In this practicum the main source of information came from transcriptions (Section 3.6.1) of the group sessions in addition to triangulation of data (Section 3.6.2) from other sources such as the weekly homework questionnaire, the weekly analysis of unique outcomes in group process, the end of practicum group evaluation and the follow-

up evaluation questionnaire (Appendices F, G, H & I). It is a retrospective amalgamation of data with a specific context or time frame, and includes a beginning, middle and an end. All data from the transcriptions were used for evaluation of this practicum in contrast to some narrative analysts who use only portions of the beginning, middle and end. A narrative can be explained through its components; setting, characters, and theme, which are “inextricably interwoven and cannot be separated without losing the meaning of the narrative” (Oliver, 1998, p. 251).

Connelly and Clandinin (1990) and Polkinghorne (1995) present three principles to conduct narrative analysis:

(1) A **setting** consists of three fundamentals: the physical environment, socio-cultural features, and temporal location. The socio-cultural features include characteristics such as values, beliefs, social rules, environments, race, social class, ethnicity, gender and religion (Oliver, 1998, pp. 251-252). This group consisted of men from diverse backgrounds, ages, with different values, beliefs and social rules. They shared society's dominant constructions of masculinity.

(2) **Characters** symbolize the people who fashion or live the events of the narrative. For a majority of people, private thoughts and feelings can oppose or challenge public values, with a threat of not being accepted by the social community. For this reason, people may keep certain stories a secret. Once a relationship of caring and trust is established, a therapist/facilitator may unearth these confidential or secret stories, thus making him/her one of the characters of the narrative (Oliver, 1998). In this situation, individual therapy prior to group work helped build a bond of trust between the clients and therapist. This helped the therapist become a part of the men's lives. Later, within

the group, this enabled them to further open up their 'secret' stories that they had kept hidden for quite a while, making the facilitators privileged 'characters' in the co-construction of their narratives and in rewriting their preferred stories.

(3) The **Theme** or plot is a major focus of narrative analysis that assimilates assorted events, happenings and actions of human life, knitting them into a thematic whole (Oliver, 1998). Themes may contain multiple stories, and the researcher's task is to organize the narrative so that the reader can see the manifold elucidations and meanings of the lives of the characters (Oliver, 1998). Group sessions helped organize the different themes and stories, making meaning of past events for the characters involved.

Lincoln (1996) proposes that reciprocity is one of the measures to establish quality in interpretative research. This shared process of co-constructing narratives in the group sessions thickened the plot and brought rich meaning to the life stories of the group members. This was evident in the themes that were identified in the transcriptions through interpreted using narrative analysis.

I have closely examined the transcriptions of the group sessions and noticed changes and progress that the clients have made in moving away from the effects of childhood sexual abuse and in claiming a new identity. Narrative analysis of the transcriptions helped identify themes and sub-themes by looking at the setting, the characters and the theme/plot. These themes capture the essence and outcome of narrative therapy. Narrative analysis, being a qualitative analytical approach, seemed the perfect choice in the evaluation of individual counselling and group work.

For participants, narrative therapy helps them develop their own voices, think

about and articulate the meaning of their experiences. This should help them to become more critical, visualize substitute possibilities and offer better potential (Greene, 1995). The exercise, therefore, becomes transformative (Benmayor, 1991; Greene, 1995). This was clearly evident as the group members were encouraged and given the freedom to voice and articulate the meaning of their experiences making them the experts of their own life stories.

3.6.1 Transcriptions Of Group Process

Group sessions were audio taped and transcribed weekly in order to identify unique outcomes in the group process. Themes and sub-themes that were identified from these transcriptions helped to evaluate the outcome of the group process (Section 4.3).

3.6.2 Triangulation

Triangulation in research is described as the blending of two or more data sources or research techniques in one study of a single phenomenon (Denzin, 1989). Fielding and Fielding (1986) note that “the important feature of triangulation is not the simple combination of different kinds of data, but the attempt to relate them so as to counteract the threats of validity identified in each” (p. 13). Once the combination of data relates to each other, a shared corroboration among the diverse approaches is attained (Campbell, 1956). The blending of various theories and methods of evaluation in a single study brings depth and breadth of understanding of the researcher (Fielding & Fielding, 1986). “Data from different sources can be used to corroborate, elaborate or illuminate the research in question” (Rossman & Wilson, 1985, quoted in Rossman & Marshall, 1989, p. 146).

The blending of narrative analysis of the group process with other qualitative analyses brings about a reciprocal authentication among these sources of information. Four sources of evaluation data that I have used for triangulation with narrative analysis are outlined below:

A. Qualitative Analysis Of Unique Outcomes in Group Process

To keep track of unique outcomes during the group process, an open-ended questionnaire (Appendix G) was used. This questionnaire was comprised of three different questions for the group members to answer at the end of each of the twelve sessions. The questions were:

1. How do you feel after tonight's group session? Was it helpful to you? In what ways was it helpful? In what ways was it not helpful?
2. What was the most significant contribution you made tonight to help the other men move a step ahead? What was significant about it?
- 3 After tonight's group, do you imagine freeing yourself from the problem? What do the experiences of the other men tell you with regard to how they coped in difficult situations?

B. Weekly Scaling Homework For Group Members

Evaluating clients' progress is a predominantly significant issue as therapists are expected to produce results by way of change in clients (Franklin et al, 1997). Client self-anchored scales are well matched with the scaling technique and provide a flexible method for evaluating changes that are compatible with constructivist ideas concerning the client's assembled reality. Individualized scales are constructed with client's

language, along with attached meanings, and lived experiences (Franklin et al, 1997).

The scaling technique may be employed to secure clients' realities, which helps them account for changes in the problems they present. This involves the therapist monitoring the client's problems and goals along a 10-point scale, a technique that may be used simply as an outcome measure (Berg & DeJong, 1996). Kiser et al. (1993) describe the use of scaling questions to anchor the clients' problems and discover what different thoughts and actions they employ in the course of their moving away from the problem. The men used the scale weekly as homework (Appendix F). They recorded their perceived position using a scale from 1 to 10, where 1 was referred to as the most positive number on the scale with regard to keeping the problem from influencing the person. This grading depended on the levels of self-care defined as 'positive' behavior that enabled them to relieve any form of stress, keep the problem away and which could be identified as a unique outcome. The weekly scaling was a rough measure to monitor group members' progress.

C. End Of Practicum Group Evaluation

The end of practicum evaluation questionnaire (Appendix H) was comprised of six different questions (three of which also have a scaling component) evaluating members' progress in the group. This was administered to the group members at the end of the final session of the group.

D. Follow-Up Evaluation

The follow-up questionnaire (Appendix I) included six questions consisting of group members' learning, the problems overcome, goals reached, the ability to cope after

the group ended and ways in which they continue to take a stand against the effects of childhood sexual abuse. This follow-up questionnaire was administered to the men individually a month after the group ended.

3.6.3 Individual Counselling Evaluation

The individual counselling evaluation was guided by six questions relating to client's anticipation regarding therapy for childhood sexual abuse, aspects in therapy that they found helpful and those that were not helpful, impressions about the counsellor, and goals that the client was able to achieve through counselling (Appendix A).

Conclusion

The qualitative evaluation methodology section outlined in this chapter on *Intervention* looks at how narrative analysis may be used to evaluate narrative therapy in group work using transcriptions. The blending of narrative analysis of the group process with the triangulation of other forms of evaluation and individual counselling evaluation data is meant to bring about a mutual verification among these sources of information.

This leads to chapter four, *Evaluation of Intervention Outcome*, which comprises of client profiles, themes that have arisen after evaluating individual counselling, themes that have been identified through narrative analysis of the group process, how narrative techniques have enhanced group work, other forms of evaluation of group work, the results of the triangulated data and the roles of the group facilitators.

Chapter IV

Evaluation of Intervention Outcome

4.1 Participant Profiles

The demographic characteristics of the five men who underwent individual counselling and group work and the effects of childhood sexual abuse on them, is summarized in this section.

The men ranged in age from 34 to 48 years. Four of these men were divorced, one was still married and all of them had children. Four of them were Caucasian, one Metis and all of them came from Christian backgrounds. One of them was self-employed, the others were employed, one of them found a job while in the group. Three out of the five had a grade 12 education. One had two years of college education in addition to other correspondence courses. All five men were heterosexual.

Participant A

Participant A had been sexually abused as a child by staff in an institution on three or more occasions. He became addicted to alcohol, drugs and pornography at an early age and went on to “act out” sexually with “cross dressing” and what he called “compulsive masturbation”. This generated gender confusion and problems within his marriage. Participant A came to individual counselling wanting to “deal with buried feelings, understand the effects of abuse as a child and now as an adult, wanting to learn new ways of relating to women and children”. His hopes for group work were to work on sexual boundaries with himself and others, work on understanding his “sexual addiction” and moving away from it.

Participant B

Participant B's alcoholic father and his mother emotionally and physically abused him. He grew up amid violence in the home and was sexually abused by a baby sitter on different occasions. A stranger raped him at knifepoint after giving him a ride when he was a teen. He came to counselling to address "boundary issues", "Sexual addictions – compulsive masturbation, cross dressing" and the "urge to roam the streets at night looking for hookers, women or men". He said he clearly knew he was heterosexual but found he was "looking for men in parks". This behaviour he said was beyond his comprehension. His hopes for group work were to "be able to have more control over (his) 'sex addictions', develop positive, loving and lasting relationships with people without stepping on each other".

Participant C

Participant C had a very traumatic childhood, which included severe physical abuse from his father, sexual abuse from an uncle and emotional abuse from his mother from the age of two till his early teens. He preferred the sexual abuse from his uncle as he mistook that for "love" in comparison to the physical abuse he received from his father. Participant C grew up not knowing what boundaries were all about and not knowing how to love somebody. He ended up being a violent man and a sexual offender. He came to therapy after having done group work for sexually offending and was now prepared to "deal with my (his) own victimization". He was eager to work on issues of shame and guilt and wanted very much to be able to externalize his life stories and feelings and emotions that were buried inside of him. He was determined to learn "respectful ways and patterns of behaviour" and work on "boundary issues" and to learn

about “self-care”. His hopes for the group were “to have feedback and learn how to express my (his) feelings without anger and resentment, getting a better understanding of what happened and why it happened, learning to communicate emotions and feelings in relationships and hopefully to learn never to hurt anyone else again”.

Participant D

Participant D said he was “sodomized” by his father from the age of 4 till the age of 11. Even though his mother knew “exactly what was happening” she slapped him across the face many a time for “lying” to her about it. His mother also sexually abused him whenever his father was away at work. He turned to his older sisters who “made me (him) play with them sexually”. A female schoolteacher also sexually abused him at school. Participant D grew up without boundaries, with shame, guilt, confusion and anger. He came to therapy wanting to work on “getting support, validation, and wanting to know how he could take his abusers to court”. He grew up not knowing what love is all about and in the process sexually offended others. He had therapy for sexually offending and now was seeking to work on his childhood sexual abuse. His hopes for group work were to “convert suicidal thoughts into positive thinking, stop hating so much, and find faith”. He was looking for tools that he could apply to change his ways of thinking.

Participant E

Three different men, a baby sitter, a friend of the family and stepfather, sexually abused participant E in childhood. He suffered with not being able to feel emotions, being numb, and not being able to have eye contact with people. He came to individual counselling wanting to talk about his feelings and discuss issues that affected his

relationship with his girlfriend – anger that he was displacing onto his girlfriend instead of his abuser(s). His hopes for group work were to work on how to feel, understand and learn to deal with emotions. He wanted to figure out a way to become focused again.

4.2 Evaluation Of Individual Counselling

Participants found individual counselling a safe place to talk, they were faced with questions they hadn't asked themselves before and realized they had the answers storied in their own narratives. The questions asked during counselling helped clients to think of the problem in different ways and from different angles. Participants saw the problem as an external entity separate from their personal entity. This rediscovering of their hidden identity laid the foundation for further work.

During the course of individual counselling discussions about setting boundaries, betrayal, stigma, guilt and shame prepared participants to articulate their feelings and emotions. Self-care helped them build a platform from which they could begin addressing issues pertaining to childhood sexual abuse. They found that the empathy, understanding, compassion and acceptance from the counsellor made it easier for them to consider joining a group.

The answers to the six questions in Appendix A gave rise to three themes: individual counselling prepared men for group work, it brought awareness of setting boundaries and motivated them to take up self-care as a base from which they could address effects of childhood sexual abuse.

4.2.1 A Pre-requisite for Group Work

A pre-requisite may be defined as something that is required prior to and in

preparation for a second step. This preparation serves as a foundation to hold 'building blocks' from tumbling down. Individual counselling was seen as a pre-requisite to group work in ways that will be described later on in this section.

Courtois and Sprei (1988) and Herman (1992), believe that it is important to take clients who have experienced childhood sexual abuse through individual counselling in the hope of preparing them for group work. They are concerned about clients joining group work without having addressed certain issues such as fear of being revictimized by others in a group and of betrayal, stigma and shame.

By joining a group, men have to face total strangers in a new environment. Not many men are prepared to do this for reasons such as: society's expectations that men be strong and invulnerable, hence men may not have had opportunities to show weakness or admit they were abused, the fear of being 're-victimized' in a group setting; and other reasons such as shame, guilt and boundary issues.

The fear of being revictimized, issues of boundaries, shame and guilt were addressed in counselling. Participants found individual counselling a place where they gained knowledge of group work, they learned how people interact and what takes place in a group setting. It helped them to consider group work and later on in making a commitment to join the group. Two clients were interested in joining the group from the onset. The other three were not in favour of group work when they first came to individual counselling but were enthusiastic and looked forward to joining the group by the end of counselling.

Participant D asked questions regarding accountability within the group. His expectations about safety and not being 're-victimized' by others, especially by gay men

with whom he had unpleasant experiences in the past, were addressed.

Participant D: Will I find accountability in the group? I want to be accountable and I want others to be accountable, even my abusers need to be accountable. Accountability is a big thing for me.

Counsellor: I am glad to hear that. That makes a lot of sense to me. Could you tell me more about 'accountability'?

Participant D: My abusers got away with what they did. I didn't, I had to pay the price for what I did, and all what I did was because of what they did to me.

Counsellor: What are your thoughts about 'accountability' in the group?

Participant D: I would like the others to respect whatever is said in the group; I wouldn't want to communicate with people who may put me down. I am concerned about gay men 'coming on to me'. I've had some of those experiences before.

Individual counselling prepared men for group work by giving them a chance to address doubts, insecurity, thoughts, questions and aspirations for the group. Doubts and insecurities were addressed when participant D wanted clarification about accountability within the group. His aspirations of respecting others and wanting others to respect him, led him to talk about setting boundaries, as elaborated in the section below.

4.2.2 Setting Boundaries

Harrison and Morris (1996) believe that clients need to be assessed for their reasons for breaking the code of silence. They see individual counselling as a place to develop skills for appropriate, "purposeful and safe self-disclosure" (p. 344-345). Breaking the code of silence is a way of articulating the fact that a secret is no more a secret. Secrets that are kept often have something to do with violation of boundaries. Secrets are kept either because of threats made by the perpetrator, or on account of the shame and guilt resulting from the abuse, among other reasons. Breaking the code of

silence is a way of wanting accountability to self from others and vice versa. Breaking the code of silence is the first step to acknowledging boundaries for self.

Participant C said that he was able to discuss boundary issues and be assertive. He was also able to acknowledge and take responsibility for the damage he had done in his past relationships. I, as the counsellor was able to assess the client's reasons for wanting to break the code of silence, which is to deal with the pain and hurt carried over the years, communication problems in relationships, failure to respect other people's boundaries and difficulty in knowing the difference between love and sexual abuse. Participants were able to talk about how they would go about breaking their silence, revealing parts of their story gradually after assessing the situation at various stages of group work. This was a precautionary measure they would take in order to avoid any premature sharing of their stories of abuse that could be overwhelming to them. This was a way clients set boundaries for work within the group.

In the previous section we see participant D clarifying doubts with regard to accountability which led the counsellor to help the client connect accountability with setting boundaries as seen here:

Counsellor: I see someone who wants to respect boundaries and be respected. That will be an asset in the group and be of help in your personal life.

Participant D: You bet. I wish I had boundaries or rather they (my abusers) had boundaries when I was a kid.

The issue of boundaries seemed very important for participant C (see below). His boundaries were violated through sexual abuse in childhood. This made him powerless with regard to self-control. Participant C had grown up not knowing where his boundaries lay. He grew up with his boundaries violated by perpetrators and went on to

violate others' boundaries. It seemed an appropriate moment for the counsellor to make a connection between the control issue and boundaries. Taking control in aggressive ways may lead to overstepping boundaries but taking control in assertive ways means safeguarding oneself from others violating one's boundaries. When asked about this, he expressed the need for others to respect him and vice versa. He realized that the more he became aware of boundaries, the more he felt inclined to work on them.

Participant C: All through my childhood and till I was 14, I had no control over anything.

Counsellor: When was the first time you had control over anything?

Participant C: I was 14; my mum came to hit me with a broom. I caught her hand and twisted it. I then started having control over the way my classmates treated me. I said 'enough was enough'. I had some control in the way I behaved even though I was a very angry kid and carried a lot of feelings of hatred.

Counsellor: Does 'having control' have anything to do with 'boundaries'?

Participant C: Yes, nobody is going to walk over me again, I can't take this shit anymore, I am old enough to do what I want but I need to do it with respect and not with anger anymore. I am here because I need to make sure that I keep my boundaries and others keep mine.

Counsellor: How may we work on this?

Participant C: Talking about these issues itself gives me a mind to think about them. The more I think about them, the more I am aware of them.

Participant C was able to take charge of his thinking process and come up with appropriate ways of taking control and drawing up boundaries. He decided to avoid attending certain socials to protect him from 'vulnerable' situations. Learning to set boundaries in individual counselling served as a pre-requisite for group work for participant C in the following ways: the ability to relate in respectful ways towards others in the group, more time and energy saved for addressing the effects of childhood sexual abuse and an opportunity to have an in-depth evaluation of boundary issues with regard

to his sexuality and relationships in the group.

4.2.3 Self-care

When you care for yourself you are more aware of what your body needs; you get in tune with yourself. Self-care brings about self-awareness and vice versa. Harrison and Morris (1996) advocate individual counselling as a safe place for clients to develop more self-awareness. The importance of self-care and ways in which each client preferred to care for himself were discussed in individual counselling. Self-care is a way to learn to love oneself. Learning to love oneself helps set boundaries and know one's limitations. Self-care leads to self-control and a determination to address problematic issues in life.

Participant B said that individual counselling gave him awareness of self-care; he said it showed him that he was a worthwhile person and deserved to care for himself. Participants said that they learned it was important to start looking after and having more time for themselves. Participant B said he gives in to 'sex addictions' whenever he is tired after a long or bad day at work. He realizes that when he takes time for himself and spends quality time with his daughter, he is more at peace with himself and gets on better at work. He sees self-care as another way of setting boundaries for himself in order to work on his relationship with his boss, his daughter, and with God.

Counsellor: You spoke about how your work relationship has improved with your boss (after being so bad for a long time) How has this come about?

Participant B: I have chosen to concentrate on my work and I get better results.

Counsellor: How did you make this happen?

Participant B: I guess I'm aware now that I need to take care of myself. I spend most of my time in prayer and meditation and catch up with practical things. I don't keep anything pending with my work at home and I even find a lot of time to relax nowadays.

Counsellor: So, is this self-care for you?

Participant B: Yes, self-care for me is doing what's best for me. I enjoy the weekends spending quality time with my daughter, go to church and do my shopping. I enjoy doing what I do. Wow! When we spoke about self-care at the beginning I realized that, that was the problem with me. I didn't take the time for myself, worked long hours, came home tired and gave in to my addiction. Ever since that time things have changed for me. I do give into my addictions once in a while but I know why now.

Counsellor: So, does self-care bring awareness about certain issues?

Participant B: I should certainly say so. Self-care helps me to love myself and be at peace with myself and with God and everything flows from there.

Other clients had similar impressions about what self-care did to them. They said it slowed things down for them and made time for them to take stock of their lives. Participant B went to the extent of cutting down his hours at work during the week and stopped working weekends because he was convinced that self-care played a major part in what he called his "recovery".

It is evident that self-care helps to focus on physical and mental health issues, keeps a person in control of external forces like drug, alcohol and sex addictions, brings about emotional stability so that the person is ready and willing to deal with past issues of abuse. It makes counselling more effective for the client and less burdensome for the counsellor.

4.2.4 Qualities and Skills of the Counsellor

White's (2002, p. 4) intentions for the narrative counsellor are that he/she be "de-centred and influential". According to White, being 'de-centred' means allowing priority for personal life stories of the client to be expressed and honoured with the client's own language, knowledge and skills (White, 2002). The counselor's influence should go only as far as building a framework through questions and reflections that will enable the

participant (in counselling) to express himself emotionally (White, 2002). A framework is a “scaffold” (White, 2002, p. 4) where the systematic construction of narratives leads to the amalgamation of various accounts enabling the participant to rationally uncover alternate stories.

“What impression did you have of your counsellor in individual therapy?” This was one of the questions asked during the evaluation of individual counselling. Given below is a summary of what clients said:

Participant A felt understood by the counsellor and also thought his wife’s point of view was respected. No sides were taken which meant the counsellor was de-centred as he respected the primary authorship of the client. Participant B was surprised by the counselor’s curiosity through which he was able to tell his story. Caring, respectful, courteous, understanding, compassionate, non-judgmental and professional were words clients used in describing the counselor’s skills and roles. These they said helped them to open up further, to understand situations better and to instill hope in themselves. This served as a foundation for clients to get to know and care for themselves better, and look forward to addressing in further detail the effects of sexual abuse in the group.

The counsellor was able to treat his own values and assumptions as preferred meanings and not as absolute truths. That took pressure away from the counsellor, as he didn’t have to teach, give opinions or try to pose as the expert. This helped participants see that the counsellor was influential in allowing them to describe their stories with richness and depth. The primary authorship thus remained with the participants while the counsellor remained de-centred. Participants felt that the counsellor always respected their points of view. The counsellor was attentive to what participants had to say and

looked for indications wherein the problem had no power over the participant. The counselor's questions helped a participant to break down thought processes into preferred ways so that the participant could see and understand the problem and evaluate its influence over his life. The counselor offered space for the participant to think in ways he had not thought about before, revisit old places, but this time with new lenses and a whole new understanding and richness of preferred stories that were previously overshadowed by dominant problematic ones. The participant's knowledge and skills were the focus of therapy. Participants were therefore empowered by the counsellor to use their knowledge and skills in claiming their expertise as a means to move away from the problem. Given below are the participants' own words in regard to what individual counselling meant to them.

Participant A: Individual counselling was a safe place for me to talk; I found it very easy to be honest, for me it was a total disclosure. I had held back on sexual issues with other counselors. I think it was the way my counselor asked questions; it helped me stop and think in ways I hadn't done before. It made me feel someone really cared and wanted to help. I felt a genuineness flowing between us. I longed to come back week after week. There was something happening for me like never before. He was pretty attentive to my needs.

Participant B: I felt extremely comfortable with my counselor and could open up and tell him anything. I thought of him as very caring and easy to open up with. I didn't have to hide anything because my opinions were respected. Through it all I learned that I was a worthwhile person and deserved to care better for myself.

Participant C: I felt comfortable right from the start. My counselor was understanding and compassionate. I was able to understand myself and communicate my feelings and emotions better. Communicating with him gave me a new outlook and I could identify with myself better. I felt worthy and a more constructive person.

Participant D: I found the understanding and the sincerity of the counselor most helpful. He was non-judgmental and I realized there was hope for me. I didn't have to 'suck it up' like I'd always done. There was

something happening here and I knew it was different. I think we bonded well together.

Participant E: My counselor was helpful in helping me open up and understand myself. I didn't really want to open up at the first session but the questions he asked told me that he genuinely cared and that it was okay for me to tell my story.

Participants took on the authority that belonged to them; to be who they really were, they felt enabled to share their real story without embarrassment and take stock of their knowledge and skills as a means to freeing themselves from the problem.

4.3 Evaluations Of Group Work

This section is divided into three parts. Under the first part, *Narrative group work facilitates change*, the facilitators draw out the major themes illustrating how group members were helped to take a stand against the effects of childhood sexual abuse, reauthor their lives and claim a new identity. The second part is an illustration of how the facilitators used narrative techniques in group work. The third part is about the de-centred and influential role the facilitators' played and the part the female co-facilitator played in bringing about a gendered perspective in the group. Each part contains transcriptions in order for the reader to get a better understanding of the group process and to see how narrative techniques were used to help group members move away from the problems and rewrite preferred stories.

4.3.1 Narrative Group Work Facilitates Change

This theme gives rise to three sub-themes, explained in their relevant sections below.

4.3.1.1 Taking A Stand Against The Effects Of Childhood Sexual Abuse

Taking a stand amounts to verbalizing the experience of childhood sexual abuse

and breaking the code of silence. It is not taking responsibility for the actions of the perpetrator and thereby not assuming perpetrator's guilt. It implies dealing with the shame that is brought on as a result of the guilt and then assuming responsibility for one's self-care. Without taking a stand against the effects of childhood sexual abuse, no member of the group could have moved on to reauthor his life story and claim a new identity. It is therefore the first step in facilitating change. Throughout this group process, the facilitators asked questions, through which members clarified the meaning of abuse to them, spoke about it and broke the silence. Having realized that each had similar experiences they felt at ease and were able to address issues of guilt and shame with one another.

(a) Defining Sexual Abuse and Distinguishing between Sexual Abuse and Homosexuality

The members' definitions of sexual abuse gave one another clarity and understanding about the different ways in which sexual abuse manifests itself.

Facilitator: How would you define 'sexual abuse'?

Group Member A: Unwanted sexual contact or devious sexual contact that is secretive. Fondling, someone rubbing me on purpose on a bus; a family member giving me inappropriate sexual material as a child – pornography and inappropriate touching - I consider that abuse, digital penetration from staff, genital fondling from institution staff.

Group Member B: Unwanted, shaming.

Group Member C: When someone takes power and control away from you –when an older person takes my choice away. Felatio.

Group Member D: Forcing myself to masturbate, excessive or compulsive masturbation, not getting the sexual attention but giving yourself the sexual attention, either that or you suck it up, forced sexual contact, rape?

The exercise of defining sexual abuse was a way of acknowledging and not minimizing the role that sexual abuse played in their lives. The men were then able to

articulate the effects of sexual abuse: "I question my own sexuality", "confusion of purpose", "procrastination", "complacency" and "instability". Attempts at suicide, drug and alcohol abuse, acting out sexually, fighting and isolation were some of the destructive ways members used in trying to forget the abuse.

When asked by the facilitators what they wanted to say to 'sexual abuse' for what it had done to them, they said: "You (sexual abuse) are a bastard; I would be physical and punch it", "Leave, I don't want to talk to you", "I don't know what to say to you", "Get the hell out of my life", "You damaged me for life, why?" These are ways in which the group members openly expressed their anger with sexual abuse in the presence of one another. Acknowledging their abuse, prepared them to talk further about it. In this way, sexual abuse had an identity that was distinguished from the client's identity.

The facilitators helped group members to look at sexual abuse as an intruder or as a thief who stole part of their lives. Group members were asked about one thing they wished to take back from what 'sexual abuse' had stolen from them. They wanted back their self-respect, self-esteem, self-confidence, self-worth, trust and the ability to have feelings again. This was a combined effort to stand up and courageously speak out against sexual abuse. Group members felt part of the process; the role they played here was to take authority over the problem and address it, speak the unspoken words against the abuse and take a stand against the past, building hope for the future.

Two misconceptions of sexual abuse in relation to homosexuality commonly held in society are: (a) that homosexual males perpetrate most sexual abuse of boys and (b) boys abused by males are or will become homosexual (adapted from a presentation at the 5th International Conference on Incest and Related Problems, Switzerland, 1991 Quoted

in Male Survivor – ‘Overcoming Sexual Victimization of Boys and Men’ - Web page (n.d.). These myths about males who have been sexually abused as boys are reinforced by society’s dominant constructions of masculinity. One of the ways of deconstructing some of these myths is to differentiate between sexual abuse and homosexuality. This enables a client to see the difference clearly, that being abused by a male does not have to lead a person to become a homosexual and being abused by a male does not imply that the person abused is homosexual.

Facilitator: How is sexual abuse different from homosexuality?

Group Member A: I had those thoughts too; just because of sexual assault or sexual abuse does not mean you are going to be a homosexual; It’s that guilt trip you know, if a male has sex with you and I let him do it and then maybe I am ‘that way’; maybe I am a homosexual. I went through that.

Group Member B: Homosexuality? You have a decision, you decide for yourself.

Group Member C: I had a problem with that throughout my teenage years I thought I was homosexual because the sexual abuse I went through with my uncle, felatio and everything I thought I was homosexual. Am I queer? When I was 13 years old I was a pretty ‘f---d up kid’, pardon my language.

Different opinions regarding the differentiation between sexual abuse and homosexuality brought about a realization that being a homosexual meant accepting oneself as homosexual by one’s own choice, and not being pressured to conform to a societal myth that believed homosexuality was the result of male to male abuse. The men had grown up with this confusion but were now able to distinguish between the results of abuse and the conscious choice of sexual preference.

Facilitator: What are your present thoughts about the difference between sexual abuse and homosexuality?

Group Member C: I didn’t understand the difference between sexual passion and sexual abuse. Now I do.

Group Member E: I think consent (to have sex) is a big part of it; the guilt (about being sexually abused and not standing up and fighting the abuse) is something that everybody (who has been abused) goes through.

As we can see, they now understand it was abuse perpetrated on to them through no fault of their own, even though they may have felt passion or guilt during the abuse. Defining sexual abuse was therefore a very important step in helping the men talk about its effects and an opportunity to reclaim what 'sexual abuse' had stolen from them.

(b) Acknowledging that they are not alone in Experiencing Childhood Sexual Abuse

It is evident from their optimistic and hopeful words that these men had connected and bonded with one another. The role that the group played here was to bring reassurance to one another; by opening up they served as models for each other. This was an indication that they shared something in common and had come to group for a similar purpose and that they were not alone to face the challenges that lie ahead. Dimock (1995) says that group work gives men "an opportunity to experience support and validation from other men in a safe environment" (p.1). They found a release in defining sexual abuse, acknowledging they were not alone in sharing a similar past. This was clear in what they had to say:

Facilitator: How are you feeling now since you've made it through the first session?

Group Member A: Grateful.

Group Member B: Reassured.

Group Member C: Relieved.

Group Member D: Optimistic.

Group Member E: Hopeful.

Facilitator: Was the group session what you expected?

Group Member A: Somewhat, yeah.

Group Member B: Yes.

Group Member C: A little more than what I expected; liked the sharing and trust of other members.

Group Member D: Exactly what C said.

Group Member E: Yeah, I guess, I didn't really know what to expect.

Facilitator: What is the most significant thing you will take away from the group tonight?

Group Member A: I am hopeful, like my expectations.

Group Member B: Trust.

Group Member C: Ease, I'm more at ease tonight.

Group Member D: Comfort; I've had some serious anxiety issues in the last couple of days; I need just a shake.

Group Member E: I guess just knowing that I am not alone; other people have been through similar things and reacted in similar ways.

The sharing in the group revealed that men bonded extremely well and reacted in similar ways. The beginning of a sense of comfort, ease, expectations, hope and trust were built as a result and the level of openness was encouraging at the first group session.

(c) Overcoming 'Alexithymia' and Breaking the Code of Silence

"Alexithymia" is defined as "the inability to identify and describe feelings in words" (Krystal, 1982, p. 353). In the early stages of group work, when men are encouraged to describe their emotions, they do so with words that insufficiently describe their attitudes, feelings and values (Harrison & Morris, 1996).

I, as facilitator helped group member A to open up and others followed, breaking the code of silence. Emotions of anger, frustration and anxiety were brought out into the open. Other members validated each other's experience and this helped them overcome any fear of rejection that they had. Interaction between members and facilitators seemed to flow without any struggle and by the end of the first session, the ability to open up and talk about the price paid for secrets kept, showed that a huge amount of trust was developed within the group. The trust built in individual therapy with the counsellor who was now one of the facilitators, played a key role in bringing about comfort and ease

within the group which helped the men open up and begin to trust one another.

Facilitator: What was the price you have paid for keeping the code of silence?

Group Member A: Low self-esteem, other sex addictions, alcohol, drugs, confusion and anger.

Group Member B: Numbness, not knowing how to feel, not knowing what love is, shame. I was unable to set up appropriate boundaries with my children. I didn't have those to pass on. Lonely, I felt like I did not belong anywhere, I felt like an outsider.

Group Member C: Violent relationships, losing children, self-pride,

Group Member D: Isolation, not being able to trust; if I am not willing to forgive and accept how can I learn to trust.

Group Member E: Guilt, I guess a lot of the things that A said apply. I never really associated them with the silence or not talking about it; I went through a lot of that stuff but didn't know why and what to do.

Facilitator: In what ways were you encouraged keeping the abuse a secret?

Group Member D: I am still very bitter about this. I am still encouraged to keep this quiet.

Facilitator: In what ways are you still encouraged keeping this a secret, D?

Group Member D: Don't talk about it in front of family members; it's head games, manipulation; it never happened, he's insane. Even as a little baby? How can babies be insane? Babies are honest.

Facilitator: I am glad you are able to talk about it. And what about you, C?

Group Member C: When I was being sexually abused by my uncle he said 'Keep it a secret', this is our little secret, don't tell anybody, but the fear of my dad physically abusing me was far greater than anything that my uncle had done to me or was doing to me. That's why I preferred being sexually abused; fear was a big part of my life.

Boys keep secrets in childhood because of threats and fear of further abuse; secrets continued to be kept into adulthood to portray the image of men who are strong and invulnerable in society's eyes. Breaking the code of silence therefore was no easy task, especially in the presence of a female co-facilitator and with other men in a group setting. Yet they were prepared to reveal their secrets, as a first step toward easing the burdens they carried. This, I presume is solely attributed to the bonding with the therapist, now

facilitator in the group and a direct result of the outcome of work done in individual therapy. All five men were eager to continue therapy in group work as a result.

(d) Dealing with Shame and Guilt

According to what the group members said, shame and guilt are the two most humiliating feelings to deal with. Shame and guilt take you away from the real world into denial, procrastination and oblivion. Shame makes you feel humiliated and bashful; it causes disgrace and dishonor. When a person wants to open up and is denied that chance, or is even called a liar when doing so, he undergoes 'secondary victimization'. This takes men far deeper into their inner worlds. To survive the trauma of sexual abuse, rejection and embarrassment, these men learned to cope with what they called 'sexual addictions', substance and alcohol abuse and denial. Some of the effects of sexual abuse are listed in the transcription below.

Facilitator: How did sexual abuse affect you?

Group Member A: No one would believe me anyways; if I did have a problem I was told go and pray about it, go to church and pray and that would save me; say the Rosary. I still haven't told my parents about the sexual abuse.

Group Member B: They are supposed to be your parents and teach you all the right things in life and when they said 'this didn't happen', you know it did now and what do you believe. I was even afraid to go to the washroom; I was always fearful with anybody. That's because of my father's abuse. You know I was afraid at work and couldn't ask the boss for a raise. I was so fearful of everybody and I still suffer a little bit from that but it's getting a lot better.

Group Member D: Denial from my parents.

Group Member E: And then you question yourself, right?

Group Member C: Fear and embarrassment.

Facilitator: C, tell me more about that fear?

Group Member C: You tell anyone and I'll kill you. There's two fears going on here: one, is sharing information of the truth with somebody and being rejected, that is the fear of rejection and then there is the fear of physical damage and being threatened, the shame and guilt.

Group Member E: I still haven't told anybody about it; I don't really remember what I was told or not told to do. Knowing it was wrong I didn't want anybody to know.

Shame plays a major role in obstructing a person from revealing sexual abuse. The fact that these men could sit together in a room and talk freely about the very things that they were forbidden to reveal at one stage and ashamed to reveal at a later stage, is an indication that they had paid a high price and couldn't afford to continue to do so. There was too much at stake: broken marriages and relationships, offending behaviour, 'sex addictions', isolation, distrust, low self esteem, depression and hopelessness.

Group interactions helped the men make connections to past events, find reasons for what had happened and get a better understanding of the effects of not breaking the code of silence. They understood that shame was a result of the guilt that was wrongfully inflicted on them.

Group members were able to externalize their feelings of fear, rejection, shame and guilt by listening and talking to each other. This, they could do openly and honestly without being ridiculed or criticized by others in the group. There were no derogatory comments regarding each other's experiences made by any group members at any time in the group; on the contrary members treated each other with respect, support and validation. This safety built within the group allowed members to evaluate the damage and effects the abuse had caused.

4.3.1.2 Re-authoring Lives

Re-authoring is the rewriting of preferred life stories that have been brushed aside by problematic stories over time. Part of the process of re-authoring lives is the externalization of problems.

These men needed a structure to externalize their conversations starting with a definition of their experience that was personal and meaningful to them. The definition of the problem helps them to see what influence the problem has on their lives and what influence they have over the problem. They would then be able to justify why this problem is a problem to them, on the basis of their personal beliefs and value system. This is basically what the statement of position map does. It consists of four parts describing the structure of externalizing conversations as outlined below.

Stages of the 'Statement of Position Map'

White (2002) divides the "statement of position map" into "four categories of inquiry" that provide a description of the "structure of externalizing conversations" (p. 2). The first category "negotiation of an experience-near, non-structuralist definition of the problem" looks for personal and not "distant or global" experiences (p. 2). The second is mapping the effects of the problem in all areas of a person's life. This step involves just a mental charting of the effects of the problem. The third is taking a closer look at assessing the extent of influence these problems have over a person's life and finally, justifying these evaluations through the person's belief and value system.

This helps the person to stand away from the problem and look at its experiential nature and its effects on self. The person is then inclined to find out whether the problem lies in the belief system, in the emotional reaction or in patterns of behaviour (White, 1995; White & Epston, 1990).

(a) Negotiation of a personalized experience in an externalized definition of the problem

The facilitator and the group member team up to negotiate a personalized experience, an experience that is near and not distant, in an externalized definition of the problem (White, 2002). Other members are involved in the process and help out by contributing with their ideas. Negotiation of an externalized definition moves the problem out of the dominion of expert professional knowledge and back to the client to find reasoning and personalized ways of dealing with the issue (Mann, 2002).

Group Member A in the transcription below views the problem as loneliness. The facilitator states that most people experience loneliness from time to time; this he does with a view to finding a more personal and meaningful definition of what loneliness means to group member A. A then rephrases the problem from loneliness to 'isolation'. Isolation seemed to suit his situation better and he realized that it played a major role in his past. When 'isolation' was externalized, it brought personal meaning to his life situation. A was then in a position to relate to the problem and take control of it.

Group Member A

Facilitator: How would you describe the problem?

Group Member A: Loneliness.

Facilitator: How would you describe loneliness?

Group Member A: I can be in a room full of people and just be to myself, not looking at what's around, not noticing anything around me or just being in my house or basement, watching TV, not seeing the world.

Facilitator: All of us could be lonely at different times in our lives. How would you describe loneliness to suit your situation better?

Group Member A: Isolation

Facilitator: What does isolation tell you?

Group Member A: It tells me there is a problem, like I'm feeling hurt or sad or it's just a sign of or a symptom of deeper things.

Facilitator: What effects does it have on you?

Group Member A: I get depressed, angry, bitter.

In the transcription below, group member C defined the problem in three words: hurt, fear, and regrets (which seemed distant compared to one word “humiliation”). Through humiliation he was able to draw the crux of the meaning of all three words in a personalized manner, from which he could address and relate to the problem with meaning and understanding.

Group Member C

Facilitator: C, if you had to give this abuse, hurts, fear, and regrets one name, what would you call it in one word?

Group Member C: Humiliation that would be the word. What I went through when I was five, being sexually abused by my uncle, the abuse and the anger that was thrown on me as a child by my parents.

Facilitator: Does this word humiliation fit your view of yourself?

Group Member C: It does because a 5-year-old kid, being sexually abused. I was humiliated and belittled. I felt worthless, useless and I hated myself. I hated what was happening to me but I couldn't control what was happening to me. When it comes to humiliation I remember the sexual assault and I cried 'cause it hurt that much 'cause I had blocked it off for so many years and at the same time I felt relieved because I remembered.

By personalizing the externalized definition of a problem a new identity separate from that of the person is given to the problem. This helps the person relate to the problem as an outsider and to develop his own personal relationship with it. Group member A called it “isolation” and group member C called it “humiliation”. These definitions had a great deal of personal meaning attached to them.

Group member A realized the difference between loneliness and isolation. The term isolation suited his situation better as the past isolated him from the present. Feelings of isolation link better to feelings of hurt and sadness that group member A experienced, whereas the word loneliness failed to deliver what he actually felt. Group

member B felt comfortable looking at “fear of rejection” rather than “numbness”. Group member C saw this as something new because he never looked at his anger as being humiliating or the feeling of anger that he carried toward his aggressors as being humiliating. Group member D said he had a choice to accept or reject the problem. Group member E began to understand his relationship with (a feeling of) “flatness”. The cause and effect of this flatness, and how the problem worked is described below.

(b) Mapping the Effects of the Externalized Problem

The personalized experience in a definition that is externalized leads us to the next part. It engages in the identifying, naming and mapping of the influence that the problem has on the person. This helps the person identify when the problem is least or most influential, and its effects on both themselves and others (Mann, 2002).

Group member E makes an important observation regarding his emotions and feelings. Not being able to feel made it easier for him to do “negative things” and this “flatness” was a “protection” from being vulnerable to his emotions. The facilitator’s questions helped to evaluate the influence that flatness had on E and others.

Facilitator: What effects does this ‘flatness’ have on your view of yourself?

Group Member E: Up until I started dating some years ago I never even knew it was an issue. I guess feeling flat and not being able to feel things makes it easier to do negative things. You give up the positive things, the up side so that you don’t get the down side.

Facilitator: What effects does this ‘flatness’ have on your girlfriend and others at work?

Group Member E: I am now divorced. When I was married to my wife I would tell her that I loved her but I didn’t feel it, I don’t think I ever really loved her because I didn’t know what love was. My present girlfriend made me actually laugh and feel emotions. These have been some of the best and worst experiences in my life, like a roller coaster.

This “flatness” helped E to do negative things without feeling bad about himself. When the facilitator helped E to chart the effects of this flatness on his girlfriend, he was able to see that his girlfriend had more power over this flatness. Through this, his girlfriend gave him the ability to experience his emotions. This revelation could not have come about without a question to map the effects of the externalized problem on his girlfriend. His next step is to evaluate the effects of this ‘flatness’.

(c) Group Member’s own Evaluation of the Effects of the Problem

To evaluate the effects of the problem, it is first necessary for a person to identify the problem and map the effects of the problem. A personal evaluation of the effects makes him the ‘primary author of the experiences of his life’ (Mann, 2002). The purpose of this evaluation is to find out the severity of the effects of the problem. The severity of the effects shows to what degree the problem is influencing the person and opens space for the person to consider the amount of influence he has over the problem.

Facilitator: You said ‘flatness’ was not always strong – Have you had different degrees of flatness?

Group Member E: From the age of 4 until the last year I had this flatness. Only in the last little while it has changed.

Facilitator: What is the change?

Group Member E: I’m starting to feel things now; I still don’t know how to deal with my emotions because I have been flat for so long. These are normal everyday emotions everybody deals with. I missed out on so much and I think it was also a ‘protection’ thing because there was a lot of anger, which I didn’t feel or deal with which is coming out now.

E now realizes that he has to face up to ‘anger not dealt with’ and any other issues ‘flatness’ may have pushed under the carpet. The facilitator deconstructs the degree of effectiveness that ‘flatness’ has on him. This helps him realize that he has started to feel

'things' now but is not sure how to deal with those emotions. He now realizes the amount of influence the problem has on him.

Facilitator: Does this 'flatness' have its usefulness or no usefulness or anything else?

Group Member E: I think it was definitely useful. I missed out on a lot but it has certainly served its purpose, to deal with or not deal with a lot of disappointment, I didn't feel the hurt and carried on with what I wanted to do not to get hurt or damaged. Feeling flat was damaging but it helped me to function.

'Flatness' has played a role in E's life; it has been a help to him to survive the hurt at the cost of his ability to 'feel emotions', yet he knows that it could be damaging to his relationship. E now has a choice between the 'protection of flatness' and the relationship with his girlfriend. His decision will tell us the amount of influence he wishes to have over the problem.

Facilitator: Is it okay or not to have this 'flatness' in your relationship now?

Group Member E: I think I've pretty much proven it that flatness does not work in a relationship. It's a lot harder when you are actually feeling things because you have to take the good and the bad.

Facilitator: What role does the flatness have in your relationship with your girlfriend now?

Group Member E: It's a bit of a long story with her. We've hurt each other a lot. So, it's been rough, there have been some magical times and some trying times.

Facilitator: So, do you think this 'flatness' has a role to play during these ups and downs?

Group Member E: Yes, in the hard times.

Facilitator: When exactly does this 'flatness' come back, what happens then?

Group Member E: I guess when I got hurt; it's some kind of self-defense.

These questions have challenged group member E to map the influence that 'flatness' has over him. When asked to map the influence he has over 'flatness' he

speaks about his courage to be able to take it to counselling, the ability to trust the counsellor, and his vulnerability on account of his emotions.

Facilitator: What have you done in your life to see this ‘flatness’ slowly fading off?

Group Member E: Just recognizing it. I think it involves trust and opening up and these are all things I’ve never done before, counselling - I never did that before.

The facilitator’s questions opened space for the group members to bring out their expertise through their knowledge, skills and life stories. The questions asked of them helped them to reflect and look at the problem from two different angles, on how they influenced the problem and how the problem influenced them. The group served as an audience during the conversation between the facilitator and group member E. The group members were attentive and reflective; the other members reported that this served as an eye opener for them. They said that they were thinking about the relationship they had with the problem in their lives and were getting ready to address their situation in turn. In this context, the role of the group members was to take authority by using their skills and knowledge. This they did by reflecting, and evaluating the influence they had over the problem and the influence the problem had over them.

(d) Justification of the Problem

After mapping and evaluating the effects of the problem, a justification of the evaluation brings reasoning and understanding of what keeps the problem around. As seen in the transcript below, the justification of the problem is co-constructed by group member and facilitator. The facilitator opened space for the group member to state his own values, beliefs and intentions that update those justifications. As a result, this group

member had new ways of looking at the problem, its influence and the justifications of his evaluation of the problem.

Facilitator: What influence does flatness have over you?

Group Member E: Protection.

Facilitator: Does this protection keep you safe in times of vulnerability or trouble? When are you vulnerable or when do you have trouble?

Group Member E: I guess I kind of really opened up in a lot of other areas, so I guess it's there all the time. I opened up when I was with her in this relationship, the rest of the time I was very closed and protected.

Facilitator: How have you justified this flatness protecting you?

Group Member E: It's just a way that I dealt with disappointment. From a very young age when my parents separated and because of the physical abuse, the sexual abuse didn't come until later. This started before that.

The protection against disappointment, not wanting to feel the sadness, hurt and anxiety of his parents' separation and then the sexual abuse that added to his misery were ways in which he justified the presence of 'flatness' as a way of protection in his life.

Narrative group work provokes members' thought processes. By listening to other members speak out, they were able to work out definitions of problems in their lives, map the effects of the problem over their lives, evaluate its effects and justify the problem's presence in their lives. Group members serve as an audience to the speaking member and at other times they take an active role of co-authoring in the process. The role of the facilitators here is to stay not neutral but influential with a view to seeing that the group members retain their expertise.

The following is an example of group members A, B and D playing an active role in co-authoring the group process. The focus in this transcript is on group member E.

Facilitator: E, what are your thoughts about the feedback you just received from the other members? How did it make you feel?

Group Member E: I guess that I felt mixed before I started therapy; I was

very confident and probably arrogant. I was very goal oriented and focused and I set my mind to what I did; I always did very well at sports and anything I took part in.

Group Member D: A little while ago you had said that you were nervous; you had some anxiety about your children - fighting and gaining respect and your self-pride back. Could you place your focus on that to help deal with fighting for your children?

Group Member E: The last two years since I started doing this I think I've lost a lot of the self-confidence that I have had; I've got a lot more self-doubt now, a lot more insecurity. The girl that I am with now never knew me before. She knows me as who I am now, a person who is insecure and not very self-confident and not focused. If you'd ask her she'd probably say I am lazy and all kinds of stuff whereas if you spoke to my ex-wife she would describe me as a completely different person.

Facilitator: What's the reason for this difference?

Group Member E: Because now, I guess accepting that I was abused means that I am vulnerable whereas before I didn't acknowledge that I was abused; all that stuff was just locked away.

Facilitator: So what does this vulnerability mean to you now, having accepted the abuse?

Group Member E: I don't know. It's like a step back; sometimes I got to take a step back to get my balance to take a couple of steps forward. Logically I understand all this stuff, emotionally I am a wreck because I never had emotions before or I never used them. There was a switch. It was off and so I was able to cope with everything and go through my life up and until about 2 years ago because I never dealt with anything.

Group Member D: You just got off a tricycle onto a bicycle, its wobbly; it will take some time to get your balance.

In the process of justifying the evaluation of the problem (above), E speaks about being vulnerable on account of the abuse. He compared his behaviour to earlier times when he had blocked out his feelings in order to safeguard his vulnerability. Group member D tries to justify E's response by encouraging him.

Facilitator: D said something very important. Can anyone of you relate to what E is going through?

Group Member A: For me it is just the opposite. I didn't know what was going on with my life; I like myself more; I have more confidence now.

Group Member B: Every time I step back into my addiction I go backwards. My 'recovery' is going in stages, back a little bit and then a lot forward. The more I do, that the stronger I become.

Group member A's comments help the group to take a step forward in courage. He is not sure where exactly this confidence comes from. He is probably referring to his exposure to prior groups and individual counselling he had attended. Group member B refers to his participation in therapy, which according to him has helped to fight the addiction.

When each member contributes to the process of sharing by giving feedback on how things work for them, they open new avenues for the others to consider. Different members have different views that may not be suitable for everyone. It is here that members filter out skills and knowledge from the general pool of ideas, taking what is best suited for their situation and perceiving and entertaining new ideas. This process illustrates how the group members helped fellow group member E to re-author his life.

4.3.1.3 Claiming a New Identity

In the previous three subsections under *Narrative group work facilitates change*, we have seen how the group members take a stand against the effects of childhood sexual abuse and how they reauthor their lives.

This third subsection promotes three themes that were instrumental in helping group members claim a new identity. These themes are (a) self-care, (b) group members being the experts of their own lives, and (c) the use of the definitional ceremony to co-construct the re-authoring of group members life stories.

The forming of new identities was made possible through the inclusion of self-care into one's life style. Self-care was found to be one of the most important themes highlighted in the evaluation of individual counselling as well as in group work with the members. Members learned to make self-care a priority in their lives and lay a

foundation from which they could move out and touch base when dealing with problematic issues in everyday life. The group facilitators' curiosity and genuineness in wanting to understand the life stories of the men played an integral part in creating space for the men to be the experts of their own life stories. The curiosity and genuineness of the group members as well, added to their understanding of each other's stories. The use of the definitional ceremony made possible the telling, retelling, and retelling of the retelling of the men's stories and through this opened up space for identifying unique outcomes and thickening of preferred stories. New identities are the basis from which preferred stories can be lived. New identities are the means to keep preferred stories alive. What good is it to claim a new identity and not be able to live up to and care for it? Self-care helped in nurturing this new identity. A description of the men's new identities is given at the end of this section.

(a) Self-Care

Self-care was found to be one of the main themes highlighted in the evaluation of individual counselling. Participants in individual counselling learned to make self-care a priority in their lives and lay a foundation from which they could move out and touch base when dealing with problematic issues in everyday life. Self-care was considered a home, or a base to go back to, day after day, especially when the journey was too hard to take and the burdens too heavy to carry.

Self-care was addressed by the facilitators and defined by the group members at the first session and was the main part of the weekly check-in. It was seen as a platform from which group members could continue to build upon and safeguard personal resources. This would enable them to start addressing and dealing with problem-

saturated stories in the hope of closing the door to the effects of childhood sexual abuse. The definitions of self-care by two of the group members given in the transcription below brought about a mixed knowledge and expertise of caring for self from each other's perspectives.

Session # 1

Facilitator: How would you define self-care? It is important to note that certain sessions will be heavy and the need for self-care will play an important role in your lives.

Group Member D: Sleeping, work?

Facilitator: Good, that's very important.

Facilitator: Would running away from problems and burying yourself in your work be considered as self-care? D brought up an important point about sleeping. What if one sleeps 24 hours of the day? Is that self-care?

Group Member D: No, we need to have boundaries.

Facilitator: I've got a question for you, D? Would self-care be one of the ways you look at your boundaries?

Group Member D: If somebody comes to my house and says lets go, I will say no; I first need to make my bed, no I need to make it now; that's my boundary, cause when I get back, my bed is all ready and clean that's where I am sleeping tonight.

Facilitator: Does anybody have any more suggestions on self-care?

Does anyone else want to comment on how important self-care is?

Group Member C: Self-care gives you peace, self-confidence that will help you relate to and interact with other people.

Group member D connects self-care to boundaries with the help of the facilitator as shown in the transcription above. Self-care is another way of setting up boundaries. Group member C made it crystal clear by saying 'self-care gives me peace and self-confidence', which would help him hold his new identity in place. Group member B once said 'I am not too good today, I am angry and upset with myself for giving in to my sex addictions'. By sex addictions, he meant cross-dressing and 'compulsive masturbation'. When asked by the facilitator about the ways in which he cared for

himself during the week, he said he hadn't taken the time for self-care. He had tired himself out by working late all week and didn't have enough time to care for his needs, eat or sleep well. It was obvious then, that he was restless and vulnerable to sex addictions.

The transcript below describes what the group members did for self-care during the 11th week prior to the closing of the group. As we can see all the group members were able to care for themselves and spend quality time with loved ones.

Session # 12

Facilitator: What did you do for self-care last week?

Group Member B: My daughter and I had a 'fun few days' together. I've been just lazing about the last week or so.

Group Member D: I continued to work and that's so very important because it is something that I neglected in my character. I am a determined person and like the continuity of work and my employer got to see just what a reliable person they employed, which of course, shining for them makes me shine. That's what I did for self-care.

Group Member A: Shoveled my long driveway, worked on a couple of car models (hobby) with my son, spent time with myself, went to bed early.

Group Member E: I had a really good time with my kids. Had them with me from Christmas day to the following Sunday.

Group Member C: Went to the movies, went out to visit a friend of mine, did some 'bead-work' (hobby) and relaxed.

Self-care brought about self-acceptance, a love for self. It also gave them a love for the people who were close to them, self-confidence, a better self-image and a platform from which they could take stock of their lives. Members loved to talk about self-care at the check-in. They were proud at what they did over the week, but upset if they hadn't taken the time to care for themselves. Sharing in the group about self-care, made members accountable to each other. The facilitators also shared along with the group members, about how they cared for themselves.

Group members saw that self-care was obviously an important way by which they could hold their new identity in place and continue to nurture and keep it aflame. It was clear to note the increase in their stress and anxiety levels when they had not taken the time to care for themselves. Quality times of caring for self and loved ones were based on using their strong identities discovered through unique outcomes from the past. Self-care helped to strengthen these outcomes, which in turn helped to claim and keep new identities in place.

Group member D shared his feelings of suicide during the check-in at one of the group sessions. Other members talked about the ways in which he could use self-care to work his way out of these suicidal thoughts. Separating his identity from that of the problem and thickening his own identity through self-care helped him take responsibility for his well-being. He later said that narrative work and self-care helped him focus his thoughts constructively by concentrating on doing better things for himself.

(b) Experts of their own Lives

When members were respected for their expertise, skills and knowledge in dealing with life situations, the facilitators opened space for them to be experts of their life stories. Respect brings confidence. This confidence paves the way for an identity that may have been disregarded on account of problem-saturated stories related to childhood sexual abuse. Expertise brings power and control over one's life and is directly connected to claiming a new identity.

The facilitators had a genuine curiosity, wanting to understand the lives of the group members. This helped the group members to take on the role of being the experts of their own lives. "Invisible story lines" (Sween, 1999, p. 1) were drawn out and

augmented by the facilitators through narrative questioning in order to bring purpose and meaning into their life stories. Group members joined in to add to the conversation.

Group Member D: Can we fix the problem or are we going to create a solution?

Facilitator: You mean fix the problem during these 12 sessions? Good question! Could I throw the question back to you D and hear your thoughts about it?

Group Member D: I think we have to create a solution.

Facilitator: Anybody else? D's got a question. Do you think you can fix the problem or find a solution?

Group Member A: You can't fix it in 12 weeks but you can find a solution. You know the problem if it is going to be ongoing and we need to find different solutions, how to deal with them better.

Facilitator: E, What would you say about that?

Group Member E: I guess I don't understand the question. How do you fix problems from the past? You can only fix what you are currently doing.

Facilitator: So in other words you are saying we cannot fix the past but we can fix ways of relating to the problem?

Group Member D: You can't fix the problem, but we can fix the results of the problem.

Group Member E: That's a great way of putting it.

Facilitator: Any thoughts on this?

Group Member C: I kind of agree with the fact that we are not going to change what's already happened; we cannot change the past, but I do say we can change some of our earlier thinking and focus on results.

Facilitator: Did you learn to behave and cope differently because of the abuse in childhood?

Group Member C: I know because of the upbringing and the sexual abuse that I had when I was 5 and a half, I don't understand what love is. I can say I love you, go through the motions trying to show that I love somebody but deep down I don't feel anything; it was never taught to me how to love somebody; the only thing that was taught to me was I got the shit kicked out of me. I can't fix the past or deal with those past issues but I can change the present and work on my beliefs. When I was a child I was told not to be heard only seen; and if I was heard I was physically abused. That's the way I was raised and that's the way I learned.

Facilitator: So what I understand here is that no choice led to certain beliefs that taught you certain ways of behaving; so when you are talking about fixing the past you are talking about --?

Group Member C: Changing beliefs.

Group Member D: What I really, really, really don't want to do is acceptance and forgiveness.

Facilitator: That's fine with me; by now you've realized we don't tell

anyone to do anything. You know what's best for you and are free to move along at your own pace with what is most comfortable for you.

Group Member D: It was very good last week what you did when I asked you for a solution to the problem, you flipped that back on me. We have to create a solution for ourselves.

Facilitator: How did you feel when I flipped the question back D?

Group Member D: That's the way to do it. There was this guy who kept asking me several times, by the end of it all he hadn't given me any advice, I had answered all my questions.

It is clear that group member D knew the answer to his question, yet he was looking for an answer from the facilitators. D was allowed the opportunity to be the expert of his own life by the facilitator who turned the question back to him so that he would use his personal skills and knowledge to address the problem.

The conversation turned out to be really interesting when group member E said that we could not fix the past but that we can fix what we currently do. Group member C told the group that the past cannot be changed but former ways of thinking and beliefs can be changed. In answer to that, group member D said he was quite sure that he was not prepared to accept or forgive his abusers if that meant change. His view was respected. All this is an indication that group members were allowed to be experts of their thought processes, their life stories and how they envisioned their future. This helped in claiming a new identity for themselves on the basis of their knowledge, skills and experience. Group members learned from the facilitators, skills of asking questions of one another and this was a realization that they were experts of their life stories and the environment around them. It was obvious to see that their interactions with one another kept changing over time with the use of challenging questions, validation and support. The bond they had built between them was strengthened over time and was evident in their interactions with one another.

(c) Use of Definitional Ceremony - Telling, Retelling, and Retelling the Retelling of their Stories to Reauthor Lives.

This exercise of telling stories provides the opportunity for the expression of unique outcomes and preferred stories. By telling and retelling, the men were able to 'jog their memories', validate their own experiences, commend one another and share their pain. This helped the 'story teller' to have different perspectives on his story, learn new ways of dealing with it, think of 'preferred ways of being' and formulate the rewriting of a new, preferred story. Preferred ways of being were highlighted through unique outcomes that were identified and were strengthened and thickened by each other's contribution through the retelling of stories.

The following illustrates that while group member E was recounting his story, the other members acted as witnesses within the group, by retelling the story and retelling the retelling of the story. In so doing, group members were able to identify times when the problem was not the problem; times when they said 'no' to the problem and identified preferred ways in which they could rewrite their stories.

'Telling the Story' – Group Member E

Facilitator: I'd like to ask the rest of you what it was like to hear E's story. In what ways can you relate to E's story?

'Retelling the story' – Other Group Members

Group Member D: I admire your honesty and as time goes by you remember more and it doesn't feel better when you remember more; hopefully we get something out of here that we can have these coping skills so that we don't get so incredibly depressed and incredibly angry about these things.

Group Member B: I've had some thoughts and I am too scared to go there. I do remember little bits; it's still a puzzle to me, some of it. I admire your honesty and courage. It's so good to hear someone else being able to talk

about this stuff; that's how we do recover, that's how we heal.

Group Member A: Right at the end when E said 'how it can affect his kids now', I wonder about how am I affecting my kids. I see how my mum affected me. Had a big fight again this week with my mum. I don't want to do that to my kids. It's scary and I don't want to do that. I don't want my son turning out the way I am emotionally. I felt nervous and kind of a lot of anxiety when I heard your sharing. Thanks for sharing.

Group Member C: I got to commend you. It took a lot of guts. I can identify with a lot of stuff that you were talking about, the fear, not knowing, knowing it was wrong but not saying no, not telling anyone because you don't know if they are going to believe you or not. Today I don't care if anybody believes me or not. I know what happened to me and that's all that matters; you got to be able to vent those feelings.

Group member C identified E's courage in being able to stand up to the abuse and fight it. This is seen as a unique outcome as the problem was not allowed to be the problem. It seemed just a little incident that took place decades ago but the value, intensity and meaning broke the chain of abuse. This assertiveness, this fighting for one's rights is something that E can look upon as a unique outcome and a basis for rewriting his preferred story.

'Retelling the retelling of the story' – Group Member E

Facilitator: E, one thing struck me about what you said. I noted it down. You said you were sexually abused 6 or 8 times and then one night you fought the abuse and it stopped. What did that mean to you, E? What did it say about you that you were able to fight the abuse?

Group Member E: I think that if I hadn't fought the abuse, I would not have had any sanity at all right now. I mean I wish I'd done that sooner.

Facilitator: What did the 'fighting back' tell you about yourself?

Group Member E: That I was able to fight the abuse back and take control.

Group member E's fighting to stop the abuse was viewed by him as a way of taking control over his life. Not letting anyone violate personal boundaries is a way of reclaiming his expertise. Did E stand up for himself and never let anyone abuse him again? In the process of retelling the story, other members related their own unique

outcomes, thus thickening E's victorious story. Over the years E let his story of victory be pushed aside by problem-saturated stories connected to the abuse, thus failing to carry his victory into the other areas of his life.

In order to help group member E strengthen his identity, the facilitator asks the other members for their views on what 'fighting back' meant to them. The different experiences of the other members helped E to thicken his story and form an identity based on determination, justice and of being in control of self.

Facilitator: I find the 'fighting back and the abuse stopping' a very profound statement. May I have your views on this please?

Group Member C: I never fought back, so it is hard for me to understand until I was older in life where I could fight back but you know I think about my victims and how they fought back. That stopped me; the relief I felt because it was stopping me and I am quite sure that they were relieved that it wasn't happening no more. You are supposed to be a man when you are 18, 19 years of age and here I was 32 and still being knocked around by my old man and finally I just said 'no more, you are not doing it no more'. I fought back and when I did fight back unfortunately he ended up in hospital. I didn't feel guilty about it.

Facilitator: What did that fighting back mean to you?

Group Member C: To me it meant I am in control, this is my life and you are not taking it over any more. This is the way I am.

Facilitator: How would you relate that to the shame the guilt, the blame that you took on yourself?

Group Member C: The anger and the hatred I was carrying for him went out that moment; I got a release and I wasn't ashamed of stopping him, I was proud that I stopped him from beating me up. Enough is enough; you are not taking my power away from me any more.

Facilitator: So, the fighting back meant that?

Group Member C: It gave me back some of my pride. It told me that I was a human being, I don't have to take this; I don't have to take this kind of abuse from anybody. I wasn't thinking about the shame and guilt, I was thinking about my safety and the anger.

Group Member A: When my mum tries to pull her bullshit on me, manipulate me into her own little world I feel empowered and proud that I can just kind of say that I'm not getting drawn into this. Two weeks ago I confronted her; she basically ignored me and started to cry and it was just a big show. I wasn't even angry.

It is interesting to note what group member E said about 'not thinking about the shame and guilt but thinking about his safety and anger'. Unique outcomes may therefore be considered times when the shame and guilt no longer have a hold on a person. Unique outcomes are considered to be victorious moments. These were empowering moments where shame and guilt had no power over E's life.

In the process of retelling the retelling of group member E's story, the other members relate to the 'fighting back' experiences in their own lives which helped E to realize that he is not alone. It opened space for him to know that he was justified in standing up for himself and that he stood for justice. He also realized that someday he would more fully comprehend the reality of his actions as seen in the transcript below.

Facilitator: So A, what does this make you feel, having been able to be assertive?

Group Member A: I feel like I've grown up. I have my own life to live; I don't need to be manipulated by my mother's world. I am not making her (my mother) a martyr anymore; she is not. That's really empowering, I feel really good, no guilt either. I see her with my real eyes; it's like a big act and I don't like getting sucked into it anymore. It's hard sometimes but now it's easy to do it, once I keep doing it. It's good to hear other people can do that too.

Group Member B: Well I told my parents I couldn't stay around the house with all the violence that was going on because of the drinking; I decided to get away from it.

Group Member D: I'm so glad you got away with it because I was beaten, I was shit kicked right at my guard, I was just a boy. Neighbours wouldn't back me up. He (my father) sexually assaulted me right in the front yard. Taking a stand, it brought me back to that memory and I am glad it worked out for you; it didn't work out for me. I finally decided to push this big 'six foot two' man on to the floor. I was kicking the shit out of him, but I mean I was drunk I wasn't enjoying it.

Facilitator: E, what do you have to say to what the others said about your fighting back? How do you feel about what they said?

Group Member E: I was there for a year and when I finally fought back I was fighting as hard as I could. I fought back, I was mad and I was fighting but my dad he was playing. I was 13 years old. It wasn't a violent confrontation but it did stop the abuse.

Co-facilitator: Thank you very much E and the others for sharing your experiences and your stories. I now see what you went through. Thank you very much for your courage to tell your story and for breaking the silence.

Facilitator: E, having fought back meant you had influence over the problem. How does that help you move on with your life?

Group Member E: That doesn't help right now, at some point it will. I guess I am still struggling to comprehend that it is abuse. I mean I know it is. Up until a year and a half ago, I never acknowledged that it was abuse. I don't have a lot of emotions around it. I mean I don't hate this man, I don't want to go and beat him up, I don't feel anything, I don't want to have anything to do with him either.

Group member E hopes to carry his influence over the problem into other areas of his life, in due course of time. The remaining group work sessions are certainly a place where he would feel encouraged to do so. Members have the power to validate each other's stories of victory enabling them to concentrate and rewrite preferred stories.

Facilitator: None of this is about hating the man or beating him up or taking revenge. This is about how you stood up for yourself knowing that it was abuse and having heard from the others that fighting back was an influential thing in your life. What does that tell you?

Group Member E: That I have the power to change things.

Facilitator: If you would say one word to E to take home with him and add to his 'bag of influences' what would that be?

Group Member A: Pride.

Group Member B: Bravo.

Group Member C: Respect.

Group Member D: It's a bag full already.

The retelling of E's story by the other group members helped E to strengthen the unique outcomes that he had identified in his story. This led to confidence on his part regarding the skills and knowledge that lay dormant or were overridden by problems in his life. E states that he has the power to change things, which also means that he has the ability to claim a new identity based on this power. Self-care played an important role

by consciously changing their lifestyle and adding to that power. This led each of them to make choices based on their need to be the experts of their own lives and in so doing they were able to claim a new identity for themselves.

Toward the end of the group the five group members had formed their new identities through the unique outcomes that were identified with each other's help. Group member A's new identity was based on his honesty and truthfulness in dealing with his marital problems and with his mother and wife who were dominating figures in his life. Despite the lack of support and the opposition he faced from his spouse, he was not going to give in to his sex addictions by way of frustration. Most of the time his spouse was not prepared to believe he had changed; this often brought him discouragement and disillusionment and a temptation to give up working on sex addictions and become vulnerable again. For a time he was scurrying around the house doing a far greater share of his household chores with the hope of pleasing his spouse in order to make her believe that he had changed. When she was still not prepared to believe him, he realized he had to believe in his honesty and truthfulness no matter what opinions others had. This was his new identity, that of believing in the truthfulness, honesty and integrity that he possessed which gave him a newfound sense of peace and stability.

Group member B claimed the image of a "loving father" who was loving, caring, kind, generous, protecting and a respecting individual toward his daughter. He was consciously aware of these qualities and took them into the other relationships he had at his church, with his friends, ex-wife and colleagues at work.

Group member C claimed to be a 'protector' and was helped to view his protecting traits through the unique outcomes that he and the other group members

identified. He claimed that his 'protector' identity helped him to respect boundaries and be respected. Group member C's newfound identity as that of a 'protector' included qualities of generosity, trustworthiness, goodwill, honesty and integrity. It also included a strong sense of making up for the damage he had done by offending others emotionally, physically and sexually. By consciously realizing that he was indeed a protector, he was able to put aside his old 'offender' image.

Group member D came up with the image of 'being able to shine by helping people'. He was good at making people smile and brightening up their day. His attitude comprised of a willingness and generosity to help others. This attitude in turn gave him a lively, fulfilling spirit that drew others to him and made him feel good about himself.

Group members helped E to discover that he was goal oriented and had a spirit of determination and justice. They helped him to see that standing up to his abuser was an act of courage. The determination to excel at every sport he played was also identified as a unique outcome that the group members saw in the co-construction of his new identity.

4.3.2 Illustration of Using Narrative Techniques in Group Work

The first part of the 'Evaluation of Group Work' in section 4.3.1 showed how the group members took a stand against the effects of childhood sexual abuse, how they re-authored their lives and claimed a new identity. The second part shows how the roles of the facilitators and the use of narrative techniques helped in facilitating change in the lives of the group members.

Narrative Techniques

A technique is a useful art or a method of performance or a skill that is used in

order to promote change. The techniques described below are a useful preparation and a motivation for the group members to separate themselves from the problem, reauthor their lives and claim new identities. The results by way of change in the group member's lives are outlined under each of these ten narrative techniques given below.

(a) Naming the Problematic Story

Often times when problematic stories are brought to therapy the theme is unclear as it is reinforced by other problem-saturated stories. Naming *the problematic story* helps uncover its underlying *theme*. This facilitates the externalization of the story, opening space for the group members to address the problem and move away from it.

The negotiation of a group member's personalized experience is co-constructed by the facilitator and group member. The facilitator looks for a personal and not distant experience with a view to naming the problematic story. This personalized experience brought about by the externalized definition of the problem, helps the group member to relate to the problem on a personal level. Through this process, the group member can find meaningful ways of addressing and dealing with the problem, ways that are best suited to his unique situation.

The facilitator negotiates with group member D, attempting to find a personal meaning to his problematic experiences. Group member D didn't need much time or mental energy to come up with 'despair' as the definition of the problem he faced. He described the problem in a personalized way, making the defined problem easier to relate to. He realized that the confusion of purpose he had, originated from being sexually abused as a child.

Facilitator: What words would you use to describe the experiences you've had?

Group Member D: Despair

Facilitator: Could you tell us more about despair?

Group Member A: Despair is very confusing as there is nothing very solid about it.

Facilitator: Is this meaning of despair really fit for you or are there deeper meanings or different ways to describe this a step further?

Group Member A: Well there is bit of confusion in there.

Facilitator: I remember you saying something last session about confusion of purpose?

Group Member A: I don't know. I was going to ask you about it, ha hahahahahhh. It sounds good doesn't it? Well, yeah, you know what I am. I am actually supposed to be here. I am on grandpa's knee and he's got his hand in my pants and I'm just a little child and he's saying, 'It's too bad you aren't a girl.' I was very little and the recording had just started, everything's really fresh. So, my grandpa wants me to be a girl, you know; maybe I should start dressing like girls, you know.

This was an opportunity for the other members to formulate their own definitions in silent reflection. When the group member names the problematic story he is able to acknowledge the problem and be able to stand up against it. Externalizing the problem is the next step that helps take control of the problem.

(b) Externalizing the Problem

Group members were given the opportunity to distinguish between their personal identity and the identity of the problem. When a problem was externalized, the facilitator along with the others helped each member to separate the problem from their personal identity. It was evident that the problem was embedded in their belief system and in the emotional reaction and behavior of the group members. When group members externalized the problem they offered themselves the means to stand away from the problem and look at its 'experiential nature' and the effect it had on their lives. A sense of relief was felt in the group when members realized they were not the problem. They

were relieved to know that they could relate to the problem as an outside entity. This basic technique of externalizing a problem, proved extremely useful to every member of the group.

Facilitator: How does numbness play, deal or talk to you in such situations? How does it have a relationship with you? Could you get into more of that?

Group Member B: It's just a feeling, I'm getting too close here, I got to get away, and I can't be comfortable with that.

Group Member D: Fear?

Group Member B: Fear of rejection.

The facilitator used language in such a way as to distinguish the problem from the person (White, 1995; White & Epston, 1990). The facilitator asked group member C what relationship he had to 'numbness'. This opened space to view 'numbness' as an external entity or as a feeling that often came to visit him. He then renamed the problem to 'fear of rejection' following group member D's prompting.

Facilitator: Could we redefine the problem from 'numbness' to 'fear of rejection'?

Group Member B: Yes

Facilitator: What role does fear of rejection play in your life?

Group Member B: A very negative one because I wouldn't have to get close to people and comfortable in that situation. It's very hard; it's a fear of being pushed away.

Facilitator: If 'fear of rejection' had a voice and spoke to you, what would it say to you?

Group Member B: It would tell me not to get close to anybody, to keep my distance.

Facilitator: On the other hand what would you tell 'fear of rejection'?

Group Member B: well I'd say, hey, I don't want this rejection, I don't want to push myself away from people; I want to get close to people, I want to be accepted.

Facilitator: Was this another way you sent 'fear of rejection' away?

Group Member B: Nobody's bothering me anymore. Also at my church I'm feeling more comfortable with the people there.

Facilitator: With these two examples what were you able to tell fear of rejection?

Group Member B: You're not going to have that effect you've had on my life anymore.

Facilitator: And what did 'fear of rejection' say back to you?

Group Member B: It's not there like it was there anymore. It has less power to dominate my life again and I think a lot of it has to do with being in a positive atmosphere with people who are non-conflicting and are comfortable with one another.

The facilitator then asked if 'fear of rejection' has a voice inasmuch as to say that it has its own identity, which is separate from that of B's. Group member B is learning to have a conversation with 'fear of rejection' and saying to it 'You are not going to have that effect on my life anymore'. This use of language helps him to realize that he has an identity separate from the identity of the problem and that he has the power to influence the problem.

(c) Contextualizing the Client's Story

Contextualizing helped the group members to put their story in the perspective of their own values and assumptions, making everyone's story unique and understood. The facilitator invited the group members to talk about their cultural assumptions and values regarding religion, spirituality and therapy itself. Rather than being neutral the facilitator took the opportunity to comment on the expression of different values and assumptions and treated his own values and assumptions as preferred meanings as opposed to absolute truths. He was able to share that he was a Christian and showed respect to people belonging to other religions as well as to other people who choose not to practice a faith. He also shared that every life story is unique and that people have personal reasons for practicing or not. This technique was particularly helpful in that it encouraged each member to feel at ease and be open about personal values and beliefs.

Facilitator: What are our opinions about 'Religion/Spirituality and Politics'? How would discussions on such topics fit in group sessions?

Group Member D: As far as your religion, your spirituality, your shoe size as well as your IQ don't sell me anything, I happened to have certain things that bring great peace into my life; especially if someone is very aggressive selling cause I'm not buying it.

Group Member A: I don't want to be preached to; I have been preached to; that's enough; I am fine with other's beliefs.

Group Member B: My beliefs are my beliefs, they work for me, that don't mean I have the right to push them on anybody else; I have a good spiritual following and that's my choosing.

Group Member B: I go to church to learn about God; I'm in this group to deal with the sexual abuse, not to spread religious beliefs.

Group Member C: I'm like A, I don't want it pushed down, I believe in God but I don't want it preached to me. I mean if a fellow is talking about his life with regard to his spirituality, I don't have a problem with that; you shouldn't be going to church to tell someone he's going to hell; I don't need that crap.

Group Member E: To each his own, there's nothing's wrong if something's working for you; I agree with the group, it is pretty much been said; what works for me may not work for somebody else, what works for somebody else may not work for me; I don't think it is my place or anyone else's place to force somebody; I would say this is not the place to debate.

Co-facilitator: It is good to hear what each one has expressed. This gives us an idea of what we stand for and how we can tell our stories.

Facilitators agreed with their views that it was okay to talk about one's beliefs respecting the boundaries drawn up by the group members. With the invitation from the facilitators the group members focused their views on religion and expressed their innermost thoughts thereby drawing boundaries for themselves within the group. This gave the members a sense of safety and an assurance of being respected by each other.

(d) Deconstructive Listening

Deconstructive listening helped the group members to feel respected and not criticized or judged for the assumptions and labels they brought with them. The

facilitator deconstructively listened to members' stories by accepting and understanding them as having various possible meanings, without emphasizing the pathology or the powerlessness of the member in his situation (Freedman & Combs, 1996). By this, the facilitators released the space for members' life stories that had not been taken into account so far (Freedman & Combs, 1996). This technique modeled a non-judgmental attitude, acceptance and respect toward the members. It helped the group members to trust the facilitators and share personal and intimate life stories.

There was absolutely no mention of pathology on the part of the facilitators. Group member B frequently used words such as 'sex addictions', 'recovery', 'healing' and the 'inner child'. He continues to attend Alcohol Anonymous and Sexual Addictions Anonymous groups and such terminology is part of his vocabulary. Terms like 'recovery', 'healing' and other such terms were deconstructed by facilitators and other group members which helped B to associate them with self-care. The facilitators paid attention to these with a view to help B move away from medical terminology that emphasized pathology and sickness. The powerlessness of the person in the situation was never mentioned; rather 'unique outcomes' were highlighted and worked with throughout the duration of group work.

(e) Deconstructive Questioning

Deconstructive questioning helped group members to view their stories from alternative perceptions or angles and to look at how they were assembled that way (Freedman & Combs, 1996). Deconstructive questioning gave the group members the opportunity to connect their thoughts and feelings to the actions that ensued. This prepared members to take control of their thoughts in order to prevent certain actions that

led to the problem becoming bigger or worse. This served as a preparation, a warning and a help to move to a preferred story. “What gets in your path that shows you that the problem is getting worse?” “What behaviors do you display that remind you that the problem is getting worse?” Members became aware of the construction of the narratives they lived by and understood that those constructions were not necessarily the truth. Deconstruction helped to dismantle a narrative from one perspective and assemble it from another perspective (Freedman & Combs, 1996).

Facilitator: What actions or behaviours that you display remind you that despair is taking over?

Group Member D: When I am angry despair takes over and leads me to be a sucker. Anger leads me to be vengeful.

Group member D now realizes that anger which leads to being vengeful is something that despair leads him to do. This reminds him to watch for despair and take a hold of it before it leads him to use his anger destructively. Group member D has a choice to look for unique outcomes where despair is not present. This is a helpful exercise in preparing to close the door on despair or on any other problem.

(f) Relative Influence Questioning

These questions resulted in answers that showed the effects a problem had on the members and served as an eye opener for them to take control of the problem. Relative influence questioning is a manner by which externalizing conversations are arranged and where group members are first requested to chart the authority of the problem in their lives and relationships and then to chart their influence on the existence of the problem (Freedman & Combs, 1996). Relative influence questions could take the following

shape: 'What amount of power do you have over your frustration?' 'How does frustration treat you?' 'How has this changed over the past year?' 'When did you notice this change?'

Facilitator: So D, what effect does 'despair' have on you or how does it treat you? What has it allowed you to do and what has it not allowed you to do?

Group Member D: Well it makes a person very manic; I really, really want you to hear me. If I want a 100 Dollar day then I'll go out and work for it, I don't care even if it takes me 20 hours. I'm going to get that 100-dollar day. It's counterproductive, it makes me believe that I have a certain degree of strength and I could get past the 'sucker's stage' and move to the vengeful stage.

Facilitator: To what stage?

Group Member D: Wrathful stage, vengeful stage, revengeful stage, that I could actually act on my negative emotions and get good and angry inside.

Facilitator: What has been your influence over 'despair'? How have you used 'despair' rather than let despair use you?

Group Member D: I've withdrawn and stayed out of other people's way.

Group Member D has now seen both sides of the coin, what 'despair' can do to him and what he can choose to do to 'despair'. In other words he has been able to chart the influence of 'despair' over his life and his influence over 'despair'. This is an understanding of the power that he can exercise over 'despair' or any other problem he may encounter in the future. Relative influence questions were a great help to the group members, as these questions seemed to put them in a position of power.

(g) Landscape of Action Questions (Opening Space Questions)

These questions helped the members to see what degree of authority they had taken over the problem in order to control it. This brought empowerment to the group members, an empowerment they had previously failed to recognize. Have there been times when humiliation could have taken control over you, but it did not? 'Landscape of

action' questions (White, 1986) are also known as 'Opening space' questions (Freedman & Combs, 1996) help in uncovering of unique outcomes. In landscape of action questions the facilitator plans a progression of events over time. This helps to develop an opening into a story.

Facilitator: Have there been times or places when 'humiliation' could have taken control over you, but it did not?

Group Member C: Work situations, it's funny, because when I work with people I seem like I am more co-operative, I'm not one to think that somebody else's ideas might not be better, I'm willing to work with the person. In the group here I think if I can help somebody along the line I'll help or try to help. In my everyday life, family life, I try to put myself in the other person's situation, try to understand what it would be like for them. In that way I don't have to feel so hostile or be so ridiculed.

This question reminded group member C that there are times in his life when the problem is not the problem. And not just that, he goes on to explain his caring side in the absence of the problem. Questions like these help a person to get 'unstuck' and move away from 'problem-saturated' stories, by opening avenues that have been brushed aside by dominant stories.

Facilitator: How would you evaluate this whole idea of 'humiliation', of what it has done or not done to you?

Group Member C: What it has done in the past it has made me a very fearful and intimidated person who carried a lot of anger. Today, what it has done is taught me how to be more understanding, more compassionate and co-operative with people. That's what it has done.

Asking the group member to evaluate its effects gave him the opportunity to look at 'humiliation' in a constructive manner, in a 'preferred way of being' and not in ways in which 'humiliation' was once overpowering and destructive to him.

Facilitator: So would you say ‘humiliation’ is helpful or unhelpful?

Group Member C: Sometimes it is helpful; sometimes it is not helpful. Today it is more helpful than what it had been in the past.

These ‘landscape of action’ questions help develop openings into new stories or stories that had been brushed aside by the power of dominant stories. I helped the group members to revisit these brushed aside stories and find meaning in them.

(h) Landscape of Consciousness Questions (Meaning Questions)

Group members were able to recognize their actions and commend themselves for the ways in which they had taken control of the problem. ‘What does it say about you that you were able to stand up for yourself?’ ‘Landscape of consciousness’ questions (White, 1986) are also known as ‘Meaning questions’ (Freedman & Combs, 1996). They help reflect on the meaning of identity experiences storied in the landscape of action questions. The piece of transcript below is also mentioned in section 4.3.1.3 (c) in the definitional ceremony, retelling the retelling of the story under ‘Claiming a new identity’.

This is a perfect example of a landscape of consciousness question as well.

Group Member E: (From his story) I guess that’s when the sexual abuse started. I was quite old. I guess there are a lot of mixed emotions because he was fondling me and doing things to me. I remember the night that I finally fought back and it stopped. It happened 6 or 8 times as far as I can remember.

Facilitator: E, one thing struck me from what you said. I have noted it down. You said it happened 6 or 8 times and one night you ‘fought the abuse’ and it stopped. What did that mean to you? What did it say about you that you were able to fight the abuse?

Group Member E: I think that if I hadn’t done that I would have had any sanity at all right now. I mean I wish I’d done that sooner.

Facilitator: Having done that, what did the ‘fighting back’ tell you about yourself?

Group Member E: That I was able to fight the abuse back and take control.

A case for identity is being built up by his ability to share about taking control and

being in charge of his life. When group member E was commended for his ability to take a stand against the abuse itself, he realized that he was capable of nurturing such behaviour whenever needed. This behaviour has taken root in a past experience where glimpses of his 'identity' are evident. These meaningful glimpses of his identity may be added on to his 'case for identity'.

(i) Identifying Unique Outcomes

The focus of narrative work is the identification of unique outcomes. The times when unique outcomes were identified in the group were the times when group members were filled with enthusiasm and hope. These were times when group members realized they had experienced freedom from the dominant power the problem had over them.

Unique outcomes are those brief moments when a person experiences freedom from the problem's power over the person's responses (White, 1995) and times when the person has "experienced glimpses into a preferred way of being" (Snyder, 2000, p.37).

In the conversation that follows I kept my ears tuned to those glimpses and addressed them as promptly as I could, so that I wouldn't miss opportunities in exploring those influential moments that are empowering and those that needed to be recognized, elaborated upon and celebrated.

Facilitator: I heard C saying 'part of him wants to forgive and part of him does not want to forgive'. What does that tell you about C?

Group Member A: He cares.

Group Member D: That he cares. He has compassion even though somebody hurt him. He does not want to go and hurt that somebody back.

Facilitator: The other men say that you care. Where has this caring taken you? Where is this caring coming from?

Group Member C: Where it comes from is I try to look at his (the abuser, my uncle) side, his situation and where has it taken me? I'm here because I want to change; I'm not out there hurting somebody. I see myself as a

caring person toward some people like you guys in here, or some of the other groups I have been in. People come and ask me for some advice. I would try to help because I care about them and don't want anything bad to happen to them. It has taken me a long time to learn what 'caring' is; I heard somebody say 'empathy' around here. I had gone to a psychologist for an assessment and he told me that I showed a very little empathy.

Facilitator: Did you realize you were a caring person, about how D & A described you?

Group Member C: I've had a lot of people tell me that.

Facilitator: So you do believe that you are a caring person?

Group Member C: In some ways yes, it depends on the situation.

Facilitator: In some ways being a caring person, how has that made you to feel?

Group Member C: If I care about somebody I'll bend my back to help a person; it doesn't matter what it is, I'll take my last dollar and help somebody.

Facilitator: Who else can relate to C, being a caring person?

Group Member A: I think I got a lot of empathy for a lot of people. I would take care of somebody else instead of myself. You know I would go a little overboard. You know when my friend's truck was stuck I'd gone to help him out; I didn't even finish eating my dinner.

Facilitator: So what does it say about yourself when you identify the caring aspect in you?

Group Member A: I know I feel happy and I do have a gift to help a stranger, give him my sandwich or buy him a bag of chips; I know I am a good person. Sometimes I try too hard and I forget about myself and forget about helping myself.

Facilitator: Who else in your life has seen this caring aspect in you, A?

Group Member A: My wife, I remember this one time I was driving down the street, I will never forget this till I die. There was an old man in a walker and I could see he was totally confused, he was walking down middle of the street and everybody was honking and telling him to get the 'F--- out'. I didn't stop and to this day I wish I could have stopped and helped that guy, it's always in my head. He was obviously disoriented or something; up to this day I still have that compassion for him. One time I had stopped to help somebody and he told me to 'F--- off'. But that wouldn't stop me from helping somebody again.

Group member C was told that he had a caring personality. In the process of doing so, member A tells the group about his caring side. These glimpses have shown them who they really are. These are examples of unique outcomes that they may use to rewrite their stories. When one member of the group is able to identify unique outcomes

with the help of the others, other members take the opportunity to look into their own life stories with a view to find glimpses that are empowering to them.

(j) Co-Constructing a Preferred Story

The dialogue between the facilitators and the group members about creating and supporting the possibilities for setting themselves free from the dominant story is the process of co-constructing a preferred story. This raises questions about forgotten or dormant knowledge with which they could build a network of support to live preferred ways of being, and finally, celebrating this difference between the dominant and preferred story (White, 1995).

Co-construction of preferred stories was an exciting exercise that helped the men to actively engage in their thought processes. They saw the difference between the dominant problematic story and the unique outcomes. The unique outcomes were seen as an inviting choice they had towards writing a preferred story. They were able to make this choice and embark on co-constructing an alternative story they preferred.

Facilitator: What key actions that you do in your life help you to 'push the door open'?

Group Member D: Get up in the morning, go to work, bathe, spend time with 'healthy' people.

Group Member A: Socialize and express feelings

Group Member B: Eat well, sleep well, and get rid of things that trigger my addiction, spiritual connection, spend time with 'healthy' people.

Group Member C: Attend programs, avoiding risk situations, not let anyone put me into risky situations, no drinking or drugs, communicating with partner, not hurting anybody, loving yourself and respecting yourself.

Group Member E: Not drinking, sports and games.

Facilitator: Could we now think of specific times in our lives when we played out these 'key actions', these actions that have enhanced our 'well being' or our 'internal state'?

Group Member D: When I talk to people on the radio at my job rather than being grumpy, I say 'please' and 'thank you'. When I walk into a

business place I always compliment others about their appearance.

Group Member E: I guess by not drinking when I go out and good sportsmanship. I do my best (those are things that are scheduled – the schedule is not in my control).

Group Member E: Times when I treated my ex with respect, being patient with her, gave her space, listened to her and remembered conversations (usually half the time I listen & then forget).

Group Member C: The way I take it is that I have to be responsible for my own thoughts and actions and I don't have to worry about another person's thoughts and actions or their response. They are responsible for their own actions.

Facilitator: Did anyone else see these actions of yours?

Group Member B: The people in my other group. I remember at times they would say to me, 'man you have changed!' To hear that made me feel good about myself because I knew I was doing the right things.'

Facilitator: What did they think of you at those times?

Group Member B: They thought I'd really changed for the better they said I'd changed, yes. My daughter saw that I was a more peaceful person and I didn't get upset with her as easily as I used to.

Group Member D: Friends, past associates. I talk to my sister everyday and she says, 'you are cheerful today'.

Facilitator: What did they think of you then?

Group Member D: They were very proud, a trust formed; I was trusted and admired because other people weren't doing it.

4.3.3 Student Facilitator's Roles

In addition to the tasks of interviewing and recruiting men to the group, the student facilitator was instrumental in planning and preparing for each group session. Weekly meetings with the co-facilitator before and after each group session were held to discuss the progress of the men, feedback on each other's roles, co-facilitator's feelings and reactions in group sessions and the validation and efficacy of narrative intervention (Kostyk et al., 1993). The facilitator was flexible and accommodated any particular topic the men thought important and felt compelled to talk about regarding issues they had encountered during the week. The men learned to imitate the facilitator with narrative questions they asked of each other; hence, in my view the role of teacher was

unintentionally modelled. The facilitator had sole access to the audiotapes and played a major role in transcribing these tapes and editing the transcriptions respecting confidentiality as top priority. These transcriptions were given to the men to take home weekly and served as a motivation for them to reflect on and chart their progress during the week. This brought continuity between sessions and helped the group members to prepare for future sessions.

There was telephone contact between the student facilitator and the group members whenever the student facilitator or members considered it necessary based on the previous week's group session or if any group member seemed to be in a crisis. This contact served as a support to the men and helped strengthen the trust already built. One of the men came in early every week to help me set up the room for the group session, help with the snacks and make the coffee; a couple of others came in a little earlier to socialize. I organized a social outing to the cinema during the Christmas break, which served as a time to meet group members out of the context of therapy and bond socially. This helped group cohesion to a further extent.

The De-centred and Influential Role

Section 4.2.4 explains the concept of being 'de-centred and influential'. As a facilitator, I made it a priority to grant the group members, the main authorship position with regard to their life stories respecting their knowledge, experience and skills. The co-facilitator and I were influential in building a framework through questions and reflections during conversations to help group members move beyond problems. Unique outcomes opened the door for re-authoring conversations. As we started out, the gaps in the conversations were evident and needed filling so that the co-construction of alternate

stories were made possible. Through the questions asked and reflections made, I was able to build a framework or “scaffold” (White, 2002, p. 4) for the group members to employ their lived experience by making new meaning to carry into a preferred story. This framework of questions and reflections allowed members to exercise their imagination, the outcome of which served to thicken their storylines and root them in history resulting in new storylines (White, 2002). The facilitators imposed no agenda but worked on a framework of questions and reflections as discussed in four different parts of the ‘Statement of Position Map’ (Section 4. 3.1.2).

Below is a section of a transcript showing the facilitator’s role as de-centred and influential. The facilitator helps the group members to realize that they are in control of the pace at which they are willing to move; group member B confirms this. This is also seen in Section 4.3.1.3 (b) where a clear description is given of the men being the experts of their own lives.

Facilitator: It’s good that you realize ‘where you are’ and wanting to take your own time and pace, and not forcing yourself, nor letting others push you. What do you guys have to say about that?

Group Member A: I realized that I had to go my own pace and take it easy, nice and slow. I can totally relate thinking I have some more time and I know it’s ongoing.

Facilitator: That’s very encouraging.

Group Member B: I am suffering from this sex addiction for 20 years and it took that long for me to be able to find a group with the support and help I needed; I can look at what happened to me as the garbage I grew up with and the horrible things that happened and I can let it destroy the rest of my life or I could learn to get over it and get on with the rest of my life.

Group member B confirms his intentions about the pace he wanted to take. The facilitators imposed no agenda but worked on a framework of questions and reflections as discussed in the ‘Statement of Position Map’ (Section 4. 3.1.2).

4.3.4 Female Co-Facilitator's Roles

The co-facilitators brought personal expertise on group work from the different areas of social work in which they had previously worked and the different models of group work with which they were familiar. The female co-facilitator's experience consisted of working in short-term time-limited support groups with women who were sexually abused in childhood, working with immigrant men on probation who were convicted of partner assault and with immigrant women in cross-cultural support groups addressing issues of domestic violence, parenting and self-esteem. Each facilitator was able to contribute personal strengths and complement one another in working constructively toward the task of facilitating the group process.

Co-facilitation involved the combined effort of two facilitators working together to engage in the activities of the group. It is important to accept honestly the existence of the role differences in order that both the co-facilitators are more efficient in working toward objectives of greater interpersonal relatedness, which helps bring about personal growth of the members as well as the facilitators themselves (Waldman, 1980). Since this was a practicum group and the skills and knowledge of the student facilitator were to be evaluated, the female co-facilitator agreed to play a less prominent role, allowing the initiation of narrative art and skills of facilitation to the student. These differences were recognized at the onset with a view to avoiding any confusion or misinterpretation (Waldman, 1980). Even though this seemed not to be a totally equal relationship for the above reasons, the co-facilitator played a very prominent role during the first few sessions. She facilitated the check-in and checkout at every session, used her observation skills to supply feedback, both within and outside the group and during

facilitator meetings; she had the freedom to contribute by way of questions whenever she thought it was necessary. She also played an important role in clarifying questions that were not fully understood by the members. Even under the agreed upon constraints, the work of facilitation was shared in many different ways, which brought about openness, creativity and an excellent co-operative working relationship between the facilitators. Just as Kostyk et al., (1993) have advocated, the facilitators felt reciprocally and equally supported and were motivated and enthusiastic in offering their best toward facilitating the group. This amalgamated effort brought the group members closer together. Transparency and interaction between the men improved while the group cohesion increased as also found by Kostyk, et al., (1993).

The female co-facilitator complemented my work well and enhanced my credibility by adding to the insights, following up on narrative questions and sharing her expertise of working with women who had been sexually abused in childhood. She was instrumental in sharing a woman's perspective regarding issues of childhood sexual abuse and sexuality and set an example by being a role model.

The Psychoanalytic Systems Model espouses that the balance brought about by co-facilitators of both sexes is a better help for men in dealing with issues of transference. The presence of a male and female co-therapist opened space for diverse opportunities for transference since a male or a female figure or both had abused these men. In the process of group work, members may have experienced the therapists or other group members as perpetrator, idealized rescuer, loving attachment figure, non-involved parent, sexual object, or sibling from the past (Rauch & Jones, 1997). This was not openly shared in the group but the group certainly provided a family environment with the

opportunity for the members to work through the frustration, fury, and anguish related to childhood sexual abuse. It also provided an atmosphere to mourn the losses of the past and to authentically examine the experiences and understanding of the present (Rauch & Jones, 1997). The female co-facilitator played an important role with regard to being a genuine caring 'mother' figure. She was honest, compassionate and understanding with her calming presence to the men in the group. She was never ashamed, embarrassed, unprepared or hurt with what the group members had to offer. All this made the men feel accepted, understood and cared for.

She brought a gendered perspective to the group. Men showed restraint and politeness in the use of language especially toward the undermining of women, and the negative stereotyping of women. Her presence helped the men to set respectful boundaries toward women in general and toward the men in the group. Her maturity, expertise, and respect for the men, helped them review negative impressions of women, especially as some of them had experienced childhood sexual abuse from adult females perpetrators who were either their own mothers and/or other professional women.

While there were so many advantages to working with a co-facilitator, the only disadvantage was her absence from two group sessions due to illness. She was particularly missed at the final session but the men were able to speak to her and thank her via the telephone from the centre, as this was arranged between the facilitators.

4.4 Other Forms of Evaluation of Group Work

Besides the use of narrative analysis in group process I designed four other evaluation forms in order to triangulate the results of the evaluation of group work. These evaluation forms are other ways of understanding the changes that the group

members made in their lives. They included a weekly scaling homework questionnaire for group members, a qualitative analysis of unique outcomes in the group process, end of practicum group evaluation and a follow-up evaluation (Appendices F, G, H & I). A breakdown of the results obtained through these evaluation forms are discussed below.

Group Member A

Weekly Scaling Homework

A was increasingly positive about being able to keep the problem from influencing him. He was heartened by the acknowledgement of his story, and enjoyed the feeling of not being alone. His spouse noticed the change in his attitude and behaviour and commented on it twice.

Qualitative Analysis of Unique Outcomes

Signs of increasing satisfaction were shown by A with each group session. He moved from being unsure at session one to being content, to having “weights lifted” and finally to being happy at the last session. He felt a growing relationship to others, and less alone. He was able to take responsibility for his actions. He ended the sessions with an increased hope of overcoming the problem.

End of Practicum Evaluation:

A was very positive in self-rating his progress towards the end of the group. He was very serious about doing his homework and thought that the facilitators should have given him more structured homework to do.

Follow up Evaluation:

A was able to cope on his own after the group ended. He was ready to move on

and also looked forward to another group he wished to join at the centre to address personal issues on relationships and sexuality.

Group Member B

Weekly Scaling Homework

B joined the group with positive feelings about keeping the problem from influencing him, lost confidence for a while, but ended up being extremely positive toward the end. He relished the openness and sharing in the group and felt the sessions had a positive effect on keeping the problems away. His children and his colleagues at work had noticed his new self-confidence and the joyful person he was turning out to be.

Qualitative Analysis of Unique Outcomes

Like A, B showed increasing satisfaction with each session. He felt reassured right at the beginning, and ended feeling 'great' and said he was 'growing'. He was able to take a stand against the effects of abuse, and to challenge the group positively. He empathised with others, and gained hope and courage.

End of Practicum Evaluation

B was very positive in self-rating his progress towards the end of the group. He liked doing his homework, as it was a reminder for him to close the door to the sex addictions in his life and to follow up on his progress.

Follow up Evaluation

B was enthused by his ability to cope after the group ended. He looked forward to joining another group at the centre to continue working on issues of male sexuality.

Group Member C

Weekly Scaling Homework

C found the homework to be very helpful in assessing his progress. He said he was enthusiastic about doing his homework every week. It helped him keep track of his progress and in touch with his feelings.

Qualitative Analysis of Unique Outcomes

C did not indicate a trend, which showed greater satisfaction as the sessions progressed, but at the last session, he did mention being relieved, being excited, and feeling great. He was relieved in knowing that members had been through similar situations in the past and that he was not alone. The challenging by other group members and the ways they worked on closing the door to the addictions in their lives seemed very beneficial to him. C had great hopes, as he was not alone in the struggle to change beliefs and behaviours and realized there were ways of handling stress as opposed to becoming violent. C was very positive right from the beginning, about keeping the problem from influencing him, and continued to be so until the end. His aunt noticed changes and commented that he was relaxed, calmer and cheerful.

End of Practicum Evaluation

C was able to disassociate himself from the responsibility and the shame for the abuse. He was keen on continuing with therapy and was looking forward to joining another group at the centre to continue working on relationship issues.

Follow up Evaluation

C was using assertiveness, and was constantly aware of his boundaries, and used respect and acceptance in his dealings with others in and outside the group.

Group Member D

Weekly Scaling Homework

While D found trust, empathy, relating with one another and the honesty within the group helpful, he did not, however, become more confident at keeping the problem from influencing him. He found people were relating better to him.

Qualitative Analysis of Unique Outcomes

D felt optimistic because of the openness in the group, relieved from his loneliness, experienced comradeship and equality, he felt his memory was being jogged throughout the twelve weeks and said he felt great at the final session. He participated with increased satisfaction. When he first joined the group he had no hope, but learned from the other men that there were solutions to the problems that had arisen due to childhood sexual abuse. At the end of the group he felt hopeful.

End of Practicum Evaluation

D said he did not find the homework helpful. This, he said was because he didn't take the time to think about the questions that were given in the weekly scaling homework questionnaire as he worked long hours and had distances to travel. He hurriedly did his homework just in time before the following group session started. Homework for him was seen as a meaningless exercise.

Follow up Evaluation

D was able to accept boundaries; he was more successful with anger management and felt greater confidence. He was a bit disappointed with himself as he told me that he should have participated in the group more meaningfully.

Group Member E

Weekly Scaling Homework

E started with being confident about keeping the problem from influencing him, felt a drop in confidence, but regained it by the last session, returning to the level he started with. E was perceptive to the reactions of others, as he declared that his girlfriend started to notice changes during the 11th week.

Qualitative Analysis of Unique Outcomes

E showed the greatest improvement in satisfaction, from feeling frustrated and depressed at the beginning to feeling hopeful at the last session. E learned that others reacted similarly because of similar abuse situations. Despite being hopeful at times, he struggled a lot but said he could move beyond the problem. He was encouraged by the progress of the other men, feeling that if they were getting better, so could he.

End of Practicum Evaluation

E was not very enthusiastic about homework. This was because he had spent more time on reading the transcripts at home and focusing on what went on in the group. He preferred to participate and work with the others in the group, than do the scaling homework on his own. He spent more time reflecting on his progress and on his feelings.

Follow up Evaluation

E was able to cope with day-to-day living after the group ended by holding on to his new identity, a spirit of determination, justice and goal orientation. He was able to do this with the insight he had received and the work he had done in the group. He was interested in joining another group on 'male sexuality' at the centre, to continue to work

on issues of sexuality but was unable to do so because of his busy schedule at weekly sports.

Conclusion

The evaluation forms serve well as triangulation tools with narrative analysis, and have confirmed the changes that narrative analysis had tracked. Most of the participants showed increasing satisfaction about the efficacy of the sessions, and all reported that people around them had noticed improvement in them. The bonds created by the group members proved lasting, and members continued to meet after the group ended.

All five members of the group gained a greater confidence as a result of attending the group; no participant felt that the sessions had worsened his ability to cope, but rather felt that their attitude toward life in general had changed for the better.

Chapter V

Summary Of Practicum Experience

5.1 Conclusions of Practicum Experience

The conclusions of my practicum experience are divided into three sections below: conclusions about the approach, i.e., whether narrative therapy helped reauthor lives and claim new identities, conclusions about the methodology, whether narrative analysis focused on each unique story utilizing various themes and if the triangulation of other sources of evaluation helped, conclusions about my learning goals and recommendations regarding the use of narrative therapy in groups for adult males who have experienced childhood sexual abuse.

5.2 Narrative Therapy

Narrative therapy is rooted in postmodern theory. The self repetitively generates through narratives (Freedman & Combs, 1996), which are stories based on religion, culture, gender and language (Merscham, 2000). Postmodernism challenges societal assumptions and expectations. It opens avenues for manifold perceptions, thereby classifying no particular viewpoint as an absolute or universal truth (D'Andrea, 2000).

The de-centred but influential, genuinely curious and not knowing stance of the counsellor (in individual counselling) and the facilitators (in group work) placed the participants/group members in a position of power. Group member A said that he now has gained an idea of what exactly he needs to do to work on himself. He realized that he had the power within him to realize that. Group member B said that he had the chance to look at who he really was because the questions asked made him feel he was in charge of

his life. Group member C said that he found this group a lot different from other groups he had attended in the past because he felt he was in control and not the facilitators. He said he had the right to say what he wanted to say and not what the facilitators wanted to hear. Group member D said he now realized that he was his own leader in charge of his own destiny and he no longer would let people drag him to where they wanted him to be. Group member E said he understood that a certain part of him was the result of the abuse, as opposed to his previous way of thinking that he was flawed in some way.

We are experts of our own life narratives. Our personal narratives make us unique, a uniqueness that no one can take away from us, despite sexual, physical, emotional abuse or neglect. This uniqueness is not lost, but rather brushed aside or buried under problem-saturated stories that we have been subject to. This uniqueness was revisited in individual counselling and group work through the identifying of unique outcomes, those moments in time when the problem is not the problem or when the person is free from the influences of the problem. Tracing these moments from the past to the present and onto the future is a way of reviewing this uniqueness, claiming and celebrating a new identity.

What helped participants in individual counselling join the group? Participants said they were astonished by the counselor's curiosity in seeking out their story, their opinions, and their explanations about their narratives. They decided to continue counselling by joining group work for two reasons. The first reason was that narrative work helped them take charge of their own thought processes by opening their minds to think in ways they hadn't done before. The second was because of the skills and

techniques used that helped them bond easily with the counsellor allowing them to concentrate their energy on working through the effects of childhood sexual abuse.

At times narrative group work seemed very challenging as questions directed toward particular group members took on an individual focus within the group moving between group member and facilitator(s). Other members acted as the audience and as witnesses. They respected this process, did not interrupt unless their opinion was asked for, giving the space for that member to reflect and answer. At other times members contributing willingly and openly and helped the group process flow smoothly.

The definitional ceremony played a major part in helping conversations to be re-authored using the other group members as witnesses within the group. One of the group members took his turn to be the storyteller, recounting his story while the others listened and waited their turn to retell his story. The storyteller then responded to the retelling and finally the members responded to the response of the retelling. During this process, the storyteller re-engaged with unique outcomes of his preferred story and was able to experience these outcomes with loaded significance.

One important factor that helped men work on the effects of childhood sexual abuse was the weekly transcription of the group process that group members were given to take home. These transcripts were carefully edited for each individual, safeguarding and respecting the confidentiality of each member. Group member E was instrumental in initiating this request, and all the members agreed that it was a brilliant idea as they could read and reflect on their contribution to the group process with a view to assessing their own progress week after week. These transcripts helped them to remember each other's contribution to the group process, reminded them of self-care and the unique outcomes

that were uncovered; it motivated them to consider options and opinions that were offered by members and finally it brought continuity from session to session. I consider this a major contribution to the process of re-authoring their lives.

Narrative work allowed the men to be creative and take on various roles. Humour in the group was one of the ways that helped in bonding with one another. Group member E played the role of a comedian while others contributed to the laughter. Group member C turned out to be an expert using narrative questions and helped other members, with his curiosity. The other group members sought his opinion whenever they failed to understand a question or wanted feedback on any particular issue. Group member E teased group member C naming him after the female co-facilitator in her absence. Humour in the group was always clean and enjoyable.

At one of the group sessions, group member A coined the metaphor 'closing the door to problems', which was thereafter used during group work. This was a powerful metaphor in the sense that it not only created and supported the possibility of freeing themselves from 'problem saturated stories' but in the process of doing so, it also separated their identity from the identity of the problem. Closing the door to the problems was an invitation to move into preferred ways of being and to celebrate their triumph over dominant stories. Group members were consciously made aware of unique outcomes and helped to move away from problematic stories through the following: the actions that helped them close the door to problematic circumstances, the specific times when they put these actions into practice, and the impressions these witnesses had of the group members.

5.3 Methodology

Participant change was effectively evaluated through a type of qualitative methodology called narrative analysis. Narrative analysis looks at the uniqueness of each story by utilizing various themes identified in that story. It does not rely on any predetermined classification. Themes identified from the transcriptions of the group process, brought together individual experiences that helped construct a framework for understanding meaning and evaluating client change. Narrative analysis showed me ways in which purpose and meaning were rooted in the personal narratives of these men. Purposes were clarified, new meanings surfaced and preferred alternate stories were rewritten. Narrative analysis captured themes of how men being stuck in problem-saturated stories could move on to finding unique outcomes and re-authoring their lives with new identities.

A triangulation of other sources of data, such as the weekly homework scaling questionnaire, weekly analysis questionnaire of unique outcomes in group process, end of practicum group evaluation and a follow-up evaluation (Appendices F, G, H & I) confirmed the claim that narrative analysis made regarding the change that occurred in the men's lives.

The weekly scaling homework questionnaire was an effective method of evaluating member's progress week after week. It was something that didn't fit in with the narrative model. I realized later that it seemed to be an imposition on the group members. This may have been why two of the five group members resisted having to do the homework. It may have depicted the facilitators as centered and authoritarian and as being experts. Instead, I should have asked the members what they thought about having

a weekly homework assignment and how they would view the facilitators if they were given homework (Abels & Abels, 2001). The group agreement was formulated co-constructively and so could the homework have been worked out.

The weekly analysis questionnaire of unique outcomes in group process was very helpful to the men in that they were able to reflect on each other's unique outcomes and on their feelings attached to those outcomes. The significant contributions they made in the group helped them realize that they were capable of influencing others in moving away from the problem and in the process, also being influenced by others. With the identification of unique outcomes, they were able to map their assessment week after week with regard to moving away and freeing themselves of the problem.

The end of practicum evaluation was a very useful way of charting progress of the group members from session # 1 through session # 12 with regard to change in moving away from the problem. The end of practicum evaluation was a meaningful way of recapitulating group members' feedback about individual counselling and group work.

The follow-up questionnaire was a valuable recapitulation of participants/group members' evaluation of their learning from both individual counselling as well as from group work. It captured the goals they had achieved and inquired into their use of self-care and well being.

Triangulation of these four sources of evaluation amounted to a rich and congruent amalgamation of multiple truths that represented reality by studying the underlying meaning of the stories, their structure and their sequence (Riessman, 1993). Triangulation confirmed the evaluation that narrative analysis had reached.

5.4 Learning Goals

My first learning goal was to understand what “Dominant Constructions of Masculinity” (O’Leary, 1999, p. 162) meant to men who were abused and how they had resisted the influence of childhood sexual abuse. I learned that society’s expectations made men aggressive, violent and domineering in order to keep up with the male image, that crying and showing emotions were unacceptable, and the use of anger and power appropriate. One group member said that getting into construction work made him feel like a ‘macho’ man. Another member’s involvement in sports and martial arts gave him confirmation that he belonged to the male stereotype. All these expectations of society demanded that they “suck it up”, be a man and get on with life. They had no choice but to suffer the pain of childhood sexual abuse in silence for decades.

The narrative approach helped the participants deconstruct society’s expectations of men in the following ways: it helped break the code of silence and opened space for buried emotions and feelings to surface, it taught them not to be afraid to release emotions and cry, it showed them that each individual is unique and that there are multiple truths from which they may find what is most meaningful to them. It also helped them to respect the individuality of others by breaking patterns of control and abuse, especially in relation to women.

The men in the group resisted the influence of childhood sexual abuse in different ways. One member sought help in self-help groups for many years and discovered he needed to break the code of silence and join counselling for sexual abuse. A second member of the group became a practicing Christian and dedicated his life to God while he continues to attend self-help groups for alcohol and sex addictions. Two other men

were court-mandated to attend counselling for sexual offences. This led them to individual counselling and group work in the hope of dealing with their own 'sexual victimization'. These two men broke the code of silence in counselling and moved on to being caring and protecting individuals while continuing to have a determination to make good the damage done. A fifth member attended counselling after the break up of his marriage and when he faced problems in his relationship with his girlfriend. It was there that he discovered the need for specific counselling with regard to issues of childhood sexual abuse. He was able to break the silence after decades and work resisting the influence of the abuse.

My second learning goal was to understand how gender shame and feelings of being flawed lead men to prove their masculinity by either over-compensation or under-compensation (Dimock, 1995). Gender shame for the group members played a major role in proving their masculinity by over-compensation in the following ways: immersing oneself into sports, finding a **man's** job in construction, not allowing the spouse to work, drinking heavily, lying, using sex as a means of escapism, being physically violent towards partners on account of accumulated anger not dealt with, fighting at every opportunity to prove one's masculinity, being "macho" to hide one's shame and guilt, and the inability to show emotions or feelings as that was considered weakness.

Under-compensation for the members took the form of taking on the role of protector later in life to make up for the damage done, taking up martial arts to finally learn that there was nothing to prove, stopping others from fighting, being the peacemaker, pleasing others to find acceptance and being a 'good' husband and father in

order to defy and stand against the prophecies of abusive parents who constantly told them they were good for nothing.

My third learning goal was to use and develop narrative therapy as an approach to empower participants. Group members said that narrative therapy helped them take responsibility and accountability for their actions and behaviours, that they had the right to say what they wanted, and not what the counsellor wanted to hear and that they felt respected as unique individuals without judgment. This brought them to a realization that they were not 'flawed' but just suffering the consequences of the abuse. They asked questions about the difference between sex and love, and the difference between being a victim and being responsible for personal actions. They found answers through questions asked of each other and in the opinions of what worked best for each of them.

Externalizing the problem, separating one's identity from the identity of the problem, choosing not to have a relationship with it, identifying times when the problem was not the problem helped them organize the information from their life's stories.

Narrative therapy helped them understand that what happened was not their fault and that it was alright to feel and show emotions and that this helped in recognizing anger and its consequences. Realizing that the shame and guilt was not theirs to keep, they were able to look for unique outcomes that showed them preferred ways of being and living and this helped them rewrite their stories.

Group member E gave the group a metaphor that compared the weather to our lives and what we need to do to move on. He said:

"When I got to the group this evening I kind of connected to what's happening in my life. The past is the weather – you can't change it, you can't do nothing about it – so deal with it and focus on what you can control. You can control the weather if it's 40 below zero outside – you

can control whether you go out in shorts or in a T shirt or you bundle up and I think a lot of us have been spending time wearing T shirts when we should be bundling up”.

This revelation told the men they are experts of their own lives. It encouraged them to use their expertise to bring about choices and that by making the right choice for themselves they reinforce that expertise.

My fourth learning goal was to explore the philosophy of the narrative approach with male adults who have experienced childhood sexual abuse. Narrative therapy showed the men that the person was not the problem but the problem was the problem, enabling them to understand that they were abused not because they were the problem or for any fault of theirs. They were able to distinguish the problem's identity from their own and relate to it and close the door on it. The understanding about whether the talk about the problem was gaining more influence over oneself or whether the person's talk was gaining more influence over the problem was another area that was explored in group work. They were able to distinguish between culturally fashioned dialogue (that put them into boxes such as healthy, unhealthy, normal, abnormal, good, bad etc) and the uniqueness of self. It showed the men that there are multiple truths and that their dominant life stories were not the only narratives they could live by; that they could find preferred narratives from their histories that were dimmed by time. This enabled them to rewrite their stories, closing doors to the problems that had taken over their identity. They were able to look at their real identity, disregarding what society expected of them.

My intervention outcome goals were realized. Group work assisted men to move toward greater self-empowerment through the use of narrative questioning and recognized that they are experts of their own lives. There is no better way of

summarizing what the group members said so well in words of their own (at the last group session) and some, by including narrative terminology that they had acquired.

Group Member A: "This affirmation has started helping me move on with my life. Obviously coming here, being content at what I am doing and not having to push myself on account of other people and working at my own pace is comforting".

Group Member B: "Yes, it definitely has and I know the steps I now have to take to do what's right for me to become a better person".

Group Member C: "It's given me a big self-empowerment because now I am in control of my life – my thoughts, feelings and emotions; before I wasn't in control of that and with the feedback I got in here, with the different type of questioning, with the way things were constructed towards me, it helped me to realize that I am a powerful person in control of myself and not being the person who beats the piss out of somebody or abuses somebody. I can be a person out there helping somebody".

Group Member D: "It has given me a confidence that I always had which had been blanketed over by guilt and shame and all this other crap".

Group Member E: "I think that for a while during this group I went through a bit of the victim stage where I realized that I wasn't defective or flawed. Then from there I rolled and moved into a bit of the victim role for a while and spent a few weeks feeling sorry for myself or kind of excusing all my bad behaviour – saying well, I was a victim and now I realize that it's not acceptable and it's not the way to make positive changes or move forward. I feel empowered knowing that I am the expert of my own life".

In my work as facilitator for groups of men who have experienced sexual abuse in childhood, I have heard different meanings and viewpoints that men have internalized

from discourses with their families, the community and the outside world. These viewpoints shape their world of meaning. Different stories of masculinity that have been lived out, ways of coping that society has taught men and ways in which society constructs oppressive meanings of life stories are the main themes that are commonly heard during the group process. The worldview of the narrative approach helps me to place these stories within their social and linguistic context. To deconstruct these meanings, I have to look beyond these overriding constructions that block out their own localized and personally meaningful stories and establish the origin of these stories in their social environment. I see men's experiences of themselves as socially constructed; they have developed to be who they are through the lessons they have learned, through culture and through their relationships with others. Does sexual abuse have to result in just one experience – that of being gay, being an offender, or something else? I believe these social discourses keep us bound to a common globalized understanding of ascribed meaning that is called the dominant discourse. Who ascribes this meaning? Why do we have to make ourselves fit into 'society's puzzle' of prescribed and ascribed meanings?

Why do I use certain language? Do I choose to use my personalized linguistic renditions of meaning or do I get trapped in what the dominant constructions of meaning tell me? Is there just one truth or are there alternative truths? Looking at the individuality of every member of the group, the backgrounds in which they grew up, the different experiences of abuse they have lived through, and the differences between the abusers who have abused them, their relational context, is in itself enough reason not to ascribe common, globalized meaning to their lived experience. Each man's lived experience is unique. No one else could have lived that experience. Could any two

experiences be the same? Only society through pathology, or a DSM V (2001) classification, through 'totalization techniques' (Foucault, 1982), could make this hypothetically possible.

My own experiences as a child have been different from those of these men; the ways I have interpreted this experience can be different, can be personalized and could be localized. I may choose to look at the unique outcomes in my life and write my preferred story, the story that will hold fast for me now and in the future. Who defines what is healthy or unhealthy, normal or abnormal and how do these definitions help us move on with our lives? Do we have to 'fit the specifications of the dominant narrative of global knowledge practices'? (Madigan & Law, 1998, p. 25).

As a narrative counsellor I believe that my stories and lived experiences are unique and have a personal meaning for me. No counsellor should use his/her personal experiences to categorize and label others on the basis of some textbook classification. As a counsellor, I had the opportunity to take several participants' personalized lived experiences as unique and meaningful, with a view to helping them use their knowledge and skills to move away from the dominance of those stories toward their preferred realities.

5.5 Summary

Narrative therapy is compatible with social work ethics and principles. It explicitly stands for confidentiality, a non-judgmental attitude, individualization, self-determination and acceptance of participants in counselling. When these principles are used in counselling, participants are given the opportunity to be experts of their own lives, skills and knowledge. This is what narrative therapy accomplished with these

participants. The burden of counselling was shifted onto the participants as counselors and facilitators do not take on the expertise that belongs to participants. This saves burnout for the counsellor and group facilitators.

All the group members came to counselling wanting to deal with the effects of childhood sexual abuse. They were able to claim new identities based on times in their lives where the effects of childhood sexual abuse did not take a hold of their ways of being, thinking and relating with others. Narrative work helped them to recognize their dormant unique individual nature and expertise that lay hidden due to problematic situations reinforced through time.

Individual counselling served as the planning stage for the group. It was here that I noted the qualities of the men who were considering joining the group and how these qualities might complement the other individual participants who were potential group members. The group turned out to be cohesive and the men formed lasting relationships. This was partly attributed to the comfort level they had with me, as their counsellor in individual counselling. Individual counselling was therefore seen as a prerequisite to group work for the group members and as a planning stage for both the facilitator and the participants.

How did narrative group work benefit them? Narrative group work inspired them to carry the flame that was ignited within group, that of wanting to help others through what they had learned. Two of the men joined the peer mentorship program at the Men's Resource Centre and underwent training in order to help other men in their walk toward uniqueness and freedom from dominant constructions of masculinity. These two men including one other member joined a group on 'male sexuality' at the centre. These men

had not only claimed new identities but were nurturing these identities to the extent of giving themselves to others in the hope of bringing about social change in the community.

5.6 Recommendations

I conclude with recommendations for counselors and facilitators who wish to use narrative therapy either in individual counselling or group work. Some of the limitations that I have identified in my practicum work using narrative therapy are addressed below. These recommendations may serve as an opportunity to embark on further innovative work.

Would it have been a good idea to continue individual counselling parallel to group work? This might have hampered the progress of the group by giving them the idea that group work is not a totally safe place to reveal their inner most thoughts and feelings, fears and doubts. This would give them the choice to reserve some of their thoughts, feelings and doubts for discussion in individual counselling. I feel this would have defeated the purpose of group work.

Was it a good idea to have had the same individual counsellor as their group facilitator? Through my experience as their individual counsellor and later as the group facilitator, I realized the advantages. It gave the men a sense of comfort and hope knowing that they were entering familiar surroundings. This would not have been the case if they had not bonded well with the individual counsellor, their future group facilitator. The men then, would not have opted to join the group. Thus, individual counselling being a pre-requisite to group work would only be meaningful if apart from all the learning and preparation for group, the counsellor had bonded well with the

participants and vice versa. The fact that the men were able to open up even further in the group was an indication that they had trusted and bonded well with me, as their individual counsellor.

A language problem restricts a person's ability to share stories and emotions. Narrative therapy relies on the use of language, so then, to what extent does this reliance on language affect group members' participation? Narrative therapy helped the group members overcome 'alexithymia', which is the inability to put emotions into words. It opened space for them to explore their feelings. In addition to alexithymia, men who have a difficulty with the language may be able to identify and communicate with other group members on the basis of similar stories and experiences of the past. On the other hand, there may be a possibility that after hearing others' stories being articulated clearly and not being able to do so themselves, they may choose to retreat into silence.

I feel it is of utmost importance for both the counsellor and prospective group members that an understanding is reached toward the end of individual counselling (or at the intake meeting for group work) as to whether the participant, who has a language problem, will benefit from narrative group work. If the participant is willing to join group work despite a language problem, the participant should be made aware of the possible advantages or disadvantages that may prevail in a group setting. This, I feel should be done to prevent any embarrassment for the prospective group member.

Being a student and facilitating group work, I was able to spend a lengthy amount of time on the weekends transcribing the audiotapes of the group process. Transcribing tapes is a very time-consuming and rigorous process. I have not come across group work literature regarding the provision of group process transcriptions to group members.

Being a worker in an agency, in addition to all the other workload, is it feasible to transcribe tapes after office hours all weekend, week after week? How then would a facilitator serve the group members if they were to request the transcription of audiotapes of the group process? Not all groups tend to audiotape the group process and even if so, it may not be feasible to transcribe an entire three-hour session every week. It may be agreed upon by consultation between facilitator and group members that a summary of the highlights be supplied to the group members weekly. One option could be that the facilitator or co-facilitator uses a flip chart to record important phrases, words, and metaphors that are articulated and unique outcomes identified by the members within group sessions. Another option may be to request a group member to volunteer in turn every week to take charge of the flip chart and record what the group members view as important. What is important will have to be jointly agreed upon by all the group members. The following week, each group member could be given a copy of these words, sentences, metaphors and unique outcomes typed out by the facilitator to refresh their memories and to help them plan for future sessions. This one or two-page summary may actually serve them better as compared to the fifteen or more pages of transcriptions they received weekly; they will be able to concentrate, reflect and focus on highlighted issues in the hope of moving on.

The homework that I, as facilitator planned for the men curtailed their freedom and expertise with regard to their choice of homework. Looking back, after the group ended and learning about how they felt about the homework, I concluded that this was an imposition on them. I had not worked out this homework with the group members as I did the group agreement. How best would I learn from this limitation? How would I do

this differently the next time I facilitate group work with narrative therapy? Just as the group members and facilitators co-constructively worked out the group agreement, and took a week to contemplate any additions or changes to be made, so too, the type of homework could have been worked out.

Triangulation served its purpose, in that it identified and verified themes that narrative analysis had highlighted. One of the forms of evaluation, the weekly homework scaling questions evaluation form, as mentioned before, served as an imposition for two of the men. Imposed homework is not compatible with narrative work.

Scaling questions are quantitative ways of evaluating progress and also are not compatible with narrative work. Even though I used this scaling questionnaire I didn't use quantitative methods such as graphs to evaluate the outcomes.

What is narrative therapy leading to? I see narrative therapy as a counselling skill and not a method of treatment. It is a respectful way of communication with anyone whether in counselling or in day-to-day life. In our dealings with people we tend to be respectful but still want to have the last word, and be the authority over others' experience and knowledge. Narrative therapy has a style of its own and uses language in such a way as to honour and to value the uniqueness of a person. I have used narrative therapy in ways Nichols and Schwartz (2001) espouse, that is, presenting its concepts and methods in a style that is provocative. This provocation helps the process of exploring reactions and concerns by questioning taken-for-granted assumptions and practices. I have looked for the effects of the problem and not the causes; this helped to diffuse any blame the person may have taken on and in doing so, narrative work found and reinforced moments where a person's authority over a problem was central. The question that

Nichols and Schwartz (2001) have asked still remains unanswered: "What's the best way to help people free themselves from (society's unhelpful beliefs and values) those influences without imposing, subtly or overtly, one's own values?" (p. 408). I view narrative therapy as a therapy for social justice and for social change.

This practicum has been an insightful journey into the lives of five men, a wealth of experience of learning and growth in my development as a professional that will guide me in helping others affected by childhood sexual abuse. We are not called to be what society expects us to be. We can choose to be who we really are. We can change society's expectations of who we should be. We men, certainly have the potential for social change.

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APPENDICES

Appendix A**Individual Counselling Evaluation Questions**

1. What did you anticipate at the beginning of individual counselling regarding issues related to childhood sexual abuse?
2. What aspects of individual counselling did you find most helpful?
3. What aspects of individual counselling did you find least helpful?
How could it have been done differently?
4. What impression did you have of your counsellor i.e. me? What feedback do you have for your counsellor in individual therapy?
5. Would you have preferred a different counsellor for individual counselling and group counselling? Why?
6. What goals have you been able to achieve through individual counselling?
What contributed to achieving these goals?
7. What changes did you make in your life as a result of individual counselling?
8. What did you learn about self-care through individual counselling?

Appendix B

Men's Resource Centre
Elizabeth Hill Counseling Centre

Intake Form
For

Group Work For Adult Males Who Have Experienced
Childhood Sexual Abuse

Name: -----File #: -----

Intake Interviewer: ----- Date:

Original Form - MRC – EHCC
(Revisions & Additions made By G Menezes for Practicum use)

Current Information

1. What has influenced your decision to attend counseling at this time?
2. Have you had any previous counseling? If so, when? Was it helpful? In what ways was it helpful? What would you have liked about it to be different?
3. What are your current living arrangements? Are you currently employed?
4. Are you in a relationship with an intimate other? If so, how would you describe this relationship? Has there been physical, emotional or sexual violence at any time in this relationship?
5. Are you involved with the police or with the law in any way presently at present or have you been involved in the past? Please give details.

Coping

1. What do you do to look after yourself during periods of stress and tension?
2. Who are the people you feel comfortable talking with about your personal feelings and experiences?
3. Have you had any drug or alcohol issues in your life? If so, please describe the nature of use?
4. Are you currently on any medication? Are there any medical conditions that you think I should know about?
5. Have you had any thoughts of suicide? Do you have any current thoughts of suicide? Do you have any current plans for suicide? Have you ever attempted suicide? Please give details. What was the outcome? Were you hospitalized as a result?

Family Of Origin Information

1. What was it like growing up in your family?
2. What was your parent's relationship like? Was there violence, abuse or alcoholism? Were your parents together at the time or were they separated?
3. What was your childhood relationship with your father/stepfather like?
4. What was your childhood relationship with your mother/stepmother like?
5. What was your childhood relationship with your brothers and sisters?

6. Did you have any involvement with your extended family?
7. Did you have any positive relationships with other adults?
8. What is your present relationship with your family of origin?
9. Have you been touched sexually by an older person? How did this make you feel?
10. Do you have any knowledge of any sexual abuse in the family?
11. How did the violence in childhood affect you? How has it affected you now as an adult?
12. Have you spoken to anyone about your childhood experiences? What was their reaction?
13. What did you like about growing up in your family?
14. What didn't you like about growing up in your family? What would you want to change about growing up in your family?

Screening For Perpetration/Offending And Other Behaviors

1. Have you touched or forced anyone sexually (Specify any other type of sexual behavior you struggle with) including members of your family in childhood and adolescence? Please give details.
2. Have you touched or forced anyone sexually including members of your family after the age of 18 (in adulthood) till the present day? If so, how & when? Please give details.
3. Have you threatened anyone verbally or have you used physical force on anybody including members of your family in childhood & adolescence? Please give details.
4. Have you threatened anyone verbally or have you used physical force on anybody including members of your family after the age of 18 (in adulthood) till this present day? When did the last incident take place? Please give details.
5. Have you undergone therapy or counselling or any form of group work in adulthood for violating others physically, sexually or verbally? If yes, please give names and details of agencies, therapists, counselors, social workers and dates and duration of therapy.
6. Where you diagnosed with any 'disorders' by the medical profession? - Is so please name them. Have you had any specific counseling for any of these behaviors? When, where, by whom, for how long? Are you still seeking help and from whom?

Group Preparation

1. What are you hoping to gain from the group? What would you like to see different about yourself as a result of attending the group?
2. What are your feelings and thoughts about attending a group for men who have been sexually abused in childhood?
3. How comfortable would you be if there were men in the group with a different sexual orientation? Have you had any physical or emotional or sexual violence perpetrated against someone belonging to a different sexual orientation? Or has there been any attack on you from others with a different sexual orientation? If so, please give details.
4. How would you make the group a safe and productive place for you and for others? What qualities and characteristics will you bring along to make this happen?
5. Is there anything specific that you would need from me in order to make the group a positive experience for you?
6. Is there anything we have not spoken about that you believe is important for me to know that would assist in your participation in the group?

Appendix C

UNIVERSITY
Of MANITOBA

E.H.C.C

301 -321 McDermot Avenue
Winnipeg, Manitoba
Canada R3A 0A3
Telephone (204) 956-6560
Fax (204) 943-4073

PRACTICUM OBSERVATION PERMISSION FORM

It has been explained to me that the Elizabeth Hill Counselling Centre of the University of Manitoba is also a training and research facility. As a recipient of service at the Centre I understand:

- That, the service I will receive is part of a practicum for the Masters of Social Work Program at the University of Manitoba.
- That any information obtained from interviews, counselling sessions and questionnaires may be used as a part of a published evaluation of this practicum.
- That the information gathered as part of this practicum can only be reported in a manner, which does not reveal my identity or that of anyone in my care.
- That audio taping of Group Work sessions will be required.

Signature of Group Member:

Date: _____

Signature of Group Facilitator or other witness:

Date: _____

"This personal information is being collected under the authority of the University of Manitoba Act and will be used for part of a practicum for the Masters of Social Work program at the University of Manitoba.

It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the FIPPA Coordinators Office, (204) 474-8339, do Archives & Special Collections, 331 Dafoe Library, University of Manitoba, R3T 2N2."

Appendix D

ADULT MALES WHO HAVE EXPERIENCED CHILDHOOD SEXUAL ABUSE GROUP AGREEMENT

**Agreement formulated (and signed by) by Group Members and Facilitators
October 3rd 2002 to January 3rd, 2003**

- 1) All group members have committed themselves to the AMSCSA Group for 12 sessions. In cases of emergency such as a death, illness or accident in the family the group member will telephone MRC on 943-4218 and leave a detailed message for Gerard excusing himself for his absence.
- 2) No weapons will be allowed into the group.
- 3) No smoking is allowed within the building
- 4) The reception/coffee area and group room will be accessible to group members while all other office space is out of bounds for reasons of confidentiality. Group members may use the telephone in the reception area.
- 5) Limits of contact between group members: 'Ask before you touch somebody.'
- 6) 'No Tolerance' for alcohol or drugs. Anybody under the influence of drugs or alcohol will be asked to leave the group. No alcohol or drugs to be held on person.
- 7) Confidentiality: 'What is said in here stays in here.' –unless there is disclosure of someone planning to harm himself or someone else.
- 8) Interruption while speaking: 'Do not interrupt while a person is speaking; if the person is taking too long he will be asked by any member or facilitator to end the conversation and give someone else a chance to speak. 'Stay focused on the issue.'
- 9) It is OK to leave the group during a session and 'take a time out for 5 minutes if the discussion or conversation is heavy and painful to bear. A group member may need the support from others in case he feels he should leave the group – other members will help him not to quit but will encourage him to come back and join.
- 19) The use of Language and Respect for Women: 'don't go overboard with it; use her name rather than calling her a 'bitch', 'old lady' 'chick' call her what she is, if she is a woman call her a woman.'
- 10) Weekly Homework is part of the group process.
- 11) Break time will be at 8 to 8.15pm; the group sessions will end at 9.30pm sharp.
- 12) It is requested that topics such as religion, spirituality, politics and sports are not to be discussed beyond relevance in the group. Everyone's beliefs and individuality are to be respected. The purpose of the group should be the focus of the group.
- 13) Any amendments or additions to the rules may be made if agreed by all members, facilitators and signed by all.

Signed: Dated October 10th, 2002

Appendix E

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E.H.C.C

301 -321 McDermot Avenue
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Fax (204) 943-4073

This is to indicate that I, _____, have requested and received photocopies of the group work process notes dated October 3rd, 2002 to January 3rd, 2003 from my file.

The Elizabeth Hill Counselling Centre has consulted with the Freedom of information and Protection of Privacy Act (FIPPA) and none of the restrictions of Article 24 apply.

Group Member's Signature

Date

Group Facilitator's Signature

Date

Supervisor's Signature

Date

Appendix F**WEEKLY HOMEWORK SCALING QUESTIONS****(For Group Members)****Name:****Week:****Date:**

1. On a scale from 1 to 10 (1 being most positive) to what extent have you been able to keep the problem from influencing you?

2. What was the most significant thing you heard from the group last week that helped you keep the problem away? Why was this significant? On a Scale from 1 to 10 (1 being the most positive) how significant was this?

3. Would your spouse/partner/friend/family member notice this change? If yes how? What would they say to you on noticing this change? On a scale from 1 to 10 (1 being the most positive) where would they rate your progress with regard to your attitude and behaviour?

Appendix G**Weekly Analysis Of Unique Outcomes In Group Process**

(To be filled in by group members at the end of each group session and handed in to the facilitator)

Name:

Week:

Date:

1. How do you feel after tonight's group session? Was it helpful to you? In what ways was it helpful? In what ways was it not helpful?

2. What was the most significant contribution you made tonight to help the other men move a step ahead? What was significant about it?

3 After tonight's group, do you imagine freeing yourself from the problem? What do the experiences of the other men tell you with regard to how they coped in difficult situations?

Appendix H

End Of Practicum Group Evaluation

Group Work For Male Adults Who Have Experienced Childhood Sexual Abuse

1. When you first joined the group, how did it feel? On a scale from 1-10 (1 being the most positive), where did you think you were with regard to your change process?
2. On a scale from 1-10, (1 being the most positive) how would you rate your progress in freeing yourself from the influence of the problem?
3. Have the weekly (homework) scaling questions been of help? If so, how have they been helpful?
4. On a scale from 1-10, (1 being the most positive) how much do you think the facilitators understood you and cared about you?
5. What words of wisdom would you give me to pass on to other men who are going to join the next group for 'Adult Males Who Have Experienced Childhood Sexual Abuse'?
6. If you didn't attend individual counselling prior to group how would you have behaved or interacted with the other members of the group? Would you have been able to do what you did in the group without the individual counselling you had prior to group?

Appendix I

Follow-Up Evaluation Questions

1. What are the things you learned through individual counselling and group work? How are they helpful to you? How often have you put these ideas into practice since the group ended? Please give examples.
2. Have you been able to cope on your own with the insight you received from the group, without the weekly support of the group since the group ended? Please give examples.
3. What are the things you find hard to keep up with, since the group ended? Why do you find these things hard to deal with?
4. Were you able to help others in similar situations? If so, how?
5. Do you continue to use self-care as a means to 'closing the door to the problems' in your life?
6. Looking back at individual counselling and group work could you give me three important issues that you were able to tackle/goals you were able to reach that now help you take a continual stand against the effects of childhood sexual abuse and 'move on' with your life?

Appendix J

Objectives To Accomplish Goals In the Beginning Stage

(Toseland & Rivas, 2001, pp. 190-191)

- Facilitate member introductions
- Clarify the purpose and function of the group, as it is perceived by the worker, the members, and the sponsoring organization
- Discuss and clarify the limits of confidentiality within the group
- Help members to feel that they are part of the group
- Guide the development of the group
- Balance task and socio-emotional aspects of the group process
- Set goals
- Contract for work
- Facilitate members' motivation and ability to work in the group
- Anticipate obstacles to achieving individual and group goals