The Secret Keepers

The Secret Keepers: Narratives Exploring the Inter and Transgenerational Effects of Childhood Sexual Abuse and Violence

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This book is dedicated to the memory of my wonderful mother Nell, and to my amazing children Adam, Sam and Becky who continue to inspire, love and support me in more ways than they know.

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INTRODUCTION

Working as a therapist for nearly two decades, I have heard many stories from people who have experienced the effects of trauma as a result of childhood sexual abuse and violence, and also stories from others who have not been directly abused, but have somehow inherited from a parent, or even grandparent, effect from this kind of trauma. As my own mother was subjected to sexual abuse as a child these issues are very close to my heart. I witnessed firsthand the effects this history had on her, myself, and other family members, and when the opportunity arose decided to try to find ways of telling these, often silenced stories, in ways that empowered, and released the tellers, from what Joy, one of the contributors, describes as, "secrets that bind us to something so evil it can never be spoken of".

Keeping the abuse secret within families, seems core to the effect the trauma has on the lives of the families involved. As Gardener states: "The particular characteristic is that it is a transmission that takes place silently in secret, but actively (Gardener 1999:297); it is within this silence that the trauma disables those from leading what they would consider to be normal lives.

Childhood sexual abuse and violence often has a profound impact on the adult survivors and unless they are able to find ways of living with, and through, their experiences this will impact on how they live their lives and are able to relate to significant others; including their children. It seems important, therefore, within any research methodology to find ways of breaking the bonds of these silences in ways that empower those affected. Although the research project documented within this book was not undertaken with the express intention of being "therapy" my hope always was that it would prove therapeutic for those participating and that it would not only add to the body of research literature relating to childhood sexual abuse and violence, but also enable contributors to narrate their stories in ways that enabled them to develop a voice and find richer more coherent stories to live by. The study, I feel, overtly crosses the boundaries between narrative research and narrative therapy holding on to the ethical framework of both (Bond 2000, 2004).

The transmission of trauma across generations was first explored in depth within the psychological field by Freud (Strachey 1953-1976) and the impact early life experiences and relationships have on the thoughts, feelings, behaviours and relationships of people as they develop into adults is now well documented. (Mower 1962; Etherington 2008; Jacobs 1998). There has also been considerable literature written about how the trauma of conflict and war affects secondary generations (Schwab 2010; Virag 1984; Duba 1995) and also a growing literature base regarding the trauma of childhood sexual abuse (Etherington 2000; Alexander 1992; Browne and Finkelhor 1986), the effects of domestic violence (Wolfe et al. 2003; Kolbo, Blakely, and Englemann 1996) and even in the vicarious transmission of trauma to those supporting survivors (Jenkins 2002; Scauben and Frazier 1995). Within the last decade there has been a positive movement encouraging those affected by childhood abuse to speak out about their experiences; and a stream of memoirs and life stories have emerged such as (Pelzier 2002). Little however has been written about the intergenerational aspects of childhood abuse from the personal perspectives of the families affected.

Sometimes the second (or third) generations have no, or little knowledge about the facts of the traumatising events, but the effect, in terms of physical, emotional and psychological responses such as hyper-arousal, intrusive thoughts, terror, relational difficulties and despair are to use Schwab's phrase "haunting legacies" (2010:1). As Schwab goes on to point out "the transmission of violent legacies by far exceeds the passing on of historical knowledge or even of stories with thick descriptions of personal involvement" (ibid:1). People often report feeling, "traumatised, yet I don't know what by" (Excerpt from conversation with Joy).

The focus of the book is to enable people affected by inter, and transgenerational, aspects of trauma to develop a voice and explore ways of moving away from, "these secrets that cannot be told" (Patrick). It is not intended to be a learned thesis on trauma, sexual abuse or violence, but hopefully through the telling of personal narratives, and reflection on literature, some understanding of these issues will emerge.

The seventeen contributors come from a wide background of experience and age. Some have worked with me in the past in the context of consulting with me in therapeutic settings, others have contacted me in my role as a researcher wanting to undertake narrative co - research

(Epston 2004), two came as a result of my advertising for participants in a professional counselling journal. They come from a wide range of age and life experiences; all have in common the experience of growing up with a parent, or with the history of a parent, who had been traumatised. All our writing is collaborative, and to the best of my abilities, what the contributor's want to say about their lives, which interestingly is not necessarily what I would have thought to ask about. They have all made choices about whether they wish to write anonymously, or to write under their own names. Most have chosen to use pseudonyms which they have chosen. All have read the final manuscript before publication, and most have chosen to comment on their experience of being involved within this project and the research.

My doctorate and subsequent research projects (Dale 2010, 2011) have all used narrative and life story methodologies to work collaboratively with people in ways that enable them to co-research their experiences and find a voice. My practice as a therapist is also influenced by narrative practices where identity is seen as something socially constructed within relationships and the stories people tell of their lives. It is with these ideas in mind I approached this project. Within qualitative research it is often the researcher's voice and choices that predominate. I tried to enter the project with an open mind, and to respond with a process suitable for the stories engaged with; rather than with set ideas about what we should talk, or write, about. I did have some ideas about narrative practices that may be useful, and some thoughts on intergenerational and transgenerational trauma; these were, I hope, offered tentatively as ways forward rather than directives. I have tried to make the process of research as transparent as possible; in order to enable the participants to have a good understanding of what they are embarking on, and you the reader to travel with us on the journey.

To summarise, this book demonstrates a dynamic research process in action, which hopefully offers the reader an insight into the lives of a group of people affected by inter and transgenerational trauma, and continues my exploration of the therapeutic, and research uses of narrative methodologies It is set out in Four Parts:

Part 1 Keeping it in the family explores through the stories of Liz, Alex, Joy, Duncan, Matthew and Jason; the effect of childhood sexual abuse and domestic violence on the family and includes commentary relating to

current literature relating to domestic violence, sexual abuse and intergenerational trauma.

Part 2 Spiritual and Religious Settings explores through the stories of Helen, Joanne, Patrick, Elsa and Anne, the effect of sexual abuse and violence perpetrated within spiritual settings, has had on the lives of the following generations. It includes a commentary exploring current literature relating to abuse within the church and initiatives set up to support families affected.

Part 3 Conflict and War explores through the stories of Sajela and Orthie, a sister and brother, their experiences of being the caught up in a country torn by war and cultural conflict. It includes a commentary relating to inter and transgenerational trauma caused by war, and brief background literature relating to the conflict in the Democratic Republic of Congo (where Sajela and Orthie originate).

Part 4 Breaking the Bonds of Secrecy documents the research process and includes both a commentary, and a demonstration, of a "definitional ceremony", and "collective biography", in action. Contributors then reflect on the research process. The focus here is to exploring the use of narrative practices (both research and therapy) as a process of transformation.

Terminology

I have used the terms counselling, therapy, and psychotherapy interchangeably to mean a therapeutic undertaking agreed upon by someone who is commonly called a client and someone who is called counsellor, therapist, or psychotherapist.

The term intergenerational trauma I have taken to mean trauma that is directly passed down from one generation to another. Transgenerational trauma has been used to describe trauma that can pass across several generations.

Narrative Text

As with other writing (Dale 2010, 2011) where conversation has been turned into text; the text is presented in stanza format in order to more accurately represent the spoken word. The spoken word after all is as Tedlock (1983) points out more akin to poetry than to prose. The line breaks, capitalization, and spaces represent the pauses and emphasis put on

particular words and phrases. It is a format used by other social science researchers and interested readers can find fuller descriptions and explanations in the work of Richardson (1990; 2003), Etherington (2000) and Speedy (2005).

PART I

KEEPING IT IN THE FAMILY

CHAPTER ONE

CHILDHOOD SEXUAL ABUSE AND THE FAMILY

> "When someone does that to you; someone who ought to be looking after you, it messes with your head. They tell you to be "daddy's special girl" and because you need loving, you do, and you hate it, yet crave the being special. I have never talked about what happened then. It was my problem. The shame of it, the terror of it, has affected everything in my life. When I left home, what I did as a job, who I married, the way I looked after my kids. It affected everything." (Liz)

Sexual Abuse

I met with Liz (quoted above) back in 1991 when I had just started doing some informal counselling for a local charity. At that time I had just completed a basic training in counselling, and had only limited academic training in childhood development, and the traumatic effects of abuse. I did however have a lot of personal experience of the effects of childhood sexual abuse. I had grown up with a mother who had extensive knowledge of these matters, and who shared a lot of her experiences and wisdom with me. Liz was 79 at the time of our conversations and had been talking to me about her long association with mental health problems. I felt, and still feel, sad that she and many other people who are sexually abused have never been able to talk about what happened to them. It is sobering to realise that in 1937 when Liz was growing up, childhood sexual abuse was not considered by many professional academics in the psychological fields as traumatic, but rather an acting out, by the child, of inappropriate sexuality. It was referred to by Bender and Blau as "sexual delinquency" (Bender and Blau 1937:511). To those of us working with survivors of childhood abuse in 2012 this may seem a totally crazy interpretation, but it is our cultural history, and an attitude that we have inherited that even to this day colludes with the silencing acts of sexual abuse.

Herman writes that, "traumatic events call into question basic human relationships. They breach attachments of family, friendship, love and community. They shatter the construction of the self that is formed and

sustained in relation to others (Herman 1992:51; Etherington 2008:25). It is therefore unsurprising that people who have been traumatised by childhood sexual abuse, and who have not been able to address this trauma, bring to adulthood many unresolved issues which then have to be negotiated within personal relationships and parenthood. Whilst some of these negotiations are successful, with people finding extraordinary ways of re-authoring their lives outside abuse, for others the journey is a much harder one that profoundly affects both the person and those they are in relationship with.

Next follows an exploration of research literature which has been drawn together to gain some kind of understanding of the impact childhood abuse has had on adult survivors. This does not mean that everyone who has been sexually abused will have experienced all of these issues, but most I feel will be able to identify with at least some of the following.

What is Trauma?

The Encarta English dictionary describes trauma as, “an extremely distressing experience that causes severe emotional shock and may have long-lasting psychological effects”. When we are subjected to situations that shock us, or challenge everything we thought to be safe or true about life, or our lives, we need the resilience (Skodol 2010) and opportunity to find strategies to incorporate this new knowledge in ways that enable us to continue to live out our life. For example; a young woman recently consulted me in relation to an incident that had happened at her place of work which she had found particularly traumatic. She had been present during an armed raid in the shop where she worked. This event had challenged everything she had thought to be true about the safety of her neighbourhood, and her beliefs about people. When she was able to develop new ways of thinking that integrated these new experiences into her life (this involved re-evaluating her beliefs about the nature of people and taking some steps within her workplace to ensure her safety) she then felt “very different. This was now just one of the things that had happened in my life; a historic event, rather than an ongoing drama that I was stuck in”. When a person is confronted however with multiple traumas or a trauma so challenging, or not spoken about, it is often difficult to integrate this into existing life experiences. The emotional repercussions of the trauma then continue to remain active in the present and can affect many aspects of the person’s existence.

Research confirms that children are usually deeply traumatised by sexual abuse (Brown and Finkelhor 1986; Putman 2002), and that this trauma is often not spoken about (Salter 1995; Etherington 2000), or integrated, meaning that the effects are felt through into adulthood. As Sinason asks, "what happens when the toxic nature of what is poured into the undeveloped vulnerable brain of a small child is so poisonous that it is too much to manage?" (Sinason 2002:4). This is not to say that children (or survivors) do not have strategies to cope. Children can be extremely resourceful when confronted with the trauma of sexual abuse. Alex describes how as a child he was fearful that sexual abuse would destroy him:

> "I was deeply traumatised; everything that should have been safe suddenly became unsafe. I had no control over anything. I wasn't sure if I could go on living with this and I knew I had to gain control over something if I was to survive. Although I was a child, I knew it was a life or death struggle. That is why I started thinking about dying, and suicide, and planning my own death. I could control whether I chose to live or die and this gave me hope I think".

Liz describes how she coped with the trauma of abuse as a young child:

> "I used to pretend to be someone else when it happened. Never Liz. Liz was separate from the abuse. That happened to another girl, she was different from me in every way. She was small, I was tall; she was dirty, I was clean; she had bad manners, I was good. She felt things, I never felt. Without her I wouldn't have survived at all. Most of the time I completely blocked her out from my life, I just went to school and got on with life. Because I needed my mother and father I also took on their voice. I could shout at 'her' to and that felt good actually, and I could still love them".

These kinds of coping strategies as a response to trauma are amazingly effective for the child, but are not generally sustainable in the longer term because they interfere with our ability to grow and develop in relation to other people and the world around us. As Sinason points out of the kind of splitting of self that Liz describes, "it is a brilliant survival mechanism when facing the trauma of abuse, but it is maladaptive when the trauma is over" (Sinason 2002:8). We are left, as Alex and Liz were, with "the strategies of survival becoming the problem" (Liz). For Alex this meant suicidal thoughts and behaviours threatening his life[1] when he encountered further trauma as an adult, and for Liz, the splitting of herself into three

[1] To read more of Alex's story see Dale (2011)

distinct personas fragmented her sense of self and her ability to feel and to relate to others resulting in broken relationships, and a mental health diagnosis.

Linking childhood abuse with PTSD

Post traumatic stress disorder (PTSD) is a relatively new title for the kind of reactions to trauma that have been around since the beginning of recorded time. For example Samuel Pepys kept a diary of his reaction to the Great Fire of London in 1666 which include a description of his own nightmares some six months after the event (Salter 1995; Daly 1983). It has been called in the past anything from "hysteria" to "shell shock". It occurs when a traumatic memory cannot be processed and placed as a historic event in the person's life. The trauma and the feelings, thoughts, and behaviours that this elicits remain active in the person's present day life. So the person remains in a constant state of alert, poised it would seem for "fight or flight". There is a recurrent cycle of intrusive thoughts, images and feelings followed by periods of emotional numbness (Salter 1995). Flashbacks, nightmares, feelings of intense distress and even physical reactions (such as pounding heart, shortness of breath, nausea and even paralysis) often occur when the person is reminded of the event (MIND 2011). People affected constantly relive the experience of the past event in the present; causing extreme distress and an inability to engage in life going on around them.

Research has been undertaken (Rothschild 2000) showing how trauma affects the brain, and demonstrates that there is a physiological change in people who have been subjected to trauma and develop PTSD. There is also evidence that this physiological change can be transmitted through the generations. Yehuda et al. (2005) conducted a study of pregnant women who developed PTSD after being indirect witnesses of the terror attack on the World Trade Centre in New York on September 11th 2001. It was shown that the mothers and their babies both had abnormally low levels of cortisol, which in turn can lead to the development of stress led conditions and health problems associated with regulation of the immune system (Etherington 2008:45).

Not everyone who is exposed to trauma goes on to develop PTSD (Bonanno 2004) or have the same responses to the trauma (Terr 1991). Over the last twenty years there has been considerable debate as to whether PTSD is an inevitable outcome of childhood sexual abuse, or

whether it is just one of many different outcomes. For example studies by Herman (1992) and Kendall-Tacket (2000) imply that PTSD is universal within groups of people sexually abused as children, whilst studies by Resnick et al (1993) Greenwald and Leitenberg (1990) showed only a proportion of people who have been sexually abused as children were affected by PTSD symptoms; although the Greenwald and Leitenberg study did show evidence that participants had been affected at some time in their life. As Salter points out however, "there are a number of symptoms associated with child sexual abuse that cannot be subsumed under the current definition of PTSD" (Salter 1995:195). These she goes on to list as a high risk of mental health problems, suicide, drug addiction, alcoholism and re-victimization. Before turning to literature relating to these issues let us first turn to questions of attachment, and how the fragmenting of relationship with our principle carers can effect how we develop as adults.

Attachment theories and childhood trauma

The idea that the relationship a child has with his or her parents, or major care provider, has a huge impact on how that child grows up and develops as an adult has come to underpin most psychological theories. Bowlby's studies undertaken in the 1940's and 1950's noted that, "babies formed a strong bond with their primary caregivers, which if broken, caused children great upset and distress" (Howe et al. 1999:12) and he went on to purport that when this bond was disrupted it caused great impact on the child's development and the subsequent patterns of attachment and how the adult formed relationships. (Bowlby 1988).

It has been shown that children who have loving caring attachment figures can demonstrate resilience when faced with trauma (Etherington 2008; Cloitre, Morin, and Linares 2004) they are more able to ask for support from those around them and find the inner resources to soothe themselves (Etherington 2008). Childhood sexual abuse often disrupts these secure attachment patterns causing the child to be traumatised by the abuse and also where the perpetrator is the principal care giver, results in the lack of a secure attachment figure. This is traumatic for the child, and often traumatic for the adult looking back at what happened to their child selves. The abuse does not necessarily have to be physically violent to be experienced as traumatic. Often in the case of childhood sexual abuse the abuse is not physically violent; many perpetrators using psychological manipulation rather than violence to obtain their sexual gratification. This

kind of manipulation however, has a devastating impact on the development of trust, which forms the basis of relationships and how the person sees themselves. As Etherington points out:

> "When those who inflict injury are people upon whom the child depends, the impact on the child's development of trust is severely damaged. The closer the relationship between the child and those who betray them, the greater rupture in their ability to bond with others and form secure attachments" (Etherington 2008:41).

Salter describes the impact of the perpetrator on the person abused as leaving, "footprints in their mind" (Salter 1995:3). If someone is or has been physically violent towards you then the footprints left are very evident and clearly delineated as being made by another. If the abuse however is couched in words of love and care then the footprints are much more difficult to distinguish and erase. As Liz states:

> "There was this part of me that believed – still believes I was to blame. Not him. If I start to think about what happened…. it is always shame and then blame heaped on me. Even though, logically now I know it was not my fault. I still have thoughts like that deeply ingrained as part of me."

Liz talks about the negative thoughts that she has about herself as being "deeply ingrained" within her sense of self, and confirms that they have become part of her identity.

Identity Issues

Identity however, is one of those slippery terms that seem easy to define, especially when we are thinking of someone else, but incredibly difficult when it comes to defining who we are. When we ask the question, "what it does it mean to be me?" we come across all sorts of complications and a reluctance to be fitted within the parameters of a specific label. There are various theories as to how identity or personality are formed these being mainly related to the thorny debate on "nature or nurture". Are the answers to who we are written into our genetic make up, or are they due to our upbringing and the experiences of our life? I guess that I have come over the years to believe that it is probably a mixture of both. After all there are some things in our genetic make up, over which we have no control over. For example I was born with a visual impairment, and this is part of who I am and how I identify myself, and something I have no ability to change. Also as discussed previously, our experience of early

attachment does affect how we relate to others and this also has a huge bearing on how we identify ourselves. We can and do internalise other people's opinions of us; these can, and do, become part of how we identify ourselves; this can be negative or positive. I am however much more comfortable with the notion of identity being something that is socially constructed through our relationships with others and the stories we tell about our lives. This gives us much more flexibility in changing how we view ourselves, and indeed how others view us. Using the example I used earlier of my visual impairment. I cannot change the physiology of my condition, but I can and do constantly re-author (White 2007; White and Epston 1990) and renegotiate my relationship with visual impairment. This in turn changes my thoughts and feelings about being visually impaired and also other people's reaction to my disability. If I am confident and non-defensive about my visual impairment then, I have found, the other person is more likely to respond in a positive way.

Having the freedom in this way to change how we identify ourselves makes a huge difference to how we live our lives. In the case of sexual abuse, those abused can find themselves totally defined by their abuse as either, "victim" or, "survivor". Being stuck within the confines of either of these labels is not always very helpful. As Alex points out:

> "One of the reasons I was reluctant to talk about my experiences of sexual abuse was that I would be labelled as a "victim" with all the expectations from Jo public that might have. I didn't want to be a "victim" neither did I want to be a "survivor" with the hero label that I could never live up to. I am just me. A person. Bad things happened to me, but to be defined by them would mean giving them more credit than they deserve and also eat up all the good things that I also am. "

Mental and physical health

There have been clear links between childhood sexual abuse and the development of mental health problems in adulthood (Mullen et al. 1993) and also in dependence on drugs or alcohol (Ravandal et al. 2001; Felitti et al. 1998; Etherington 2008). Etherington (2008) points out that workers in the substance misuse field have often recognised that addiction problems often link with childhood sexual abuse issues, and she points to a study by Rohsenhow et al. (1988) who found that two in three substance-abusing women, and around two in five men said they had been sexually abused as children (Etherington 2008:46) which is an extraordinarily high figure. A large study (over 17,000 participants) conducted by Dube et al (2005) also

confirms the link between childhood sexual abuse, substance misuse and mental health and other social problems and highlights the prevalence of childhood sexual abuse amongst adult populations.

Although childhood sexual abuse is not the only cause of mental health issues such as depression, acute anxiety, PTSD, bi-polar or dissociative disorders, it has been shown that many people who have been sexually abused as children do have a higher risk of developing these conditions than those in the population who have not been affected by childhood sexual abuse issues (Mullen et al. 1993). High rates of suicide and self-harming behaviours are also linked to childhood sexual abuse (Browne and Finkelhor 1986; Winter et al. 2009).

Having looked at some of the literature relating to mental health and childhood sexual abuse, it is perhaps important to note that there is also a growing body of evidence showing that unprocessed trauma can also lead to a person developing psychosomatic disorders and as Etherington points out, "a range of diseases that are known to have an autoimmune component such as arthritis and heart disease; and certain endocrine problems such as thyroid dysfunction" (Etherington 2008:47).

Studies also show the link between childhood sexual abuse and different patterns of sexual relationships Noll et al point out:

> "Abused participants were more preoccupied with sex, younger at first voluntary intercourse, more likely to have been teen mothers, and endorsed lower birth control efficacy than comparison participants. When psychological functioning earlier in development was examined, sexual preoccupation was predicted by anxiety, sexual aversion was predicted by childhood sexual behavior problems, and sexual ambivalence" (Noll, Trickett, and Putman 2003:575).

To summarise, not everyone who has been sexually abused as a child will develop problems in later life, but it would seem that research shows childhood sexual abuse can affect a person's mental and physical health, affect how they identify themselves, their sexuality, drug and alcohol use and how they relate to others, and that these effect can sometimes be felt throughout their lives (Itzin 2006).

Intergenerational aspects of Childhood Sexual Abuse

If our parents, or grandparents, have lived through the trauma of childhood sexual abuse, what does that mean for us; the following generations? If we go back to what has been said about attachment and the importance the relationship a child has with his, or her, principal care giver; it would seem fairly clear that if a person who has been traumatised goes on to develop longer term mental and physical health issues arising from the trauma, this may have implications for the way in which they are able to relate to their children. This is not to say that all those effects are necessarily negative. From a personal perspective for example I can see clearly how my mother's early experiences enabled her to strive always to keep her children (and grandchildren) safe from abuse. How she was able to love deeply and without judgement. She always taught me that to be judgemental of another was the worst possible crime. "I know" she said. "People have judged me, but they can never know the whole story and what happened". She was a good listener; because being listened to was something she would have liked for herself. As I grew up, people were often to be found sitting round our dining table with a cup of tea talking about a crisis. She was fearless and stubborn, "if you put your mind to it, it can be done. I have survived too much to let this beat me" were mantra's she encouraged us all to live with.

There were however negatives outside of her control. Her mental health, the trauma of what had happened infecting our daily lives. Fear and flashbacks threaded their way across the generation gap. As Liz explains:

> "When I had my children I was determined that they would not have the experiences I had had. I suppose in some ways I was totally extreme in my protection, wouldn't dream of letting them go anywhere out of my control and of course they did, and just didn't tell me! I started to get very strong OCD[2] symptoms when they were small children and it was a nightmare even going shopping. I had to check on them and do all manner of things just to get myself through the tills. Sometimes I would have flashbacks in the house. My daughter remembers distinctly being about 4 or 5 and being dragged behind the sofa by me and silenced when someone knocked on the door. She started having nightmares and being afraid of the dark. I blamed myself of course".

[2] Obsessive Compulsive Disorder

In recent years there has been interest in the secondary or vicarious transmission of trauma, for example where professionals working with survivors of traumatic events go on to develop the symptoms of post traumatic stress (Etherington 2000:145) so it would seem appropriate to surmise that children who are subjected to accounts of their parents trauma will also be likely to be traumatised.

Studies carried out looking at the intergenerational aspects of trauma (mainly in response to the families of holocaust survivors) but also in respect of the children of service personnel who have had diagnosis of PTSD (Dekel and Goldblatt 2008) show clearly that the thoughts feelings and behaviours of a parent in relationship to trauma do influence the effect on the child. Dekel and Goldblatt examining literature relating to armed service veterans involved in conflict and the transmission of trauma to their children note:

> "Fathers with PTSD have difficulty containing their emotions, and their attempts to mitigate pain lead to a massive use of projection mechanisms, where severe emotions such as persecution, aggression, shame and guilt are split and projected onto their children. As a result the children may identify with the projected parts of their fathers' emotions, and perceive his experience and feelings as their own" (Dekel and Goldblatt 2008:284).

There is also literature emerging which shows the likelihood of PTSD being transmitted genetically (O'Brian 2004) and not just as a response to a traumatic event, or a learned behaviour. The Australian Institute of Health and Welfare (2004) showed that the children of Vietnamese military veterans were more than three times as likely to commit suicide than the average Australian population. This ties in with the findings from other studies carried out mainly in response to secondary generations of the holocaust (Segman et al. 2002). Not coming from a background of medical or genetic research this is not an area that I feel able to comment on, but as you will see through later chapters; the contributor's experience is often of the symptoms of trauma without the knowledge of the event.

CHAPTER TWO

JOY

Joy was referred for counselling in 2009 by an agency that I work for from time to time. This particular agency offers support to employees (including counselling) who work for local government. Joy had requested counselling because she was feeling particularly anxious about her daughter's childcare and this was impinging on her ability to work. She felt that her anxiety was linked inextricably with the things that happened to her as she was growing up so we used our sessions together to talk about these issues. We decided to record our sessions together (so that she could take the recordings home and listen to) and I also kept notes which I emailed to Joy between sessions for her to reflect on. This is the story of our work together and I hope demonstrates the use of narrative therapy practices within a brief counselling intervention.

Joy – Counselling Sessions 2009

I grew up with secrets,
I knew how to keep them from a very early age
big ones and small ones.

I was always amazed when I went to friends houses
and they talked about all sorts of things
just sitting round the dinner table.
Everything seemed to be on the table and somehow..
transparent.
Whether it was where they were going,
who they liked didn't like
what they felt about stuff.

In my house nothing was ever talked about
except on a one to one level
with the knowledge
you should never tell

Sue: Journal May 2009

I met with a young woman today who talked about her skills of "keeping secrets" and how this was inherited from her mother who had been sexually abused.

I recognise the skills I think that I inherited a similar legacy. I also realise that her experiences will be unique and not my own. I perhaps need to reflect on my own experiences to ensure I do not identify with her in a way that interferes with the therapeutic process.

other members of the family…
Even really basic stuff that shouldn't be a secret ..
I'll give you an example:
When I started having driving lessons I found out the cost;
£15 a lesson.
My mum agreed to fund them,
but only if I didn't tell my dad or brother.
She always kept her personal finances very close to her chest. She and my dad did not have a joint account or anything.
We were not hard up, my dad had a good job
but she did not want him to know.
So, I always had to stand at the end of the road to meet my driving instructor.
When I had been having lessons for about a year I took my test and passed.
Then came the problem – what was I supposed to say to dad and my brother?
So I just blurted it out..
Why didn't you tell us said Dad.

We could have helped you with the cost!
He gave me a cheque for £200
I just felt guilty, guilty, guilty.
Mum just kept quiet.

This is just a silly example,
The secrets were about all sorts of stuff
that really
didn't need to be secret.
Whether it was
a major trauma
(like my brother getting involved with a gang)
or buying sweets at the local shop
all of it was treated like some kind of big secret.

When mum was diagnosed with breast cancer she didn't tell anyone.
Not even my dad.
She had chemo…
her hair fell out.
Dad who was beside himself with worry
(because she was so ill)
eventually forced her to tell..
but she hated him knowing
and us knowing.

Session notes June 2009

As we talked today I was amazed by how strong you were when your mum was ill. You were such a small child then. You described yourself as, "a champion coper" and I think you were just that, and perhaps this is a skill you still find uses for today?

Even though you went along with what you see now as, "all that crazy-ness" you did what you could to support both your mum and your dad. The fact that they did not talk to each other was something you as a child of 8 could do nothing about.