Into the Labyrinth
A Case Study of a therapist's journey with an adult survivor of childhood abuse

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Abstract:

This case study describes the therapeutic journey of a client who suffered serious sexual and physical abuse from toddlerhood to adolescence. It considers challenges and ethical issues in the therapeutic partnership with an abuse survivor, exploring the importance of the theoretical framework and of supervision. Issues of autonomy and power in relation both to therapy and to church pastoral practices receive attention. Central to this therapeutic journey is the role of creative methodology, metaphor and myth in facilitating transformation.

Key Words: childhood sexual abuse, therapeutic relationship, gestalt, creative interventions, metaphor and myth, power and autonomy.

Introducing Abi

Abi, 47, began therapy with me in 2008 when I was a second year Gestalt Postgraduate Diploma student. We meet weekly in term time, and are now approaching the end of therapy. When we first met Abi was unhappily married, dangerously thin, permanently frightened, troubled by disturbing nightmares and emerging memories, and concerned about her ability to care for her sons, then aged seven and five. Through couple counselling, which began shortly after she came to me, Abi began to recognise abusive patterns in the relationship. Her husband, while not physically violent, was emotionally, financially and sometimes sexually coercive. She was afraid of her own capacity to consent to things she did not want to do. Her feelings of being manipulated and coerced were familiar from her childhood. Compliance no longer made her feel safe, and only increased her self-disgust. Her husband believed she was fantasizing and sick. He opposed her entering therapy. Labelling herself an "evil fantasist" who was "out of her mind", she had actively considered suicide.

The youngest of four siblings, Abi's family background was wealthy, unpredictable and violent – though this latter seemed to her completely

unremarkable. Drunkenness and violent rows played a regular part in the family dynamic. Her mother, who died in an unexplained domestic accident when Abi was 11, was alcoholic. Her father remarried after a short time and this second relationship was also highly volatile. Abi is in intermittent but reluctant contact with her stepmother and father, who are still alive, and with some of her siblings. Her closest brother treats her with a mixture of kindness, concern and directive roughness. She finds these encounters confusing and disturbing, and has difficulty keeping her sense of herself.

Starting Therapy: "Where shall I begin?"

My initial training was as a gestalt therapist, but since before I qualified in 2009, I have worked with Sandra Watson as my supervisor, and with Richard Erskine on a number of CPD conferences in England. His Integrative Psychotherapy draws substantially on gestalt understanding of process, phenomenological enquiry and relational contact, but to a gestalt practitioner his approach offers an enriched understanding of relational needs and effective ways of working with the impact of historical patterns on present behaviour and experience. My usual practice at the start of therapy is to ask for only basic personal, relational and medical information. I prefer to allow the client to choose her own route into the labyrinth of her past and present experience. Though we may return to chronological narrative at relevant times during therapy, I focus on establishing a dialogic, phenomenologically-observant relationship through experience-near inquiry.

This was how I began with Abi. What I learnt over several weeks was very serious. She was regularly self-harming, cutting her thighs and torso. She was unable to eat. She knew her behaviour was putting her at risk. She was afraid of the impact she might be having on her sons. She spent her nights either awake and terrified, or suffering nightmares. Domination and escape were recurrent themes. Over recent months memories had begun to emerge of serious sexually abusive encounters primarily with her father and uncle. These seemed to have taken place in a number of family houses between toddlerhood and puberty, but they were fragmentary and hard to make coherent sense of. There seemed also to be a puzzling and disturbing presence of other men and boys in her dreams and recollections, and she had a strong sense of exposure, shame and being watched. Abi was terrified that these experiences might really have happened. We did not name it then, but we both wondered if she had been a victim of a paedophile ring.

In the therapy room, Abi exhibited dissociative patterns, and found it very difficult to "come back." Physically she often became locked in her breath and in her legs and lower torso, and needed to locate "out there" securely, so that she knew how to escape, either physically or emotionally. As an inexperienced

practitioner, I needed to do some urgent ethical reflection in supervision regarding my fitness to work with her.

Issues of competence, confidence and experience: "Am I competent to work with you?"

I quickly realized the scale and scope of Abi's problems were extremely challenging for someone at my stage of training. Ethical issues of competence, given the "limitations of my training and experience", needed consideration. Could I provide a "good quality of care … [to a] client who posed a risk of serious harm to herself" (BACP Ethical Framework, 2013, pp. 5 – 6)?

Working closely with my supervisor, I questioned whether it was in the client's best interests to continue with me. My career in chaplaincy and pastoral work meant I was less inexperienced than my stage of training suggested. I was in personal therapy myself, where I had worked extensively with shame processes. I had a skilled and experienced supervisor willing to accompany me closely. I could study and undertake further relevant professional development. Additionally, Abi and I had quickly established a sense of trust and partnership. She was a writer, articulate and psychologically aware. She enjoyed the gestalt approach and creative methodology, particularly responding to imagery and story. We could meet each other instinctively and easily. I originally trained as a dancer, so my sensitivity to body process meant that I could be quickly aware of the nuances of her experience demonstrated somatically, and could work to support her to work in this important area.

The experience of the first few weeks suggested that the therapeutic relationship and the support to which I had access would be enough to contain the work safely. After each session I used a framework for reflecting offered by my supervisor, and agreed that I would contact her for extra help if I were unsure. We explored referral routes if that became necessary. After careful consideration, my supervisor and I shared the opinion that it was, to the best of our informed judgement, in Abi's interests for us to continue.

I outlined the situation to Abi and offered to support her in finding a more experienced therapist if she preferred. I explained how I might need to refer her on if I felt the work she needed to do was beyond my competence. On that basis, she chose to continue. She knew I would look after both of us by having the supervision I needed. This modelled self-care, and unhooked her from her temptation to protect me from the difficult things she had to relate. Often we would discuss insights from supervision and evaluate how they might support us in our work together. This mutuality and partnership has been an important part of the reparative relational experience of therapy for this client. Our subsequent work together has confirmed the wisdom of our decision. Reflection and supervision together enabled me to ensure that ethical principles of autonomy

and fidelity, beneficence, non-maleficence, client self-respect and therapist self-care were observed (BACP Ethical Framework, 2013, pp. 3 - 4). Without doubt, the work has significantly increased my competence.

Therapeutic Presence: "Stay with me!"

Much of my work as a gestaltist lies in helping the client build awareness of her patterns of contact in relationship with herself, others and her environment, and of the therapeutic relational process itself. Phenomenological inquiry, in particular being observant about what is going on in her body, has been a route to Abi's physical and emotional re-integration. Her body holds the story, one that she was either too young or too traumatised to know before. Dissociative reactions were problematic in the early stages of our work, and careful pacing was vital. Seemingly minor moments and innocuous comments would trigger extreme physical and emotional distress, and she would lose cognitive function, curling up, unable to talk or move. Praise, or notice, or a particular question, or the mention of one of the many houses in which she had lived could all precipitate these very threatening sensations for her. We worked to help Abi "stay", supporting her emotional "escape" (as she had in childhood) to the garden outside the window when she felt overwhelmed or unsafe, and helping her return when she was able to. Gradually, she was able to notice me at these times, and in her growing awareness of this process, she began to be able to experience me staying with her until she could re-engage.

A different kind of dissociation or distancing was much more evident outside the counselling room, though we would catch it in the tone of her comments from time to time, as she reflected on her experiences of the preceding week. Abi routinely used matter-of fact practicality and an internal, dismissive or scornful commentary on her thoughts and actions both to endure difficult encounters and to negate the possibility of the truth of her childhood trauma. This response was signalled by a crisp manner, a particular set of the chin, and a down-to-earth tone of voice. She would repeatedly "prove" that nothing had happened, or that the demands were acceptable and fair. She employed controlled and "reasonable" thinking to manage everyday life and especially to support herself in challenging encounters with her husband, her brother, or her vicar, and in any contact at all with her father. It was a highly effective response that enabled her to continue to function in everyday life. However, the consequence was that she would lose her sense of contact with herself, and often suffered nightmares or self-harmed in the aftermath of encounters to which she had reacted in this way.

As we worked together, we focussed on building awareness of this pattern by slowing it down and tracking the process, enabling us, increasingly, to work more directly with her feelings and reactions. Both nightmares and self-harming diminished as we followed this approach. We repeatedly traced resonances, echoes with the historic abuse, and noticed how she continued to be subjected to

a similar confusing and inconsistent variety of pressurising behaviours – cajoling, roughness, neediness, anger, affection, gifts, praise – in her present relational experience. We came to understand both her dissociation and her matter-of-fact dismissiveness as ways to evade the feeling or the implications of past and present encounters,

Establishing narrative facts began to address some aspects of her fear of being a fantasist, though she has persistently returned to this idea during the course of therapy. If she was making it up, it was she who was evil or insane, and she, not her father and uncle, had caused the damage in her family. The vital function of this creative adaptation is that she did not have to believe that these men, who should have cared for her and protected her, could and did do such terrible things to her. Only in the late phases of therapy has she had secure enough self-functions to be able to tolerate the intensity of her reactions. Her rage and her grief were held at bay, but it also left her current experience irrational and without foundation. It annihilated her – made her a "no thing", nothing, an object which deserved everything it got. She became groundless, psychologically and physically at risk.

A way of grounding Abi's experience has been to check the emerging story against known facts in her childhood. Clearly remembered, verifiable events often coincided historically with a specific sexual abuse memory. The catching of a big fish, a beating in a stable, the shooting of her favourite guinea pig while she watched, hiding in a locked room while her father and brothers raged drunk through the house, the death of her mother, a dinner party some months later dressed in her mother's clothes and makeup – these things she knew had happened. More recently, during her 20-year marriage, she knew she had repeatedly settled large debts accrued by her husband, even when she didn't want to. The facts helped her recognise how she could be intimidated or coaxed into "giving herself away". She came to believe that difficult and unacceptable things could be true. It became clear to her that her seemingly extreme physical and emotional responses might be valid and comprehensible. She began to make sense to herself.

Client safety and containment: "What if I need you when you're not there?"

Early on in our work Abi's safety was often in question, so we contracted that she would text me if she was tempted to serious self-harm, or if anything put her at significant risk. "You know where I am" became a catch phrase. I felt there was something necessarily motherly, or even mothering, in my strong instinct not to leave her on her own. This willingness to be available helped to contain her distress, and her promise to contact me contained my concern too. She needed me to acknowledge and respond to her; she needed to make an impact (Erskine, Moursund and Trautmann, 1999). Text messages were our first point of contact so that she was confident of not imposing on me. I could

reply at a time that was convenient for me, and she felt able to ask. Often she needed only the briefest reply; sometimes she would request a call, or occasionally an extra meeting. As a child, there had been no one to hear her if she called, she was ordered not to tell, so she had learnt to stay silent. There was no point in asking for help. Even permission to call me was a reparative experience of relationship, what Erskine called a drip of "therapeutic vinegar to the incremental calcifying trauma" of having no one to protect her when she was in dire need as a child (Erskine, unpublished lecture, Dec. 2012). Abi respected our boundary agreements, but also valued my willingness not to abandon her, and to support her in a crisis.

There were other breaks that we had to negotiate. I do not work in school holidays. This was challenging for Abi. I supported her during these gaps by a number of means, devised in collaboration with my supervisor. Transitional objects proved helpful. In different holidays, two halves of a beautiful silver antique buckle linked us, or two stones which we chose for each other reassured her that I was still there "with" her. During these partings, I found I held her in mind in a subconscious or semi-conscious way, perhaps as a mother might a child, and on several occasions collected a shell for her, or pressed a flower that had brought her to mind. She treasured these. We agreed on interim telephone meetings. I believe I was offering a kind of presence in my absence, which attended to unmet relational needs. In addition to the obvious relevance of therapist attunement here, to which I shall return, these measures illustrate the reparative value of working flexibly, accountably and ethically with boundaries.

There are different views about interim contact with a client, and clearly the boundaried nature of the contract is vital. However, a gestalt approach to the ethical questions raised in this regard stresses an ethical way of being in the world that gives scope for a relational, contactful resolution of dilemmas in collaboration with the client. Lee (2004) describes this as "a different kind of ethics that supports the process of noticing and responding to individuals and of noticing and responding to the larger environmental field" (p. 30).

The value of theoretical models: "Where are we going? How do we find the way?"

Integrating cognition has been an important part of the work for both therapist and client. As further reading increased my understanding of the interrelationship of present relational patterns and an abusive history, I shared what I was learning with Abi, providing us with maps and frameworks through the labyrinth. Abi learnt that her experience was not unique, and that recovery was possible. She could begin to use theoretical understanding to support the emergence of more integrated functioning.

Theoretical understanding helped her to be grounded when sensation threatened to overwhelm her. The 4-way gestalt matrix of Here-and-Now and There-and-Then explored by Yontef (1988) is a constant support in disentangling historic past, adult past, present experience and our present interaction in the therapeutic encounter. I found that teaching this model, as well as the gestalt cycle of experience and gestalt's account of modifications to contact (Joyce and Sills, 2010, pp. 37-39, 107) supported the client in building awareness of her enduring relational patterns. In gaining understanding, she was validated, and her often intense reactions to seemingly innocuous incidents were normalized.

One particular theoretical model has been invaluable on this journey: Kepner's (2003) account in *Healing Tasks* of recovery of adult survivors of childhood abuse. He offers a map, a holding framework for recovery, which has informed our work at every stage. His four-phase process models the re-development of healthy self- and relational-process. He defines these as: support; self-functions; undoing, redoing and mourning; reconsolidation. He adopts the imagery of growth and learning "which proceeds in spiral fashion" (Kepner, 2003, p.3) through recovery phases towards healing rather than rigid progress. Kepner understands the recursive nature of growth and learning.

In healing as growth, as opposed to linear progression toward *cure,* we address and readdress certain issues in ever more accomplished and more differentiated ways. (Kepner 2003, p. 2)

The stages are often co-existent, but they represent the direction of travel. He offers practical and theoretically well-grounded approaches to the changing needs of the client as she makes progress towards healthy autonomy and contact. Our journey has closely paralleled his model and his practical approach has repeatedly informed my understanding and practice. It has particularly supported a careful approach to pacing, and validated the time this therapy has required.

Kepner's (2003) insights on confronting the perpetrators were helpful. He is clear that the decision to report accusations of abuse is for the client alone. Prosecution and justice can be one route to healing for an abused person, but may be "self-abusive" for another (Kepner, 2003, pp. 75 - 78). It is a key area where the therapist must be very careful not to exert pressure. One of the central dilemmas of the abused child is whether to tell, and Abi, like many children, was enjoined to secrecy by the perpetrators. At the start of therapy, when she was disclosing her experience for the first time, she was terrified she would be "forced" to report her father to the police. While questions about justice and safety raised by Abi's story are serious, as we explored together the ethical implications of the choice she had to make, it was clear that there was no possibility of ongoing sexual abuse: her father is frail and the uncle is dead. This enabled her to validate her decision not to make a formal report.

Abi did, however, impulsively confide in her brother about what had happened when she was small, asking him for confidentiality. He immediately and without her consent, relayed what she had told him to her father. Both father and brother demanded that she rescind her accusations. For several months this betrayal had a catastrophic impact on her emotional and physical wellbeing, and on her progress in therapy. A significant theme has involved supporting Abi to navigate boundaries with her father, who, though elderly, continues to exert a powerful pull. Though she does not want to break all contact, she experiences letters and phone calls with him as intrusive and threatening, especially his expressions of love and intimacy: "To my darling Abi, with lots and lots of hugs, your devoted Daddy." He describes himself as heartbroken when she is not in contact, and blames his failing health on her distance and allegations. We ask, "What happens when you read this? How do you respond? What happens in your body? What do you want to say?" Usually her reaction is a vehement "Get off me!" A process approach diminishes her panic in the face of these accusations, and supports Abi in developing healthy self-function.

Understanding childhood developmental patterns and needs, and in particular the nature of perception and language at different stages has also been important. The work of Erskine, Moursund and Trautmann (1999) on developmental attunement helped me to support Abi in making sense of her very early recollections. It seems that the sexual abuse started when Abi was a toddler. Her earliest recollections took place in the Caribbean, when she could not have been more than three years old. Disorientating and distressing flashbacks of her uncle reflected above her in a mirror, a sensation of burning dry pain, and a memory of a wooden floor and her bottom in the air were fragmentary and confusing. They made no sense. She could have had no possible developmental cognitive, physical or emotional concept of what was happening to her. She remembers soiling the bed and being in desperate trouble with her mother. Even in the therapy room, she still felt culpable for something that she had no developmental possibility of understanding. In our session she had a strong sense of being a "dirty girl" and having been rightly punished for doing something terribly wrong. She had been going along the hallway to the toilet in the night. "It must have been my fault. I should have been in bed. That afternoon I had turned somersaults for my uncle in the garden. I never turned somersaults again."

When working with early material such as this incident, Abi sometimes regressed to being without language. She would curl up in a tiny ball in the corner of the sofa and could only look at me with mute appeal in her eyes. I would work with her as if she were the child, bearing in mind the adult Abi at the same time, who was unavailable for contact at these times. Using language, which mirrored my best guess of her developmental stage at the time of the incident, helped us to manage her regression and supported her to explore her trauma. She described her "hurty tummy." "Which tummy?" Patting her lower abdomen – "This one." After these incidents, as Abi came to understand what happened in such

regressions, we carefully worked as judging and evaluating adults with a duty of care to the child. We considered the legal and ethical responsibilities of an adult in relation to a child, enabling her to untangle her confusion. Again, cognition served to anchor her.

The therapeutic "double-vision" which kept both the adult and child client in view exposed the self-abandonment Abi had developed as a creative survival technique. The small Abi did not deserve to be kept safe, and the adult Abi did not wish to care for herself or keep herself out of danger. In the early stages of therapy she experienced a powerful contempt, almost cruelty, towards both the regressed child and her adult self. She felt she did not deserve or even want my, or her own, care. At these times, it was only by returning to the moral and emotional compass of what she considered appropriate or loving behaviour towards her own sons that she was able to gain any kinder orientation to herself and any clearer judgement about the behaviour of the adults she was remembering.

Therapist	Would that be OK to treat J. like that?
Client	(Pause) No. (Emphatic shaking of head) … No … (More shaking, realizing) No!
Therapist	No, it's not OK for J to be treated like that.
Client	No, it's not OK.
Therapist	No, it was not OK for you to be treated like that.
Client	(Quieter) No. … No, it wasn't.

Working linguistically in both past and present tense helped the client to re-integrate, bringing together her experience of effective and compassionate mothering and the damaging behaviour of adults in her childhood. Time and again, this process helped to support her to care for herself. This is painstaking reconstructive work demanding the therapist's validation, patience and tenderness towards both the adult and the "child" client. Later, Abi herself was able more consistently to keep her own compassionate double vision towards her adult and child selves.

Client identity and self-process: "Who am I?"

Because Abi's boundaries were repeatedly breached throughout her history, she had a diminished sense of her own difference, autonomy and equality. Experiencing her own agency and working collaboratively were particularly necessary for this client where abusive relationships had exploited confusion between power and care. Respect, negotiation and validation have been key. My initial instinct to be honest about offering to journey as co-explorers was reparative and equalising. Critically important in her recovery has been her growing sense of her right and capacity to choose, to say yes and no. In the early stages she would easily say yes to me when she did not want to. It

was important that I acknowledged my mistakes, especially if I had inadvertently coerced her in any way.

On the first occasion she realized that she could say no to her father's current appeals for care and sympathy in his old age. I suggested an experiment. "What would it be like to write 'no' in the air?" Tentatively, she tried it, and felt emboldened. I suggested she stand to make it a little bigger. Willingly, she got up and found the first of her physical energy in resisting a current unwelcome demand. However, in my next intervention I lost my attunement to her and failed to graduate the experiment appropriately. Excited at her sudden progress, I asked her if she would be willing to try tracing out the letters to the fullness of her stature, a spatial equivalent to a big NO! But I had moved the experiment on too fast. She froze and flushed. We both realized what had happened, and she was able to say a determined "No!" to me instead.

I had not picked up the subtle physical signals that should have alerted me to a serious disruption in our contact. Paul Guistolise's account of the inevitability and necessity of therapeutic failure, and the parallels he draws between good parental response to misattunement and the therapist's responses were helpful here. (Guistolise, 1996) He emphasises the importance of recognising the inevitability of failure and builds on Erskine's and Stern's work concerning "two, separate sequential traumas." The first occurs when a parent, or therapist misses the child or the client. "The second trauma occurs when the parent fails to respond to the 'emotional reactions and unmet needs' (Erskine, 1993, p. 185) of the child that are stimulated by the first failure" Guistolise observes that, just as in parenting, "perfect empathy and attunement are not possible in relationships" but that "responsibility and repair of disruptions of contact are both possible." (Guistolise, p. 286) He insists that

> It is vital to the therapy that the therapist be willing to acknowledge his or her momentary failure. When failures are recognized, acknowledged, and discussed, they form the basis for the *necessary repair* for the client. In so doing, the client has the potential of experiencing the other taking responsibility for a relational failure and the opportunity to experience a failure as *not* being of the client's own doing. (Guistolise, p. 287)

I immediately took responsibility for my misjudgement and apologized. Together we explored the impact of my mistake. We quickly came to understand the scale of her reaction, and Abi could recognise that it was not intentional, and was distressing to me too, and that I did care very much about how I treated her. We validated her enormous "NO!", a word she could not use as a child to stop unwanted things being done to her. In reflecting together, she needed my reassurance that I would try not to push, and I assured her that I would never pressurize her intentionally. She experienced her own agency and power in our relationship.

As we re-connected, the reality of the relationship as co-travellers struck us forcibly. Of course we would make mistakes. Of course we would miss each other. It was what we did with these moments that mattered. Even in the event of rupture, the process of mending can be existentially reparative. We agreed that either of us could "press pause" when we were in danger of getting out of step. Now, if I have an idea, I will ask whether she is open to hearing it. This gives her choice at the very start of an interaction. Sometimes she says yes, and sometimes no. I respect her wishes. If the idea won't go away, I tell her so and ask if I may offer it for her to decide if it has relevance or meaning for her.

For someone like Abi, who has been left to deal alone with intolerable ongoing trauma, it is vital to have someone trustworthy by her side; someone to support her feelings, wants and needs. The process of learning what her own boundaries are, and how to establish them is sometimes difficult, and can be threatening for her. I do not leave her to decide alone. I hold the confidence that she, and we, can find our way, and that this is a safe enough journey to take. In the therapeutic relationship she has the agency and equality she lacked both in her childhood and in her marriage. We are practicing together. This process builds her sense of her autonomy, dignity and worth. Inevitably, I still make mistakes, and each time I do we approach the repair in the same open and honest fashion. It is a rich aspect of my learning that I can be a good-enough therapist, and that it is impossible not to make therapeutic errors. In such instances, I deeply appreciate the supportive supervision I receive, and the potential for personal and professional development is rich.

Issues of self-identity are an important aspect of recovery for survivors of abuse. Though I work with couples and with individuals, with men and women, older and younger people, people of faith or no faith, many of my clients are, like Abi, middle-aged women from a Christian background. Issues of difference and equality in this context arise under the guise of similarity. While being at a similar life-stage, and sharing a faith, and many similar interests in creativity, literature and the arts, my awareness of the differentiation between us is critical during Abi's recovery from abuse. I inquire, am curious, and do not make assumptions that she is like me. Modelling healthy differentiation, it has been important quietly to assert my "difference" when she makes assumptions about my sameness either to her own or to institutional views.

With an abused client such as Abi, it is vital to guard against the dynamics of abusive relationships whenever power or care are in the frame. This includes the therapeutic relationship itself. At first, the client is unlikely to have sufficiently strong self-functions to dare opposition, and may gain care by consenting. My ethical therapeutic focus on equality and difference supports her courage to resist pressure, find the strength to refuse direction, refute inaccurate judgements, and choose for herself. I am careful not to replicate power patterns, emphasizing equality and autonomy.

In Abi's Christian context, male authority has been historically intrinsic to the culture and seems to have diminished further her sense of her right to proper autonomy. As a wife she was encouraged to submit and yield, and believed this was a God-ordained pattern. She granted authority to both her husband and her minister. There was scope here for real confusion for Abi. Some of her theological views about the nature of God, salvation, obedience, guidance and guilt increased further the danger that both her deity and her priest could inadvertently encourage her into situations of further abuse. Sadly, heavy-handed pastoral involvement failed to acknowledge the possibility or validity of her experience in her childhood or her marriage, and saw her as the problem. There was strong pressure for her to honour her vows and stay in submissive love, with little attempt to understand the dynamics of the relationship. A well-meaning invitation from her vicar to listen to "her side of the story" and to pray with her was, in fact, dangerously coercive and exploitative. He was distrustful of her being in therapy, and wanted to contact me to ask what we were discussing. Perhaps he feared I might take a "non-christian" line, and certainly he had little understanding of the therapeutic process of healing and restoration. Naturally, his request was not granted. He did, however, insist that Abi should "tell him what had happened in her childhood." In assenting, she felt pressured into narrating experiences which she was only just beginning to dare to talk about after several months of therapy. She felt violated and exposed, and utterly unsupported. She was removed from positions of leadership until she was "better." He had no understanding of the potential to re-shame Abi in his attempt to save the marriage, and was blind to damage he was doing. With such a client, any hint of expectation or demand, and any failure of consent can be re-traumatizing. This kind of treatment can encourage yet another conspiracy of silence, in a culture where to be honest about difficulties results in what can be perceived as punishment. While it is important to say that there is much fine pastoral care in many churches, this area would merit further research. There is a real need to educate those in church leadership about the issues and challenges of the healing process of abuse victims so they can handle such situations with greater wisdom and sensitivity.

Working with shame: "I don't want you to see me."

Careful work with Abi's shame was vital. My work with my own shame through personal therapy and group process proved valuable, especially understanding that the double bind of naming shame has itself shaming potential. However, breaking the silence shame imposes offers the only chance of recovery and integration. Further reading helped me understand shame processes, especially the "functionality of shaming", and mechanisms of "what Kaufmann (1989) calls a 'shame spiral' and what Frederickson calls a 'shame attack' (J. Tager, personal communication, June 23, 1993)" (Stein and Lee, pp. 107, 106). I was alert to signs of shame's presence and the possibility of my behaviour re-shaming her. I recognised how challenging it was for Abi to allow me to "see" her

as she described exposing incidents, for example when a youth summoned for the purpose failed to penetrate her, so she was masturbated by one man and watched by the others seated on three chairs above her. I asked her what it was like for her to be seen by me in her current experience of re-ignited shame. Erskine's (1995) paper dealing with theory and methods of working with shame is helpful in considering the role of therapist and client shame. Abi asked that I did not probe further in that moment, but was grateful for my regulating and containing presence. I honoured her request, confident that we could return to the incident if necessary.

Another time, aged about twelve, just after her periods had started, she was required to undress before being seen nude by her father and another man. She was mocked for her "coyness" when she asked to go behind a screen, as if her modesty itself were shameful. My response was to validate her present and past reactions; the way she had been treated was shameful and shaming, and her sense of being shamed was healthy and functional. We broke the double bind of being ashamed of being ashamed. We agreed that we should treat both child and adult Abi with respect. I supported her as she learnt to treat her younger self with kindness and courtesy.

Observation of body signs of shame often alerted me to territory where, if we slowed up, Abi could stay present enough to continue. Her neck would flush, her eyes would flicker or she would freeze into stillness. Lee (2004) observes that "ground shame" which is consistent with "repeated or severe enough instances of misconnection [ie. consistent or severe physical or sexual abuse] … freezes self-process" (Lee, 2004, p. 22 - 23). Sometimes my own body signalled shame in the field before I was aware of her reactions. If I failed to track carefully enough, as I did on occasion, she dissociated, became violently self-blaming, and between sessions self-harmed to vent the intensity of her feelings. Both therapist and client in this process have to come to tolerate the presence of shame in order to stay present with each other. As Abi became conversant with shame theory (another example of theory for this client supporting growth and change, normalizing her experience), she began to be able to "own-up" to self-harming episodes, thus breaking the shame bind, allowing access to further primary material. Each time we did this, she experienced a diminution of her sense of "being dirty" in her everyday life. My personal awareness and the mutuality of this process helped me to support the dignity of the client. My own experience of release from shame helped me to support her as she named and explored these very shaming episodes. We had to tread extremely gently as we threaded our way into the labyrinth, finding ways for her to have the voice she chose to have.

Therapeutic touch with a person who has been repeatedly physically invaded is never neutral, and must be used with particular caution. Often Abi was unable even to touch her own body, and avoided bathing or ever seeing herself naked in a mirror. Without using touch, we developed her physical awareness to lessen her estrangement from her own body. Simply describing what I noticed would

initially be experienced as shaming. Gradually she became aware of sensation that had been completely numbed, and could experience my presence and observations as support rather than exposure. Very occasionally a hand touch with her consent could restore sensation and contact. Equally, however, such contact could be threatening and invasive. We always negotiated such moments with great care. On one occasion, we experimented with hand-to-hand contact to explore yielding, resistance and collaboration. It became almost a dance, which I supported with commentary and inquiry. This experiment has often served as a reference point in Abi's growing experience of flexible, negotiated, healthy, non-invasive contact and agency in relationship.

Restored awareness gave Abi access to somatic memory that could be triggered by current events both beyond and within the counselling room. However, it was many months before she admitted that, whenever there was any hint of being pressurised, her locked thighs, pain in the lower abdomen, choking sensation in her throat were also accompanied by sexual arousal. She came to understand that conditioned arousal is not the same as consent, even if consent were a legal and ethical possibility for an underage child. She could see arousal as an important creative adjustment, a survival mechanism, sparing her pain. That her body had responded in the historical abuse situations did not make her culpable. She was not "asking for it", as she had sometimes been told. In the present, although she would continue to flush with embarrassment, she learnt to accept the validity these reactions; her physical, conditioned responses were not shameful, but signals we could work with, indicating that we were in territory which triggered similar responses as the original abuse. At these moments we carefully tracked what had just happened and explored the historic resonances.

Metaphor and myth as tools for movement and change: "Let's imagine …"

Creative methodology has had a powerful role to play in our work. Creative ways of working have repeatedly led to effective therapeutic work and breakthrough for the client beyond the therapy space.

Abi is a writer, and as an ex-English teacher and writer also, I too relish words and images. Metaphor is a rich resource in our work. The journey we are taking together has often returned to the traffic circle, a "roundabout" of choices, exits she could choose when she wished she could evade the painful therapeutic process or avoid the truth of her experience. We invented our car – a small, bright orange Citroen 2CV – in which to circle the exit options once more – all but one of the following exits led to a diminution of selfhood and an increase in distressing symptoms and self-harm:

I made it up.
I'm deranged.
I should just bury it all again.

I must be evil to believe such a dreadful thing.
I caused all the damage.
All the symptoms add up to something significant. I'm getting better as we engage with these experiences. Let's carry on with the work.

Our roundabout was a way of helping her return from a dissociative reaction. We might send the car round the traffic circle several times, as she gradually returned to being present. Often we found humour and lightness in place of her panic as we imagined our car's particularly bouncy suspension. Each time, the route of the therapy we were doing seemed the most true, most health-giving and safest of the routes, so we would continue working with the stories of abuse, with her in the driver's seat and me as navigator until the next time she needed to check where we were going. The traffic circle times were often triggered by pressurising contact with family or her husband, and then she needed me to take the pressure off, patiently and cheerfully going round the circle again as many times and as often as we needed to.

Abi's fear that she is making it all up has been helped by a cooking metaphor. She is a fine cook, and loves mixing flavours inventively. She is also a writer of stories, and has always had a vivid imagination, which grownups around her used to criticise. Although her memories are unverifiable, we have come to distinguish between her sense of a convincing, but fictional flavour, and one that has the tang of experiential truth. When writing, she consciously reaches, as it were, for the herb or spice she wants. When working with memory, her sensation is of testing something that already has a particular taste. We can't *know* it is true, but the flavours suggest very strongly she is not a fantasist. Her steady recovery equally supports the view that this is not the merely the concoction of a lively imagination.

A jungle metaphor expressed the fear she felt on this journey. Though we did not know the way, we could find the path together. We became trusted co-explorers. After one painful session, we ruefully extended the jungle metaphor, deciding we had fallen into an "elephant trap", unexpected, deep, covered by branches. I realized that elephant trap moments were more likely to happen if Abi felt pressure from me to deal with an episode before she was ready, or if she felt I had any agenda with her at all. Later, we learnt to anticipate dangerous territory and go more carefully. The elephant trap also signalled episodes demanding attention. It became a useful shorthand. We recognised and admitted that at times we both felt afraid, and while I was responsible for the safety of therapeutic environment, it repeatedly seemed that my honesty met present and historic relational needs, helped her to regulate her own feelings, and gave her a powerful reparative experience of making an impact (Erskine et al., 1999, p. 141). We were in this together.

At one stage, several months in, I was concerned that she kept skirting memories that were pressing strongly for attention in dreams, flashbacks and difficult

encounters. Week after week, she would intend to tell me but other things came to the fore. In supervision, we reflected on this pattern.

> "How do I help her to go where she needs to go?" I asked.
> "She'll take you there when she's ready."

Taking this advice, I stopped feeling that I needed to make this necessary part of the journey happen and resolved to wait. I learnt to "lead by following", accepting and trusting her pace, maintaining creative indifference. Not by coincidence, very shortly afterwards, Abi felt ready. "It's time to do this," she said. "Will you come with me?"

We gulped, and stepped down into the elephant trap on purpose, into the darkness of one particular visit of her father to her attic bedroom when she was perhaps five years old, which left her soiled and desperately trying to wash her sheet in the little basin under the skylight. Interestingly, her self-harming and emotional distress diminished each time we tackled a particular memory, suggesting we were on the right track. She experienced my presence as she told her story as supportive and comforting, and was more able to connect with the distress of the child. Her story had an impact on me, and this impact called her into existence in new ways. The metaphor carried us to a place where Abi could begin to make meaning out of confusion and fear.

The title of this case study "Into the Labyrinth" is taken from a final powerful example of creative process that facilitated movement and change. Here, the power of myth to carry meaning transformed the client's lived experience outside the therapy room. Abi has divorced her husband, but had to face a court hearing to resolve the settlement, a particularly difficult challenge in the light of her financial history. Her survival and that of her sons was at stake. She was terrified by the exposure of a public hearing, watched by many, overseen by a male judge, where she would be unable to control what was said about her. She blushed scarlet at the thought of it. She was afraid of being coerced into neglecting her own interests in favour of appeasement. As the day drew near and her panic increased, we searched for a metaphor or story which would carry her through the ordeal she had to face, and help her to use her new-won skills and awareness in holding her ground and fighting for her own interests.

Myths are carriers of truth, and, like metaphor, are open to rich interpretation. We explored the setting in the courtroom and imagined that she was facing her ex-husband.

Therapist	What does he look like?
Client	Like a bull!
Therapist and Client	A Minotaur!

We had to check the story, in which Theseus must go alone into the labyrinth to slay the monster, half-bull, half-man, who devours young men and women to satiate his appetite. The resonances were not lost on us. Princess Ariadne promises to help him escape the labyrinth by giving him a thread to unroll as he approaches the centre of the maze (*Plutarch's Lives*, trans. Dryden 1683). Abi became for that session Princess Ariadne, though she wanted to slay the Minotaur herself. Aware we were talking about both myth and the forthcoming ordeal in court I asked,

Therapist	What will you do when you meet him?
Client	I won't look down. I'll look him in the eye. He's a coward. I want to kill him. But I'm too weak to do more than tickle him. I can hardly even lift the sword.
Therapist	I can't go with you to court, but I have an idea. What if I keep one end of a thread, and you have the other, to know that I will be right with you in imagination. Perhaps the judge will be Theseus for you?

It was an important moment of her realisation of both her own vulnerability and strength.

In this kind of work, the story is fluid and alive, ideas emerge as a co-creation, a mutual exploration that creates newness and vitality. Together we chose a golden thread, which I tied in my diary. We broke it, and Abi wound a length to keep. When the day came, Abi found she had a just and perceptive judge who recognised her needs and fought for her best interests, a restorative experience of advocacy and justice. The Theseus myth and its telling parallels with her present and past experience, and the metaphor of herself as a noble princess rather than the shamed and sacrificed victim, allowed her an experience of standing with her head held high right in the heart of the labyrinth.

Approaching the end: "Are we nearly there yet?"

As we approach the ending phase, or reconsolidation in Kepner's model, my client, my supervisor and I all look back with satisfaction at the way we have come. Abi has left the marriage, and has had the courage and rootedness to fight for a fair settlement. She is caring successfully for her sons and managing to co-parent with her ex-husband in ways that are more life giving for them and for her. She is no longer frightened. She is eating well. She very rarely cuts, and if she does, she knows she is trying to tell herself something important, and she listens, avoiding the shame trap. Abi is able to resist coercion from others, and is learning to set safe boundaries in her relationships. She can still experience intimacy through a toxic mixture of violence and kindness that can put her at risk in new romantic relationships, and there is further work to do in disentangling sensuality and sexuality. However, she understands the process of

change, and that it takes time to establish new patterns. This helps her be patient when she makes risky relational choices. I am able to stay with her non-judgementally and help her be curious about her process. She is learning to re-calibrate, to find a new normal.

There remains some history work that Abi is steadily tackling, signposted by residual somatic and dissociative reactions, or occasional oddly extreme or unsafe responses to current situations. As earlier in the therapy, we found that week after week she would intend to take me to particular incidents but would instead deal with important and relevant here-and-now issues. She knew she was scared. She also knew that once she embarked on this final detailed and specific work, her final connection with her creative adjustment of herself as the fantasist would be severed. Her story would have to be true, with all that implied, especially in relation to what she would do concerning her relationship with her father. While supporting her pacing, I wondered how she would manage to find what she needed to do.

In a resourceful way, she has chosen her own creative approach to this phase. She arrived one week with a jigsaw map of the UK, in addition to the bag of wooden houses, trees, cars and people, a collection of stones, and a request. Would I make a cardboard cut-out of a figure which could represent the abuser? The cairn of stones representing a kind and caring man enabled us to check the flavour of what she relates. These two symbols help her to visualise healthy and abusive behaviours. “Is that what the cairn would do, or the cardboard cut-out?” We have mapped the places she needs to go to, setting out the landscape on the floor and building the many houses where she was abused. Gradually she is daring to explore these incidents. She is making sense of the confused impressions, tethering them to verifiable events, trusting that she does know how to do this healing work with me.

She has found fury, hurling houses after checking she was allowed to.

Client	I don’t want to go in there! And I won’t!
Therapist	And you don’t have to. You couldn’t choose then, but today, you can choose.
Client	(calmer) Today, I’d rather not. Is that OK?
Therapist	(smiling with a questioning look)
Client	Of course it’s OK. I can choose, can’t I! We’re still doing the work.

She has found tears.

Client	They shouldn’t have done that, I was a child. It was not my fault.
Therapist	No Abi, it was not your fault.

Our sense of partnership is palpable and her groundedness increases all the time. There is poignant irony in using childhood toys to resolve the traumatic experiences of her own childhood. As we play seriously together, she paces her work skilfully, taking responsibility for her own wellbeing.

Watching Abi practising flexible and healthy patterns of contact and consent is one of the most exciting aspects of the final stage of our journey. She is confident that she will have the tools, skills, and self-worth to make her way forward after her therapy comes to an end. In the meantime, we relish this phase, and are confident that together we will know how to finish well when the time comes. She can choose. Together we will decide.

Images, objects, story, reading and theory, supervision, reflection and self-awareness, and most of all, the therapeutic partnership itself have all played their part in ensuring that Abi has been ethically and effectively accompanied in her work. My initial fear of not being competent enough for my client's important and difficult work has not been fulfilled. A children's book, *The Kitten Who Couldn't Get Down*, by Helen Pearce (1977) provided a rather less academic holding framework for me when the challenges felt too great! A chestnut kitten repeatedly climbs too high, and then falls while his siblings stay safe in their basket. But the Daddy cat teaches his adventurous kitten to climb safely down: "Front feet, back feet, front feet, back feet." Step by step, with my supervisor's wise help, I have gained experience and confidence through this challenging journey.

Abi is an extraordinary woman – brave, intelligent, honest and resourceful, increasingly able to live a vibrant, choice filled and independent life without being dogged by repeating patterns of abuse. I am humbled to have had the opportunity to accompany such a client so early in my counselling career.

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References

Erskine, R. G. (1995). *A gestalt approach to shame and self-righteousness: Theory and methods.* British Gestalt Journal, 4 (2), 108-117.

Erskine, R., Moursund, J. P. and Trautmann, R. L. (1999). *Beyond Empathy: A therapy of contact-in-relationship*. London and New York: Routledge.

Guistolise, P.G. (1996). *Failures in the therapeutic relationship: inevitable and necessary.* Transactional Analysis Journal, 26 (4), 284-288.

Joyce, P and Sills, C. (2001). *Skills in gestalt counselling and psychotherapy*. London: Sage Publications.

Kepner, J. I. (1996/2003). *Healing tasks: Psychotherapy with adult survivors of childhood abuse.* London and New York: Routledge.

Lee, R. G. (Ed.) (2004). *The values of connection: a relational approach to ethics.* U.S.: Analytic Press.

Pearce, H. (1977). *The kitten who couldn't get down.* London: Magnet Publishing.

Stein, K. and Lee, R. G. (1996). Chronic Illness and Shame: one person's story. In Robert G. Lee and Gordon Wheeler (Eds.) *The voice of shame: silence and connection in psychotherapy* pp. 101-121. M.A. USA: Gestalt Press.

Wheeler, G. (1996). Self and Shame: A New Paradigm for Psychotherapy. In Robert G. Lee and Gordon Wheeler (Eds.) *The voice of shame: silence and connection in psychotherapy* pp. 23-58. M.A. USA: Gestalt Press.

Yontef, G. M. (1988). *Assimilating diagnostic and psychoanalytic perspectives into gestalt therapy.* Gestalt Journal, 11 (1), 5-32.

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