Validation in the reconstruction, with counsellors, of beliefs that clients hold about their sexual assault experiences: a personal construct model

Carole Elizabeth Carter
University of Wollongong

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VALIDATION IN THE RECONSTRUCTION, WITH COUNSELLORS, OF BELIEFS THAT CLIENTS HOLD ABOUT THEIR SEXUAL ASSAULT EXPERIENCES: A PERSONAL CONSTRUCT MODEL

A thesis submitted in fulfilment of the requirements for the award of the degree

DOCTOR OF PHILOSOPHY

from

UNIVERSITY OF WOLLONGONG

by

Carole Elizabeth Carter
B.A., M.A.
Department of Psychology
2004
DECLARATION

I, Carole Elizabeth Carter, declare that this thesis, submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the Department of Psychology, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Carole Elizabeth Carter

9 September 2004
VALIDATION IN THE RECONSTRUCTION, WITH COUNSELLORS, OF BELIEFS CLIENTS HOLD ABOUT THEIR SEXUAL ASSAULT EXPERIENCES: A PERSONAL CONSTRUCT MODEL

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ABSTRACT

People who have been sexually assaulted or abused will later be influenced not so much by the event itself but by their interpretations of it. This research proposed that when clients disclose their experiences of sexual assault to a counsellor, the resulting validation or invalidation of different foci of their beliefs about the assault and about themselves will affect the likelihood of their beginning to reconstruct their unhelpful beliefs about their experiences, and to move in the direction of optimal functioning.

Forty-one participants were interviewed about their experiences of disclosing sexual assault to a counsellor. A personal construct model was developed to account for the role of validation in clients’ reconstructions of their unhelpful beliefs arising from their sexual assault experiences, and was tested using both qualitative and quantitative research methods. The findings did not wholly support the proposed model. As predicted, invalidation of clients’ beliefs about their assault experiences, and validation of their meaning-making processes, were found to be integral to enhancing reconstruction of their beliefs. One foci of the model was not upheld. Contrary to the prediction, invalidation of clients’ beliefs about themselves was found to be more likely to lead to reconstruction than validation of their beliefs about themselves. The personal construct model was revised in the light of these findings.

The limitations of the research, suggestions for future research, the usefulness of the personal construct model and the Validation and Reconstruction Assessment Techniques devised to test it, and the clinical implications of the research, are discussed.
CHAPTER 1

VALIDATION
IN THE RECONSTRUCTION, WITH COUNSELLORS,
OF BELIEFS THAT CLIENTS HOLD
ABOUT THEIR SEXUAL ASSAULT EXPERIENCES:
A PERSONAL CONSTRUCT MODEL

AN INTRODUCTION

“It takes the whole soul of you away. But there is sunlight at the end of the darkest tunnel.” (“Joanne”, Participant)
My purpose in undertaking this research is to extend existing understandings of the experiences of people disclosing sexual assault to counsellors. I shall elaborate understandings of the extent to which clients’ experiences, when disclosing to counsellors, affect their ability to make sense of their sexual assault. Making sense of their sexual assault experiences is considered integral to enabling clients whose existing beliefs are impeding their progress towards optimal functioning, to reconstruct those beliefs. In particular, my intention is to extend understandings of the factors involved in enhancing or impeding this process.

In this chapter I outline the context and overall purpose of this research. I define some of the terms I use in this report, and my reasons for using them. I explain my choice of personal construct theory as the best conceptual approach to guide the research. Finally, I provide a brief account of the chapters that will follow.

1.1 The context and overall purpose of this research on validation in the reconstruction, with counsellors, of the beliefs clients hold about their sexual assault experiences

Of the clients who consult counsellors, people disclosing experiences of sexual assault and child sexual abuse are a particularly vulnerable client group (Baker & Duncan, 1985; Browne & Finkelhor, 1986; Courtois, 1988; Erbes & Harter, 2001; 2004; Hall, Tice, Beresford, Wooley & Hall, 1989; Harter & Neimeyer, 1995; Herman, 1989; 1993; Kilpatrick, Resick & Veronen, 1981). Some have suffered many years of sexual abuse, some from a very young age. All have had their capacity to trust people sorely
challenged. Regardless of the extent, the nature and the details of the assault or abuse people have experienced, these have been traumatic experiences. Telling the stories of their experiences to counsellors, telling even fragments of their stories, is for most clients an act of great courage, often of desperation. For some it has been a timely and considered choice. For others, simply an imperative. They felt they had no choice, the story had to be told. In telling their stories, all these clients are making themselves potentially vulnerable to profound invalidation.

How can we better understand what has occurred during clients’ disclosure experiences to professional helpers, and how - or if - these disclosure experiences have enabled constructive change? How can clinicians use this knowledge to enhance their therapeutic practice? These are some of the questions to which this research is seeking to find answers.

I will argue that making meaning not only of their sexual assault experiences, but of the effects of those experiences on their beliefs about themselves, is integral to clients’ ability to begin to move in the direction of optimal functioning. I will argue that the processes of validation and invalidation, as defined in personal construct theory, play a role of primary importance in the reconstruction, following disclosure, of clients’ unhelpful beliefs about their sexual assault experiences. I will argue that existing definitions of validation and invalidation can benefit from elaboration: that validation and invalidation rather than being absolutes, have different aspects, or foci, which can be instrumental in enhancing or impeding reconstruction. I will argue that counsellors’ responses to clients’ disclosures are of fundamental importance in constructive outcomes for clients, and allow the participants’ words to describe how.
1.2 Defining the terms used in this research

1.2.1 Defining the terms sexual assault and child sexual abuse

The participants in this research were people who had experienced sexual assault and abuse of different kinds. Some participants identified themselves as having experienced child sexual abuse, by which they meant that as children they were forced or coerced into sexual behaviour by one (or more) adult or older person. A person is defined as an “older person” if there is a five or more years age difference between those involved (Browne & Finkelhor, 1986; James, 1994; Tomison, 1995). Some participants identified themselves as having been sexually assaulted, that is, they did not identify themselves as having been sexually abused as children, but as adults they had been subjected to sexual violence, such as rape. A number of participants had experienced both sexual abuse as children, and sexual violence as adults. Again for the sake of simplicity, I decided it would be preferable to use a generic term. I considered following the lead of Finkelhor (1979) and using the term “sexual victimisation” to refer to the experiences of the participants, rather than to repeatedly distinguish between sexual assault and child sexual abuse experiences. However I was uncomfortable with the implications of helplessness that attached to the term “victim”. I therefore decided, again for the sake of simplicity, to use the term sexual assault as a generic term when describing the experiences of the participants in a general way, unless I am referring purposefully to the experiences of adult survivors of child sexual abuse.

1.2.2 Defining the counsellors

In this research, the experiences of clients when telling their stories of sexual assault or child sexual abuse in a professional context are explored. The recipients of
their stories are a range of helping professionals and include psychologists, psychiatrists, a minister of religion, and a police officer. The great majority of the participants, however, described the recipients of their stories as counsellors. For the sake of simplicity, the term *counsellors* has therefore been used in this report when referring to all these helping professionals.

1.2.3 The use of pronouns in this report

Throughout this report I shall be quoting from George A. Kelly’s seminal work *The Psychology of Personal Constructs, Volumes 1 and 2*, which was first published in 1955. Kelly, as was usual practice at the time he was writing, used the pronoun “he” when he was referring to humankind and this included both females and males. In keeping with non-sexist use of language, when I am referring to Kelly’s ideas in this report, I will replace the pronoun “he” with the generic references “people” and “they”, unless I am directly quoting from Kelly, or when the reference is specifically to a male person.

1.3 Choosing personal construct theory

Some interesting models or theories of responses to trauma have been proposed which have not yet been tested in a clinical population (Harter & Neimeyer, 1995). Research has been undertaken into the factors assisting disclosure of sexual assault (Josephson & Fong-Beyette, 1987; Courtois & Watts, 1982) but they have not proceeded to elaborate the processes of meaning-making which enabled changes in clients’ beliefs about their experiences. While “the evaluation of another person’s functioning is slippery and impossible to totally know” (Leitner, Dunnett, Anderson & Meshot, 1993: p.14), we must continue to attempt this understanding if we are to be of use to people
who are striving to make sense of their experiences and move towards optimal functioning. To enable me to examine these processes, I needed a theoretical approach that was based upon an intrinsic recognition of the uniquely personal ways in which people make sense of their experiences. I needed an approach that honoured the attempts of these clients to make sense of experiences which surely seemed inexplicable to them much of the time. Personal construct psychology recognises that meaning-making is a process in which people are active construers of meaning. Unlike many other approaches, personal construct psychology, while recognising the uniqueness of people’s meanings, also recognises the interpersonal context in which these meanings are formed (Lane, 2002; Viney, 1997; Walker, 1993; Weekes, 1998). As this research focuses on the processes involved in highly influential interactions between two human beings (influential for one of them, at least), these aspects of personal construct theory made it most appropriate for this research.

Since I was first introduced to Personal Construct Psychology in 1994, it has guided my own clinical practice. I have felt privileged, in my role as a clinical supervisor, to introduce many psychology students, intern psychologists and counsellors to the rewards of working from a therapeutic and philosophical base which provides an immensely creative framework within which a clinician may work, and is also highly respectful of clients. I have been fortunate to be a member of the Personal Construct Psychology Research Group at the University of Wollongong, and this association has enriched my research work. All of these factors led me to choose personal construct theory to inform my research.
1.4 This research on validation in the reconstruction, with counsellors, of the beliefs clients hold about their sexual assault experiences

This research began as a joint project of the Wollongong Counselling Interagency, a group of community government and non-government service providers, and the Psychology Department of the University of Wollongong. The community service providers perceived a gap in counselling services for people in the Illawarra Region of New South Wales, Australia, who had experienced sexual assault and abuse. Along with the university supervisors, they identified a need for research into the availability of counselling services in the Illawarra region for these clients, and into service quality issues within the agencies. The university staff also identified an opportunity to make a contribution to the development of personal construct theory by exploring clients’ experiences of disclosure.

Part 1 of the research was a descriptive analysis of demographic data relating to the participants, to their experiences of sexual assault, and their experiences of disclosure. It also assessed the accessibility to and quality of counselling services in the Illawarra Region for people who had experienced sexual assault. These findings were presented to a forum of community service providers in September 1997. They were summarised in a Report, which appears in Appendix A.

In Part 2 of the research, which is the focus of this present report, I examine the impact on clients of experiences with counsellors during which they disclosed an experience of sexual assault or abuse. I investigate the complex processes of validation and invalidation that clients experienced during such a disclosure, and the impact of this on their ability to reconstruct their beliefs about their sexual assault experiences and
move towards optimal functioning. I also explore the emotions clients experience during the disclosure experience, and analyse the aspects of their disclosure experiences that clients said they found helpful or unhelpful.

In Chapter 2, I review the literature to evaluate existing understandings of the psychological effects of trauma, and of sexual assault and abuse in particular, as well as the impact of disclosure of trauma in counselling. In Chapter 3, I examine key personal construct assumptions and concepts and the ways in which the theory can inform these issues. In Chapter 4, this exploration continues with an examination of the role of validation of construing in reconstruction of clients’ beliefs, as well as clients’ emotions during disclosure. I argue that validation and invalidation are more complex than they may seem, and are far from one-dimensional. Not only is validation a subjective matter, it is also a matter of degree. And not only is it a matter of degree, but I propose that there are different aspects, or foci, of construing which are subject to validation or invalidation at any given time. The role these processes play in helpful reconstruction of beliefs is further explored in Chapter 4.

In Chapter 5, I discuss existing models of change, reconstruction and coping, including cognitive behavioural, psychoanalytic and ecological models. The development of a personal construct model of validation in the reconstruction of beliefs clients hold about their sexual assault experiences, as it is experienced during disclosure to a counsellor, is then presented.

In Chapter 6, I list the aims, research questions and hypotheses which were formulated to test my personal construct model of the role of validation in reconstruction, with counsellors, of clients’ beliefs about their sexual assault experiences. In Chapter 7,
the methods used to test the model and analyse the findings are described. I also provide an account of the development of the Validation Assessment Technique and the Reconstruction Assessment Technique. These assessment techniques were devised to test my proposed personal construct model by analysing, for evidence of validation and reconstruction of beliefs, the transcripts of participants’ responses to interview questions. In Chapter 8, the results of the analyses are presented. In Chapter 9, I add to the understanding of the results by presenting case studies of eight research participants.

In Chapter 10, I review the findings of the research. In the light of these findings I present a revised personal construct model of the role of validation in reconstruction, with counsellors, of the beliefs clients hold about their experiences of sexual assault.

In Chapter 11, the implications of the research are discussed, along with an evaluation of my personal construct model and of the usefulness of the techniques I devised to test it, the Validation and Reconstruction Assessment Techniques. The limitations of the research are provided, and suggestions for future research made. Finally, I review the clinical implications of this research for people who have been sexually assaulted, and for the counsellors who work with them.
CHAPTER 2

TRAUMA, SEXUAL ASSAULT AND DISCLOSURE:

THE LITERATURE

“Obviously, it is impossible ever to know the full extent of child sexual abuse, but evidence is accumulating to suggest that it has been embedded in and covertly allowed in most cultures, while being overtly and publicly decried and denied. Thus, its victims have been ensnared in a double-bind or paradoxical situation from which there is no escape. They have had no place to go with their stories and no way to achieve outside validation.”

(Courtois, 1988, p. 7)
In order to show the merit of exploring the experiences of people who have experienced sexual assault, in this chapter I outline the incidence and prevalence of sexual violence experienced by adults, as well as the incidence of child sexual abuse. I pay more attention to child sexual abuse, as this was the experience of the majority of the participants in my study. In order to begin extending current understandings of the experiences of clients when they disclose sexual assault to counsellors, it is important first to have a clear understanding of the psychological impact of sexual assault trauma. I review the literature to evaluate current understandings of the psychological effects of trauma, and I then explore the effects of the specific trauma of sexual assault and abuse. I go on to review the literature on disclosure of trauma as a phenomenon, and theoretical models of disclosure of sexual assault and sexual abuse in particular.

2.1 The incidence of child sexual abuse and sexual assault of adults

*Child sexual abuse* is seen to be a problem of considerable proportion worldwide (World Health Organisation, 2004). This recognition exists despite the fact that methodological problems have been acknowledged in research estimating incidence and prevalence, including definitional inconsistencies, and variations in methodologies such as sample selection and information elicitation (Goldman & Padayachi, 2000; Gorey & Leslie, 1997; Pilkington & Kremer, 1995). Estimates of incidence of child sexual abuse by respected researchers in the United States of America and the United Kingdom have ranged between 7% and 40% of females, and 5% and 29% of males (Baker & Duncan, 1985; Browne & Finkelhor, 1986; Courtois, 1988; Finkelhor, 1979; Finkelhor, 1993; Finkelhor, 1994; Finkelhor, Hotaling, Lewis & Smith, 1990; Herman, 1993; Pelletier & Hardy, 1986; Russell, 1984). Large scale research reports of incidence in Australian
populations reflect this pattern and this range, including estimates of 20% to 33% of girls and 9% to 15% boys in New South Wales (NSW Health Report, 1997; NSW Health Report, 2000; Tomison, 1995). In other relatively recent Australian studies, 20% of women were found to have been sexually abused (Fleming 1997) and in the state of Queensland, the prevalence rate among undergraduates was found to be 45% for females and 19% for males (Goldman & Padayachi, 1997). In the state of Victoria, a large study found an incidence of 28% of girls and 9% of boys (Goldman & Goldman, 1988). In a 2002 Australian study (Dunne, Purdie, Cook, Boyle & Najman), which reported the first data from a population-based sample including Australian adult males, incidence ratios between men and women (1:2 for non-penetrative and 1:3 for penetrative experiences) were found to be consistent with international research. A 1994 study reported that 28% of women patients of general medical practitioners in Melbourne, Victoria, had experienced childhood sexual abuse. Only 9% had disclosed the abuse to their doctors. (Mazza, Dennerstein & Ryan, 1995).

There are some claims that there has been a significant decline in substantiated cases of abuse of up to 39% (Dunne, Purdie, Cook, Boyle & Najman, 2003; Jones, Finkelhor & Kopiec, 2001; Jones & Finkelhor, 2003). However, a 1999 study in Los Angeles County, United States of America, found that 34% of women reported at least one incident of abuse, and that the prevalence had remained fairly stable over the preceding decade (Wyatt, Loeb, Solis & Carmona, 1999). Whether these studies do indeed provide evidence of a decline in child sexual abuse, and if so, the reasons for such a decline, are not yet proven.
In Australian studies the majority of women sexually victimised as children were abused by a male relative (Goldman & Goldman, 1988; NSW Health Report, 1997; Women’s Safety Survey, Australian Bureau of Statistics, 1996) which is similar to research in the United States (Browne & Finkelhor, 1986; Finkelhor, 1979; Herman, 1993; Smith, Letourneau, Saunders, Kilpatrick, Resnick & Best, 2000; Russell, 1984) and in the United Kingdom (Baxter & Duncan, 1985).

Prevalence surveys and studies of *sexual violence against adult women* reflect a relatively consistent international picture. National studies in the United States of America have found that 13% (Resnick, Kilpatrick, Dansky, Saunders & Best, 1993) to 24% (Russell, 1984) of women had been raped and a further 14% (Resnick et.al., 1993) to 31% (Russell, 1984) had been victims of attempted rape. A national study on United States college campuses found 15% of the campus women had experienced rape and another 12% experienced attempted rape (Koss, Gidyca & Wisniewski, 1987) and studies at universities in Canada and New Zealand found almost identical prevalence data (DeKeseredy, Schwartz & Tait, 1993; Gavey, 1991). Similar prevalence rates have been found in the United Kingdom both in national studies (Myhill & Allen, 2002) and in London (Hall, 1985). In Australia, the rate per 100,000 of population of sexual assaults of females reported to police was 139 (28.9 for males). This rate was 15% higher than in 1996 (Year Book Australia, ABS, 2003). Sexual assault is a very under-reported crime (Kilpatrick, Resick & Veronen, 1981; Koss, 1993). It has been estimated that only 25% of sexual assaults in the state of New South Wales (Australia) are reported to police (NSW Bureau of Crime Statistics & Research, 1992). Thirteen percent of the women in a
1994 Melbourne study of patients of general practitioners had experienced sexual assault, and only 9% had disclosed this even to their doctors (Mazza & Dennerstein, 1995).

Many people who have experienced sexual assault feel “unique in their wretchedness” (Yalom, 1995). However, while their own experience is undoubtedly unique, the data indicate that a significant proportion of people have experienced this traumatic event or series of events. It is therefore a matter for serious social concern, and one which all helping practitioners have a responsibility to confront.

2.2 The psychological effects of trauma

Much has been written about the psychological effects of trauma, both physical trauma and consequent psychological injury, as well as psychological trauma in the absence of significant physical harm. People’s understandings of how “trauma” is defined and experienced must to some extent be determined by the theories with which they approach it. Some of these theories will be discussed in 2.4 below. The Oxford English Dictionary defines trauma as “a deeply distressing or disturbing experience”, and an “emotional shock following a stressful event or a physical injury, which may be associated with physical shock, and sometimes leads to long-term neurosis” (Pearsall, 1998: p.1972). The Dictionary of Psychology defines trauma as both “physical injury caused by some direct external force”, and “psychological injury caused by some extreme emotional assault” (Reber, 1995: p.789). In the 1980s the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association first allowed posttraumatic stress disorder (PTSD) to enter the diagnostic nomenclature. This was a landmark development in that it gave credibility to the experiences of those debilitated by trauma, and that the nature of the event had been taken seriously into
account (Scott & Palmer, 2000). In DSM, 4th Ed. (DSM-IV), trauma and associated symptoms of PTSD are defined as: “exposure to a traumatic event in which a person experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others”, and where “the person’s response involved intense fear, helplessness or horror” (American Psychiatric Association, 1994: pp.427-8). Trauma, then, is seen as being produced by an extrinsic agent (the event), but involving a subjective response. The main defining features of traumatic events are that they are sudden (giving people no time to prepare), dangerous (perceived danger to self or others), and emotionally overwhelming (Figley, 1988). A definition of trauma based more on the interaction between events and inner meanings than on objective classifications of traumatic events is in keeping with personal construct theory (Leitner, Faidley & Celentana, 2000). Further, trauma is perceived as an event the interpretation of which perturbs the constructed continuity of people’s life narratives, in a way that cannot be assimilated by their current meaning systems (Neimeyer, Keesee & Fortner, 1999).

Psychological distress in response to trauma may be short-term or may persist indefinitely. Psychological effects of traumatic experiences include those symptoms identified in the DSM-IV under the diagnosis of posttraumatic stress disorder, including “recurrent and intrusive recollections of the event, including images, thoughts, or perceptions; distressing dreams of the event; acting or feeling as if the traumatic event were recurring; intense psychological distress at exposure to cues symbolising an aspect of the event; efforts to avoid thoughts, feelings or conversations associated with the trauma; efforts to avoid activities places or people that arouse recollections of the trauma;
diminished interest in significant activities; feelings of detachment or estrangement from others; restricted range of affect; sense of a foreshortened future; difficulty falling or staying asleep; irritability or anger; difficulty concentrating; hypervigilance; and exaggerated startle response” (DSM-IV, 1994: p.428).

A number of other effects of trauma have been noted in the literature, in addition to those described in the DSM criteria. These include fear and anxiety, depression, disruptions in self-esteem and identity, anger, and guilt and shame (McCann, Sakheim & Abrahamson, 1988). Physiological factors such as poor health, including compromised immune function and increased susceptibility to infectious illness, have been reported (Pennebaker, 1990; Pennebaker & Susman, 1988; Petrie, Booth & Davidson, 1995). Correlational studies have found significant associations between a history of trauma (including sexual abuse) and a higher incidence of illness (Pennebaker & Susman, 1988).

2.3 The psychological and psycho-social effects of sexual assault and child sexual abuse

Criminologists and social scientists have recognised that there are qualitative differences between sexual assault and other forms of assault and victimization, in the way in which it occurs, the psychological impact, and the way the criminal justice system responds to it (Koss, 1993; Standing Committee on Sexual Violence, 1993).

Much of the research on the impact of criminal victimization has been conducted with victims of sexual assault and has produced irrefutable evidence that many sexual assault victims develop such clinically significant and persistent problems as chronic anxiety, fear and depression (Calhoun, Atkeson & Resick, 1982; Ellis, Atkeson & Calhoun, 1981; Kilpatrick et.al., 1981), sexual dysfunction (Burnam, Stein, Golding,
Siegel, Sorenson, Forsythe & Telles, 1988), substance abuse (Burnam et.al., 1988) and disruptions in self-esteem (Kilpatrick, Best, Veronen, Amick, Villedponteaux & Ruff, 1985; Veronen & Kilpatrick, 1980). Suicide attempts have been found to be significantly more frequent among rape victims than among victims of other crimes (Kilpatrick & Veronen, 1983; Kilpatrick et.al., 1985). Longitudinal studies have also shown that the psychological effects of rape can be evident from one to five years after the assault (Frank & Stewart, 1984; Hanson, 1990; Kilpatrick, Resick & Veronen, 1981). The term “rape trauma syndrome” was first used in the early 1970s to describe the collection of symptoms observed in the aftermath of rape, including insomnia, nausea, startle responses and nightmares, as well as dissociative or numbing symptoms (Burgess & Holmstrom, 1974; Herman, 1992).

People who have experienced childhood sexual abuse similarly experience higher levels of disturbance in general psychological functioning than people who have not (Browne & Finkelhor, 1986; Finkelhor, 1990; Courtois, 1979; Herman, 1992; Tyler, 2002), including increased risk of suicide and substance abuse (McCauley, Kern, Kolodner & Dill, 1997; Tyler, 2002), teenage parenthood (Boyer & Fine, 1992) difficulties with sexual adjustment in adult life (Finkelhor 1979; Finkelhor, 1989; Herman 1981), experiencing sexual and physical assault in adulthood (Lipschitz, Kaplan, Sorkenn, Faedda, Chorney & Asnis, 1996), and instability in close relationships (Fleming, 1997; Mullen, Martin, Anderson, Romans & Herbison, 1994).

There is an established body of knowledge clearly linking a history of child sexual abuse with higher rates in adult life of diagnosis of mental health problems such as depression, anxiety symptoms, eating disorders and post-traumatic stress disorder
A significant proportion of clients who have been given DSM-IV diagnoses such as borderline personality disorder, dissociative identity disorder and somatoform disorder are found to be survivors of protracted childhood sexual abuse (Herman, 1992; Scott & Palmer, 2000). In some studies this is found to be as high as 80% of people diagnosed with borderline personality disorder (Herman, Perry & van der Kolk, 1989) and 90% of people diagnosed with dissociative identity disorder (Coons, Bowman, Pellow & Schneider, 1989).

Apart from the effects on psychological functioning, female sexual assault and childhood sexual abuse survivors report more somatic symptoms and lower perceived health status than non-victimised women, and have more visits to primary care physicians (Resick, 2001). There are obvious social consequences in terms of the cost to communities through provision of health, mental health and social support services for survivors (Golding, Stein, Siegel, Burnam & Sorenson, 1988).

2.4 Three theoretical approaches to trauma

Theories of trauma are characterised by a debate on the etiology of trauma, the question of whether trauma is organic or psychological, whether trauma is the event itself or its subjective interpretation (van der Kolk, Weisaeth & van der Hart, 1996). Theories of trauma evolved in the earlier work of Charcot and Janet dating from 1885, which introduced the concept of dissociation in response to traumatic experiences, and emphasised the need for synthesis and integration of the dissociated elements into personal consciousness (van der Hart & Brown, 1992; van der Kolk, Weisaeth & van der Hart, 1996). Despite their influential work, however, psychoanalytic theories came to dominate early approaches to trauma. Central to psychoanalytic definitions is the concept
of the subjective experience of helplessness. There are considered to be three fundamental psychoanalytic conceptualisations of trauma: the traditional model of symptom formation, Freud’s concept of stimulus-barrier, and his repetition and defense model (Brett, 1993; Freud, 1953). The symptom formation model held that symptoms formed when current frustrations revived infantile conflicts and a regression occurred to the point of fixation of the original conflict. This model gave minimal recognition to the influence of the nature or severity of the traumatic event, locating the “pathology” in the person. The stimulus-barrier concept was based on the notion that the organism’s protective barrier which modulates incoming stimuli would be overwhelmed and breached by the intensity of the organism’s reaction to the stressor. The organism would then be flooded with unmanageable impulses and its functioning disrupted. Freud’s repetition and defense model held that the aftermath of trauma consisted of the repeated return of traumatic material propelled by the repetition compulsion alternating with defenses against remembering or repeating the trauma (Brett, 1993; Freud, 1953; McCann & Pearlman, 1990; Ulman & Brothers, 1988). Modern psychoanalytic thinking acknowledges the role of environmental stressors but still focuses on intrapsychic conflicts as being activated by the traumatic event (Resick, 2001).

Janoff-Bulman (1985; 1988; 1992) has developed a social-cognitive theory of trauma (Resick, 2001), which is based on the concept of cognitive schemas. She postulates that when an individual experiences trauma, particularly violent victimization, three fundamental assumptions which they hold about themselves and their world are shattered. These beliefs are based on an assumption of personal invulnerability: that the world is benevolent; that events in the world are meaningful; and the self is positive and
worthy. These beliefs come to form core assumptions in people’s conceptual systems, and their maintenance is essential to our psychological stability. Janoff-Bulman further states that threats to these core assumptions result in a great deal of psychological distress. “Victimization threatens these assumptions, and the psychological responses of victims indicate their decreased sense of self-worth coupled with a perception of the world that is malevolent and arbitrary” (Janoff-Bulman, 1988, p.105). Violent victimization provides even greater threats and challenges to the assumptive worlds of victims (Janoff-Bulman, 1985). Victims then are likely to experience intense anxiety, which reflects the disruption in their cognitive systems, and in order to decrease their anxiety and move towards adjustment, they must reorganize and rebuild their assumptive world. The key to this is the re-establishment of an integrated, organized set of basic assumptions, or schemas. The means of achieving these, according to Janoff-Bulman (1985), are: redefining the event; finding meaning; changing behaviours; seeking social support; and focusing on self-blame. Therapeutic help is seen as part of seeking social support. This support is seen as enabling victims to re-interpret the traumatic event to reduce the distance between the prior beliefs and the new beliefs, re-establish basic assumptions about their own esteem and worth, and re-establish a more benevolent view of the world within a supportive environment (Janoff-Bulman, 1985; 1988; 1992). While not focusing specifically on examining the process of disclosure of sexual assault, Janoff-Bulman has made a significant contribution to the understanding of the impact of victimization and the tasks of recovery, and one that has aspects which are conceptually compatible with personal construct theory. These issues will be discussed further in Chapters 4 and 5.
Horowitz (Horowitz, 1986; Horowitz & Reidbord, 1992) also makes sense of trauma in terms of cognitive schematic discord: schemas need to be “completed” by integration of new, incompatible beliefs with existing beliefs. The completion tendency stores the trauma information in active memory, where it may continue being intrusive and causing responses such as “alarm emotions” (Horowitz & Reidbord, 1992, p.352). Completion will not occur until the processing is finished. The processing involves repeated examination, as a result of which cognitive schematizations may be revised, and the codifications in active memory, decay. The completion tendency can be impeded by psychological defences such as denial (refusing to allow the traumatic memory into conscious awareness) which can result in intrusive, unbidden thoughts of the event (Horowitz, 1993). Horowitz & Reidbord (1992) describe a person schema theory, which is one that organises information about self in relation to another. This can then be used to derive the personal meaning of a traumatic perception (emotions being an integral part of meaning systems) and the traumatic memory it becomes. Similarly to Janoff-Bulman’s model, Horowitz’s model states that the reason a perception of an experience and the eventual memory are traumatic is in part because they cannot be integrated into the existing repertoire of schemas. There is no knowledge base to inform adaptive reactions to the event. Horowitz focuses more on understanding the process, rather than the content, of the beliefs.

*Cognitive-behavioural* models of post-traumatic stress disorder take into account the characteristics of the traumatic event. There are elements of the situation which are so difficult for victims to cope with or integrate into their existing cognitive schemata that they will experience distortions of affective or cognitive functioning (Spaccarelli, 1994).
The more behaviourist of these models view phobic avoidance as a primary symptom in post-traumatic stress disorder (PTSD) (Foa, Zinbarg & Rothbaum, 1992). They argue that PTSD can be simulated in animals when avoidant responses are classically conditioned to environmental cues that had previously signalled safety (Foa, Steketee & Rothbaum, 1989). Humans will be conditioned similarly if a traumatic event violates their expectations of safety in a pre-existing network of memories, or when the trauma occurs repeatedly (Foa et al. 1992). The uncontrollability of victimisation experiences is seen to violate a human need for perceived control over dangerous events (Peterson & Seligman, 1983). These models imply that post trauma symptoms will be influenced by the physical danger inherent in the traumatic event, as well as by the meanings attributed to the event by the victim. In the case of sexual abuse, in this case, the post trauma symptoms would be more severe if the abuse was more invasive or coercive, or both (Spaccarelli, 1994).

More recent cognitive approaches to trauma elaborate upon the influence of people’s appraisals of the traumatic event on emotions and behaviour, as well as the role of memory processing. Ehlers & Clark’s (2000) current threat model examines factors which influence the persistence of post trauma symptoms. The model suggests that when people process a trauma in a way that leads to a sense of serious, current threat, post trauma symptoms become persistent. The sense of threat arises as a consequence of: firstly, excessively negative appraisals of the trauma and/or its sequelae; secondly, a disturbance of autobiographical memory, characterised by poor elaboration and contextualisation, strong associative memory, and strong perceptual priming. Change in the negative appraisals and the trauma memory can be prevented by a series of
problematic behavioural and cognitive strategies (Ehlers & Clark, 2001). A dual representation theory has also been proposed (Brewin, 2001; Brewin, Dalgleish & Joseph, 1996), which suggests that rather than ordinary autobiographical memories being significantly disturbed by experiences of trauma, a separate memory system underlies vivid re-experiencing of traumatic events. These two forms of memory, then, are affected differently by extreme stress, ordinary autobiographical memory being verbally accessible, and the traumatic memory being automatically accessed through situational cues. Successful completion of emotional processing of a trauma enables the memories to transfer into ordinary autobiographical memory. Chronic processing and premature inhibition of processing impedes successful completion (Brewin et al, 1996).

These approaches to trauma all make a contribution, but have limitations. Modern psychoanalytic approaches acknowledge that environmental stressors play a role in trauma, but in general the models continue to focus on intrapsychic conflicts, and locate pathology in the person. Cognitive-behavioural models similarly locate the pathology in the person, seen as distortions of functioning, such as phobic avoidance, although they view the characteristics of the traumatic event as also being of importance in provoking the pathology. More recent cognitive models provide compelling accounts of memory processes in response to trauma, with limited exploration of the influence of people’s personal meanings on their processing of their experiences.

Janoff-Bulman’s social-cognitive theory of trauma, in contrast, emphasises the importance of the meaning of the traumatic event to the person experiencing it, and presents the resulting disruption in their cognitive systems as an understandable response to having their fundamental assumptions about themselves and their worlds “shattered”.
In order to rebuild their assumptive worlds, people must re-interpret the traumatic event. While, importantly, locating the threat to people’s core assumptions (belief systems) in the meaning, to them, of the traumatic event, the three fundamental assumptions, or meanings, are seen to be universal. This theory does not give sufficient acknowledgement to the uniqueness of meaning-making. Horowitz’s approach also acknowledges the interaction of the traumatic event with the victim’s response to it, and the role of personal meanings of traumatic perception. Similarly to Janoff-Bulman’s model, it focuses on the failure of the individual’s processes to integrate a traumatic perception into an existing belief system, or repertoire of schemas.

While these models may acknowledge that the process of making sense of traumatic experiences involves revising unhelpful beliefs about the traumatic event so that they may be integrated with pre-existing (assumed adaptive, or helpful) beliefs, they do not emphasise the influence of the uniqueness of people’s personal meanings, and by extension the importance of the interpersonal, or role relationship aspects of the processes of redefining traumatic experiences. They therefore have some limitations particularly for application to understandings of the trauma of child sexual abuse.

Personal construct psychologists have also investigated the phenomenon of trauma, and have begun to address these issues. The development of a personal construct theory of trauma will be discussed in Chapter 3.

2.5 Disclosure of sexual assault to counsellors

The Oxford English Dictionary defines disclosure as “the action of making new or secret information known; a fact, especially a secret, that is made known” (Pearsall, 1998: p.526). DeVoe and Faller have defined sexual abuse disclosure as “including an
alleged offender, a victim, and a sexual act” (DeVoe & Faller, 1999: p.217). Disclosure in the context of this research is understood as a person’s revelation of their experience/s of being sexually abused in their childhood, or of being sexually assaulted when an adult, or both, to a person who is a recognised helping practitioner (known here as a counsellor), as opposed to someone with whom they have a social relationship.

Disclosure is not usually a discrete occurrence (Sinclair, 1997). While it may occur on one occasion, it may also be serial, it may be incremental, it may occur on a continuum. It may be conceptualised as a process (DeVoe & Faller, 1999) rather than an event. Research also indicates that the process is very complex and may consist of a mixture of denials, revelations and recantations (Nagel, Putnam, Noll & Trickett, 1997). Disclosure may be made to one listener, or sequentially to several (Greenberg & Stone, 1992). Delayed disclosure of sexual assault is very common (Jones, 2000; Smith, Letourneau, Saunders, Kilpatrick, Resnick & Best, 2000). Often a secret has been kept for a long time, and it is of profound importance that disclosure experiences be handled sensitively and well by counsellors. In order to do so, it is essential to understand as much as possible about what clients are experiencing, and what will enhance and enable change.

This research focussed on a discrete disclosure experience specified by the participant. Some participants chose to describe their first attempt at disclosure, some did not. Some participants described the disclosure experience in which they first began to tell their assault story. Some chose to describe a disclosure experience which took place when they revealed a part of their story they had not previously revealed, though much of their story may have already been told either to this same counsellor or to someone else.
How is it important to understand the dynamics of the experience of disclosure to a helping practitioner? I have described the potential negative effects of sexual assault on physiological and psychological functioning, as well as the social implications. Many survivors of sexual assault or abuse seek professional help at some point, even if they have not consciously made a connection between the abuse and the psychological difficulties they are experiencing. There is ample evidence that engaging in counselling or psychotherapy can assist a survivor to overcome these effects of abuse, and enhance their progress towards optimal functioning (Courtois, 2000; Enns, Campbell, Courtois, Gottlieb, Lese, Gilbert & Forrest, 1998; Golding, Siegel, Sorenson, Burnam & Stein, 1989; Harter, 2001; Herman, 1993). One reason, then, that there is value in understanding the experience of disclosure of sexual assault or abuse, is that disclosure to a practitioner is the first step in the important journey of processing the experience and dealing with the impact and implications of the abuse. This is the case regardless of whether this disclosure experience has occurred during the first contact between a client and the first counsellor they have consulted, during a subsequent contact with another counsellor, or during the course of an established counselling relationship.

The second reason that understanding this process has value relates to the belief that the very experience of disclosing trauma (with or without counselling) is good for people. It has been argued that non-disclosure can increase physiological stress and be harmful to physical and psychological health (Greenberg & Stone, 1992; Pennebaker, 1989; Petrie et al., 1995; Sinclair & Gold, 1997), as well as exacerbating feelings of shame and guilt, and obsessional thinking (Derlega, Metts, Petronio & Margulis, 1993). Disclosure of trauma has been seen to provide social support, benefits derived from the
responses of others, identified by Derlega et.al (1993) as esteem support, and informational, instrumental and motivational support. Two of the theories on disclosure which subscribe to the view that disclosure of trauma is beneficial are now discussed.

2.6 Two major theoretical approaches to disclosure of trauma

One theory of disclosure that is based on an assumption that the cognitive processing of a traumatic event is central to helpful assimilation of the trauma is Pennebaker’s *Theory of Inhibition* (Pennebaker, 1992). Pennebaker argued that while inhibition of behaviours, thoughts and feelings is usually highly adaptive for individuals and the society at large, there can be a “maladaptive” aspect to inhibition (Pennebaker, 1992, p.128). He argued that not disclosing upsetting or stressful experiences impedes the natural cognitive processes that promote health, and can be anxiety provoking and, ultimately, detrimental to health. Further, Pennebaker has argued that emotionally charged expression activates traumatic memory so that the traumatic experience may be cognitively processed, and that the processing should incorporate both emotional and objective features of the traumatic event (Pennebaker, 1990; Pennebaker, 1992; Pennebaker & Beall, 1986). Pennebaker and his co-researchers have also raised the central role of language in labelling emotions and experiences, so that they may be expressed, and through that expression cognitively reprocessed to assimilate a new interpretation into a revised cognitive schema. This then has beneficial physical and psychological health consequences (Pennebaker & Francis, 1996; Pennebaker, Mayne & Francis, 1997). It should be pointed out that in most of the research on which this theory is based, the circumstances of the disclosures were limited to research subjects writing about past stressful events. Results of other research has not always supported the
contention that linguistic expression itself (just writing or just talking per se) is the main contributing force to cognitive change, but rather it was talking with involvement in the disclosure process that contributed to decreased distress and greater resolution of distressing thoughts (Lutgendorf & Antoni, 1999).

Stiles has developed a theory of disclosure which he called The Fever Model (Stiles, 1987), because it proposes that the relation of the disclosure to psychological distress is analogous to a fever’s relation to physical infection. The degree of disclosure tends to increase with the intensity of a person’s distress, and disclosure tends to help relieve the distress. Both are a sign of disturbance and part of a restorative process. The model has two main propositions: that people tend to disclose when they are distressed, and that distressed people tend to gain benefit from disclosing. The benefit is primarily two-fold: catharsis, and self-understanding (Stiles, 1987). In a test of The Fever Model (Stiles, Shuster & Harrigan, 1992), Verbal Response Mode taxonomy was used to assess university students’ degree of disclosure when speaking about anxiety-arousing topics, compared to happy topics. These results support the fever model’s suggestion that people disclose more when distressed. The fever model, similarly to Pennebaker’s work, focuses more on the process of disclosing than on the content. Although Stiles, when describing his account, states “Disclosure describes a type of interpersonal, inherently relational act: one must Disclose to some other.” (Stiles et.al., 1992: p.982), he also states that his account’s definition of Disclosure is based on epistemological features “(whether the utterance concerns subjective rather than objective information) rather than content (eg whether the information is intimate or potentially embarrassing)” (Stiles et.al., 1992: p.984).
Not all the evidence supports this argument that disclosure is necessarily good for people. Disclosure, including to people in professional helping agencies but more frequently disclosure to significant others in social relationships, has been seen as a potentially dysfunctional action for some people, with the probable effect of increasing their vulnerability to psychological distress (Coates & Winston, 1987; Browne & Finkelhor, 1986). McNulty & Wardle (1994) reviewed the research into adult disclosure of sexual abuse and discussed the possibility that disclosure itself may be a primary cause in the development of psychiatric symptoms. Psychodynamic accounts of the effects of sexual abuse suggest that a worsening of symptoms around the time of disclosure is the result of releasing repressed material of a highly disturbing nature that needs to be assimilated successfully before relief of the symptoms can occur (McNulty & Wardle, 1994). The other theoretical grounds for predicting an influence of disclosure on psychological well-being, include disclosure which results in inadequate responses or rejection, or where the social consequences of disclosure have been destructive, such as diminished social support, or dissolution of a family unit. Another circumstance which can lead to disclosure experiences that are unhelpful involves involuntary disclosures, such as those which result from an initial disclosure being made by a third party. Frenken and Van Stolk (1990) noted a significantly high degree of unhelpful responses from helping practitioners when clients disclosed. They found that 38% of the participants in their research described themselves as “very dissatisfied” with their first professional contact, and 61% of the practitioners “did not delve further into what was being told them” (Frenken & Van Stolk, 1990). Taken together with the possibility of an emotionally charged recollection of significant emotional material, the client may
become more vulnerable to social stress and subsequent psychological distress (Frenken & Van Stolk, 1990). These researchers also noted that those professionals who simply showed an interest and understanding of the story of abuse were highly valued by their clients.

What is not addressed in the theoretical explanations of disclosure of trauma described in this chapter is the interaction between the person disclosing an experience of trauma and the person to whom they are disclosing. Pennebaker’s research has not explored interactive experiences, but rather has primarily involved participants writing about their experiences. The disclosures he examines are often not, therefore, occurring within the context of any relationship. Stiles’ model identifies the “inherently relational act” of disclosure (Stiles et.al., 1992, p.982), but does not address the potential impact on the meaning-making processes of the discloser, of the responses of the recipient of the disclosure. Both models are limited in what they have to offer clinicians.

While there are clearly in some instances unhelpful outcomes to disclosure of sexual assault and other trauma, in general the literature supports the concept of disclosure being a constructive step on the journey towards helpful reconstruction and/or assimilation of the assault experience.

2.7 Some thoughts on existing research into trauma and disclosure

Spaccarelli (1994) argues that a traumatic stress model which accounts for the effects of sexual abuse “should clearly specify elements of the abusive situation that are most likely to threaten important schemata or beliefs” as well as “account for individual differences in response to similar stressors” (Spaccarelli, 1994: p.343). Clearly, it should
also provide insights into ways in which the effects of the trauma may be understood and reconstructed.

Research has been undertaken into factors which have assisted clients’ disclosures of sexual abuse. Such research has often identified factors arising from characteristics of the counsellor (gender, professional experience) and behaviour of the counsellor (empathy, patience, warmth) as well as the outcome for clients (relief, increased trust) (Batten, Follette, Rasmussen Hall & Palm, 2002; Dailey & Claus, 2001; Franklin & Snethen, 1999; Josephson & Fong-Beyette, 1987). However, these studies do not explore the processes taking place as part of the disclosure interaction, and the part of these processes in enabling reconstruction (or assimilation of revised schemas).

This is what is missing, also, from the theoretical explanations of trauma and disclosure described in this chapter: firstly, a meaningful exploration of the function and importance of the interaction between the client disclosing their experience of trauma and the person to whom they are disclosing; secondly, the effect of this on the client’s ability to begin making sense of their experiences. It is the impact of the processes within therapeutic relationships about which we need to increase our understanding. This research, by being embedded within personal construct theory, a psychological theory of meaning-making that also allows for examination of the context in which that meaning making occurs, will enhance this understanding.

Personal construct researchers have commented that traditional nosology has been of limited benefit in extending understandings of the effects of childhood sexual abuse (Erbes & Harter, 2002; 2004). Further, that insufficient research has investigated factors that mediate continuing symptomatology such as cognitive variables, and that “much of
the literature suffers from lack of a superordinate theoretical framework that relates the impact of and recovery from sexual abuse to a more comprehensive psychology of trauma and of human change processes in general” (Harter & Neimeyer, 1995: p.231). They also state that crucial areas for attention include the impact of abuse on the survivors’ constructions of themselves and their relationships, healing processes in therapy, and effective treatment strategies.

To summarise, sexual assault can result in significant psychological and psychosocial problems which can be of long duration. Theoretical approaches to trauma have elaborated understandings of the psychological impact of trauma on people. Some of the research into disclosure has found that people benefit from disclosing trauma, both through catharsis and increasing self-understanding, though not all theorists agree on the benefits. In the interests of enhancing psychological practice with people who have experienced sexual assault, enabling them to make meaning of their experiences of the trauma, this research aims to examine the processes that take place when clients disclose sexual assault to counsellors.

In Chapter 3, I will examine personal construct approaches to trauma and to sexual assault. Also in Chapters 3 and 4, I will present the personal construct concepts which inform my model of the role of validation in the reconstruction of beliefs clients hold about their traumatic experiences of sexual assault, in which I use the disclosure experience to elucidate the reconstruction processes for people who have experienced abuse.
“We live in meaning like a fish lives in water. The only way we can stop creating meaning is to cease to exist.” (Dorothy Rowe, 1994, p.53)
“Theories are the skeletons upon which we build our facts to produce an understanding of the phenomenon under consideration….A good theory should be testable and should lead to a logical series of studies to examine the topic of interest.” (Resick, 2001, p.57.)

In this chapter I describe the theoretical concepts which inform the personal construct model provided in Chapter 5. This model examines the role of validation, during disclosure to a counsellor, in the reconstruction of clients’ beliefs about their sexual assault experiences. I describe the fundamental postulate and the eleven corollaries which elaborate the theory, and such conceptual aspects of the theory as the Experience Cycle, optimal functioning, and its alternative, disrupted functioning. The concepts of validation and of reconstruction, which are central to this research, are introduced, and will be expanded in Chapter 4.

I discuss the ways in which emotions are understood in personal construct theory, with particular reference to anxiety and threat, on the one hand, and positive emotions, on the other. I identify aspects of personal construct theory which are relevant to understanding the experience of trauma, and specifically the trauma of sexual assault and abuse, and describe the progress made by researchers towards developing personal construct theories of trauma and sexual abuse. Finally, I explore personal construct concepts relevant to people’s experiences of disclosing traumatic events to counsellors.
3.1 Personal Construct Theory: an overview

Making meaning, or attempting to make sense of the world, is something human beings do continuously: “To create meaning is to be alive” (Rowe, 1994, p.54). At the core of George Kelly’s theory of personal constructs (Kelly, Vols. 1 & 2, 1991/1955) is an assumption that if there are ultimate truths in this world, they are not necessarily available to people to know. In place of a concept of one immutable reality is the concept of constructive alternativism. The essential idea is that there are always alternative constructions which may be placed on events; there are always more ways than one to interpret or make sense of the world. This does not mean that people are, at a given time, able to place any construction on an event, but they do have the potential to do so (Fransella & Dalton, 1990). The constructions people place on events form transparent patterns or “templets”, which people create and “attempt to fit over the realities of which the world is composed” (Kelly, 1955/1995, p.7), in an attempt to make sense of it. However, “since an absolute construction of the universe is not feasible, we shall have to be content with a series of successive approximations to it.” (Kelly, 1955/1991, p.11). These constructions, however, are not all equally viable or useful. Some constructions are better than others because they enable better anticipations of events (Viney, 1996).

“While there are always alternative constructions available, some of them are definitely poor implements. The yardstick to use is the specific predictive efficiency of the system of which it would, if adopted, become a part.” (Kelly, 1995, p.11)

Forming the basis of personal construct theory are a Fundamental Postulate and eleven Corollaries. The Fundamental Postulate asserts that: “a person’s processes are
psychologically channelised by the ways in which he anticipates events” (Kelly, 1955/1995, p.32).

According to this aspect of personal construct theory, anticipation and interpretation are integral to people’s attempts to make meaning of their living in the world. Anticipations are informed by the system of constructs (or the “templets”) people have developed, as are their interpretations (or constructions) of events. They engage in continual processes of anticipating and interpreting, testing the validity of the beliefs which form their systems of constructs. Optimally, based on the confirmation or disconfirmation of their anticipations, people continually modify their construct systems. These continual processes are an attempt to render the world predictable, comprehensible and therefore manageable.

The eleven corollaries that elaborate upon the Fundamental Postulate reveal more of the sophistication of personal construct theory:

Construction Corollary: a person anticipates events by construing their replications (Kelly, 1955/1991, Vol.1 p.35). In making sense of their world, people distinguish between those things that are similar and those that are not, and in so doing begin to identify recurrent themes. Once able to identify recurrent themes, people are able to anticipate their replications and to recognise them when they occur. We are able to make sense of the world by discriminating between things which are similar and things which are different, anticipating and recognising recurrent themes.

Individuality Corollary: persons differ from each other in their constructions of events (Kelly, 1955/1991 Vol.1 p.38). Two people may experience what appears to be the same event, but because they interpret it uniquely they will attribute to it their own
personal meanings. “Each of us lives in what is ultimately a unique world, because it is uniquely interpreted and thereby uniquely experienced” (Bannister & Fransella, 1986).

**Organisation Corollary:** *Each person characteristically evolves, for his convenience in anticipating events, a construction system embracing ordinal relationships between constructs* (Kelly, 1955/1991, Vol.1 p.39). Constructs within the system are seen to be interrelated, and the system as hierarchical. Some superordinate constructs are more abstract and permanent, and subsume others (subordinate constructs), which play a less central role in the processes of construing (Winter, 1992; Leitner, Dunnett, Anderson & Meshot, 1993). The hierarchical and inclusive quality of construct systems makes the world manageable (Bannister & Fransella, 1986). Grouping a large number of different constructs or elements means that we can then easily handle a whole range of subordinate constructions. For example, with the construct *sexual violence* (as opposed to violence which is not sexual, or to sexual activity which is consensual and non-violent) a range of acts can be assumed, including penetrative adult rape, non-penetrative child sexual abuse, and other sexual victimisation. Core constructs, among the most central of the superordinate, maintain a person’s sense of identity and feelings of continuity in existence (Leitner et.al., 1993). Core role constructs deal with interpersonal relations. The most influential and superordinate of people’s values are crucial in defining their relationships with others (Landfield & Leitner, 1980).

**Dichotomy Corollary:** *A person’s construction system is composed of a finite number of dichotomous constructs* (Kelly, 1955/1991, Vol.1 p.41). Constructs are bipolar. According to personal construct psychology, a thing cannot be understood without there being a sense of its opposite. For example a person may be unable to
understand *good* without having an idea of what its opposite is, which for one person may be *bad*. However, because meanings are personal, another person may have, as their opposite understanding of *good*, the pole *exciting* (if *good*, to them, implies *boring*). Yet another may have as their opposite, *lazy* (if to them *good* implies *hard-working*).

**Choice Corollary: A person chooses for himself that alternative in a dichotomised construct through which he anticipates the greater possibility for extension and definition of his system** (Kelly, 1955/1991, Vol.1 p.45). People are not simply passive or reactive; they will choose the alternative in a dichotomised construct which seems most likely to enable them to predict events. People place values on the ends of their dichotomies, in terms of the extent to which they believe the alternative will result in greater understanding, and then choose to move in the direction of that alternative (Dalton, 1993). In personal construct theory, this choice often referred to as elaborative choice. (To Kelly, elaboration subsumed extension and definition) (Kelly, 1991/1995, Vol.1 p.47).

**Range corollary: A construct is convenient for the anticipation of a finite range of events only** (Kelly, 1955/1991, Vol.1 p.48). Constructs have a limited range of convenience. For example, a woman who has been sexually assaulted by a man who was formerly trusted, may have a construct with the distinctions *person who may hurt me* – *trustworthy person*. This construct would not be applicable (or likely to be helpful) when she is trying to decide which brand of toothpaste to buy. Constructs also have a focus of convenience, the area of its maximum usefulness (Winter, 1992). In the above example, *person who may hurt me* – *trustworthy person*, if the element is a dead male relative, the
element may fall within the range of convenience of the construct, and in its context, but would be unlikely to be within the focus of convenience of the construct.

**Experience Corollary:** A person’s construction system varies as he successively construes the replications of events (Kelly, 1955/1991, Vol.1 p.50). People’s construct systems are used to predict and interpret events. When the predictions are acted on and validated, they are retained in their construct systems. When they are not validated, they need to be revised (Viney, 1996). People’s construct systems undergo a progressive evolution as they continually make sense of events in their world through validation or invalidation of their predictions.

**Modulation Corollary:** The variation in a person’s construction system is limited by the permeability of the constructs within whose ranges of convenience the variants lie (Kelly, 1955/1991, Vol.1 p.54). Permeability refers to the degree to which a construct can assimilate new elements within its range of convenience, and also generate new implications (Bannister & Fransella, 1986). A construct such as men cannot be trusted may be impermeable, but may become more permeable if it begins to admit the possibility that some men may be trusted. The more permeable constructs are, the more useful they are in terms of making sense of unfamiliar occurrences or events.

**Fragmentation Corollary:** A person may successively employ a variety of construction subsystems which are inferentially incompatible with each other (Kelly, 1955/1991, Vol.1 p.58). Within the hierarchical system of constructs are subsystems of constructs for different realms, which may appear inconsistent or incompatible with each other. However, people’s construct systems do not always have to be logically related, with each construct being implied by every other (Bannister & Mair,1968). Any apparent
inconsistencies between subsystems may be tolerated if the person’s superordinate constructs are sufficiently permeable to subsume the inconsistent constructions (Winter, 1992). When people undergo changes in their behaviours or ideas, they must in some way invoke the permeable construct which provides the thread of consistency in their behaviours (Kelly, 1955/1991, Vol.1 p.62). This corollary has important implications for the processes of therapy. Clients may be confused, for example, by the awareness that they hold concurrent but apparently incompatible feelings towards someone who sexually abused them. They may, for example, be aware of still feeling loyalty to a beloved father, while also feeling angry because he betrayed them by abusing them. Recognition of the superordinate construct which is sufficiently permeable to encompass both of these responses, for example, can validate her meaning-making processes. This client may become aware of construing her father as generally meaning well, and being a loving and protective father most of the time, but also a weak and flawed human being who made mistakes. Her superordinate constructs may be people make mistakes and can wrong the people they love, and/or it’s not crazy to still love someone who has wronged you.

*Commonality Corollary: To the extent that one person employs a construction of experience which is similar to that employed by another, his psychological processes are similar to those of the other person* (Kelly, 1955/1991, Vol.1 p.63). While people’s construct systems are unique (the Individuality Corollary), there may be similarities in the ways in which people make sense of events. *Experience* is made up of the successive construing of events (Kelly, 1955/1991, Vol.1, p.52). Similarities in people’s responses and/or their meaning-making processes, then, occur not because people have experienced
identical events, but because their ways of interpreting events and discriminating are similar. They will be similar in relation to events which have the same meaning for them. People who have experienced sexual assault often find their meaning-making processes validated when they meet others who have not only had similar experiences, but also interpreted their experiences in similar ways.

Sociality Corollary: To the extent that one person construes the construction processes of another, he may play a role in a social process involving the other person (Kelly, 1955/1991, Vol.1 p.66). The Sociality Corollary is quite different from the Commonality Corollary, which compares individuals. The Sociality Corollary is the one elaboration of Kelly’s fundamental postulate which moves from comparing individuals and their interpretations of events, to being concerned directly with interpersonal understanding and interaction (Bannister & Mair, 1968). A person’s construing of the processes of construing of other people does not assume that they have similar construct systems, but that they are trying to understand how the other person is making sense of things. A grasp of the implications of the Sociality Corollary is very important to this research, which focuses on a potentially profoundly influential interaction between two people, at the time of disclosure – in some cases for the first time - of a very significant experience. The extent to which the disclosing person feels understood by the other is crucial to the outcome of the exchange. The extent to which the disclosing person’s processes of construing are either validated or invalidated in the exchange will also be seen to be crucial to the outcomes for disclosing clients.

I will now turn from elaboration of the eleven corollaries to briefly define some other concepts from personal construct theory which are relevant to this research.
Constructs which Kelly termed *general diagnostic constructs* describe the nature of constructs and their relations to one another. This category includes several concepts which refer to events that are commonly labelled “unconscious” (McCoy, 1977), namely preverbal constructs, submergence and suspension. *Preverbal constructs* are those which continue to be used even though they have no consistent word symbol, and may have been devised before speech symbolism developed (Kelly, 1955/1991, Vol.1 p.6). *Submergence* of a pole of a construct means that pole is less available for application to events than the alternative one (Kelly, 1955/1991, Vol.1 p.6). Submergence of one pole of a construct may be a way of avoiding testing the construct (Klion, 1993), because if put to the test the construct may be invalidated (Winter, 1992). *Suspended elements* apply to those elements which are omitted from the context of a construct as a result of revision of the construct system (Kelly, 1955/1991, Vol.1 p.6). Revision may have resulted in there being no way in which the event can be accommodated in the realignment of the system (Fransella & Dalton, 1990), or it may be held in abeyance because it is incompatible with the rest of the system, or because its implications are intolerable (Kelly, 1955/1991; Winter, 1992). It remains suspended unless further reconstruction takes place which places it once more within the range of convenience of the constructs (Fransella & Dalton, 1990).

Another set of concepts from personal construct theory which are relevant to this research are regnancy, and tight and loose constructs. A *regnant* construct is a kind of superordinate construct which assigns each of its elements to a category on an all-or-none basis. (Kelly, Vol.I, p.355) Kelly uses the example of the construct of *implement* being regnant over the construct of *spade*. If all spades are implements, and if this is a spade,
then it must be an implement. All implements, however, are not spades (they may be hammers, or axes, or scissors). Similarly, a person who has suffered abuse may have in their system a construct: *all men are abusers*. If this is a man, then he is perceived to be an abuser, so that the construct *all men are abusers* is a regnant construct. It does not necessarily follow that all abusers are men.

Kelly defined a *tight* construct as one which leads to unvarying predictions. If people employed only tight constructions they would be unable to come up with any original ideas, change would be difficult. A *loose* construct is one which leads to varying predictions but which still may be identified as a continuing interpretation (Bannister & Fransella, 1986). When people construe loosely, the assignment of elements to construct poles shifts constantly. Dreams are one example of very loose construing. Loose construing allows for the generation of new ideas. However, if the ideas are to be tested out, people then must tighten their construing (Winter, 1992). Through loosening and tightening processes, people can elaborate their construct systems and cope with the range of events that continually confront them.

### 3.2 Core role constructs and role relationships: original concepts and extensions

The concept of *core role constructs* is integral to an understanding of the Sociality Corollary. Role as it is traditionally defined is “the function assumed or part played by a person or thing in a particular situation” (Pearsall, 1998: p.1609). Personal construct theory defines a role as a course of activity which people enact in the light of their understanding of the outlook of another person. Role constructs have the presumed constructs of other people as elements in their contexts (Bannister & Mair, 1968: p.42). Kelly described core role constructs as dimensions that operate to define people’s
personal identities, their complex and unique senses of phenomenological continuance (Kelly, 1955/91, Vol 1). Core role constructs provide: “our sense of who we are, who we would like to be, and who we feel we are becoming” (Leitner & Dill-Standiford, 1993, p.137). Engaging with other people and understanding them involves some understanding of their core role constructs, and their construing processes. This process involves people in a role relationship. Leitner (1985) introduced the distinguishing descriptor of ROLE relationships, to differentiate between the personal construct definition of ROLE, and the traditional definition of “role”. Leitner and Faidley elaborated implications of the Sociality Corollary into the area of highly intimate relationships. They emphasised the two edged nature of ROLE relationships, which simultaneously expose people to potential (awful) devastation through invalidation of their processes, and potentially enrich their lives with (aweful) beauty, creativity, and meaning through validation of their processes. (Leitner & Faidley, 1995). When role relationships are reciprocal, they provide the context in which people can collaborate in supporting one another’s “critical life investments” (Neimeyer & Neimeyer, 1985, p.197). Because people are construing the processes of another’s construing more than the content of their construct system, and people are in a process of continual transition (Viney, 1996), these processes are constantly evolving, never static, and cannot at any one time be completely understood. To engage in a ROLE relationship with another, one must be willing to engage in a continuous process of construing. “Just as ROLE relationships are slippery and impossible to totally know, so is the evaluation of another’s functioning.” (Leitner, Dunnett, Anderson & Meshot, 1993, p.14).
3.3 Validation, invalidation, reconstruction and the Experience Cycle

According to personal construct theory, people commit themselves to anticipating a particular event. If it occurs as they predicted, their anticipation is validated (confirmed). If it fails to do so, their anticipation is invalidated (disconfirmed). Validation represents the compatibility (subjectively construed) between a person’s prediction and the outcome they observe. Invalidation represents incompatibility (subjectively construed) between a person’s prediction and the outcome they observe. (Kelly, 1955/91, p.110). If people’s predictions are validated (confirmed), they retain that belief in their construct system. If they are invalidated (disconfirmed), there are a number of courses they may take. They may revise that specific prediction, by allotting the element to the contrast pole of the same construct; they may turn to another construct in their system and base their next prediction on that instead; they may set about reconstruction of the dimensional structure of their constructs, or tighten or loosen related aspects of their system (Bannister & Mair, 1968). If they do not do anything to reconstruct their system but hold to the belief underlying their prediction despite the invalidating evidence, hostility may result.

The term validation has as its source the Latin “validus-valere”, which means to be strong (Button, 1996). Validation, therefore, as it refers to the strengthening or weakening of constructs, is a matter of degree rather than absolutes. I will explore this important point further in Chapter 4.

Validation, invalidation and reconstruction are integral elements of the Experience Cycle. Experience is seen as a recurring cycle involving five phases: anticipation, commitment (or investment), encounter, confirmation or disconfirmation,
and constructive revision. The first stage is *anticipation*. By construing past recurring themes, people are facilitated in their anticipation of future events. The second stage is *commitment*, a combination of anticipation and self-involvement. The extent to which people are committed to particular outcomes will determine the degree of risk they take. The *encounter* stage is conceptualised, not simply as a collision of people with an event, but “as an active knowledge of what one has met which lets that knowledge make a difference” (Epting & Amerikaner, 1980, p.58). The fourth stage is *validation and invalidation* (or confirmation/disconfirmation). In this stage people make assessments of the commitments made during the encounter and the resulting evidence, which either confirms or disconfirms their construing of the encountered experience. The final stage of the cycle is *constructive revision*, when people face the implications of the event. The term “constructive” here is not meant to imply a value, but relates to the nature of the element to which it is applied - that it has been constructed. The subjective assessment of the outcome of anticipation in the validation/invalidation stage determines the degree of reconstruction deemed necessary, preparing for fresh anticipations and further Experience Cycles (Winter, 1992). Kelly stated that “the cycle of human experience remains incomplete unless it terminates in fresh hopes never before envisioned” (Kelly, 1977: p.9).

3.4 Perceptions of optimal functioning in personal construct theory

An optimally functioning person is one who is able to engage in successive completions of full Experience Cycles (Winter, 1992). Epting & Amerikana (1980) see the optimally functioning person as characterised by openness to interaction with the environment, having a personal construct system the boundaries of which are relatively
open but which nevertheless are sufficiently well developed, and the system sufficiently hierarchically organised that not every experience will imply changes in self-construing. There is also an orientation towards movement into the future, a balance of processes of change and of maintenance of stability, and the ability to construe the constructions of others (Epting & Amerikana, 1980), as well as appropriate dispersion of dependencies (Winter, 1992). “Optimally, there is a cyclical and balanced interplay of contrasting strategies...” (Winter, 2003: p.202).

Leitner & Pfenninger (1994) define optimal functioning in terms of a person’s struggles with the potential terror of ROLE relationships versus the isolation of avoiding these relationships. For them, optimal functioning involves: 1) discrimination of the differences between people and their potential impact, 2) the flexibility to construe alternative constructions, 3) the creativity to move between loosened and tightened constructs, 4) the responsibility to examine one’s own construct system and its implications for others, 5) openness to reconstrue after being invalidated by others, 6) commitment, or the willingness to validate another’s process over a period of time, 7) the courage to reengage in ROLE relating with others, even though it may lead to massive invalidation of one’s core, 8) forgiveness, or the reconstruing of self and others such that major invalidations do not hinder a person from engaging in future ROLE relationships, 9) reverence for the other, or an awareness that one is validating the core of another.

3.5 Perceptions of disrupted functioning in personal construct theory

Personal construct theory defines disorder as “any personal construction which is used repeatedly in spite of consistent invalidation” (Kelly, 1955/1991, Vol.2: p.193). To complete Winter’s observation, referred to above: “Optimally, there is a cyclical and
balanced interplay of contrasting strategies, but disorders tend to involve the almost exclusive use of a particular strategy” (Winter, 2003: p.202). Disrupted functioning is also seen as involving failures to complete the Experience Cycle, and the earlier in the Cycle a blockage occurs, the more severe the resulting disruption is likely to be (Neimeyer, 1985). As personal construct theory sees people as generally attempting to anticipate and make sense of their world, it similarly sees disruptions in functioning as representing people’s best available attempts at anticipating events, referring to their construct systems, coping with invalidation and avoiding uncertainly (Button, 1983; Winter, 1992; Viney, 1993). Despite their efforts, however, people when they encounter blockages can become “stuck in disorder” (Mahoney, 2000: p.45). Winter suggests that rather than viewing optimal functioning and disrupted function as a dichotomy, they may be seen as representing the extremes of a continuum concerning the extent to which a construction accomplishes or fails to accomplish its purpose. The characteristics of optimal functioning can be seen as representing the contrast poles of constructs which define “psychological disorder” (Winter, 1992: p.14).

3.6 Personal construct theory and emotions

Personal construct theory deviates from the traditional wisdom of a trichotomy, comprised of cognition, emotions and motivation. This theory argues that there is one integrated process, the process of construing. Kelly embedded emotional experiences within his theory by redefining some of the relevant terms. He identified emotional constructs as “constructs relating to transition” (Kelly, 1955/1991: p.391). Emotions are people’s experiences of, or resistance to, change (Bannister & Fransella, 1986). Emotions serve as signals of the state of people’s meaning-making attempts, in the wake
of challenges to the adequacy of their constructions (Neimeyer, 1998). Once emotions become apparent, they are then attended to in terms of clues to the presence and potential for change in the system (Epting & Prichard, 1993).

3.6.1 Negative emotions

Kelly defined negative emotion as people’s awareness that their systems of constructs, evolved to anticipate and predict events, are inadequate for construing the events with which they are now confronted (Fransella & Dalton, 1990). Viney also emphasised that personal construct theory is concerned with change: changes in construing and in actions (Viney, 1996a; 1996b). Yet change brings the risk of invalidation of construing when predictions are not confirmed, and when this occurs, distressing emotions arise. Emotions vary with people’s success in interpreting their worlds, and when their interpretations are ineffective, they experience negative emotions. Negative emotions arise when construing is not validated and constructs are in conflict. (Viney, 1996).

Kelly gave a set of constructs he called “the professional constructs” special definitions within his system as well as assigning them an important therapeutic role. In other theories these may be called emotion or antecedents of emotion. These are threat, anxiety, guilt, fear, aggression and hostility (McCoy, 1977). Kelly also identified threat, anxiety, guilt and fear and as having particular relevance to transition (or change). (Kelly, 1955/1991, p. 361). Hostility may be seen as a behaviour resulting from an emotional state (McCoy, 1977). In this research, I will be most concerned with the negative emotions of threat, anxiety, guilt and hostility, defined as experiential phenomena. For example, “…the immediate cause of anxiety is not an external stimulus such as the knock
on the door by the bill collector… Rather it is the internal phenomenon, the recognition of the impact of a prediction one makes regarding the self in these circumstances.” (McCoy, 1977, p.97). Kelly located threat, anxiety, guilt and hostility among the constructs having to do with dislodgment from the construct system.

While terms used for emotions such as threat, guilt and hostility may be familiar, the idiosyncratic personal construct definitions should be clarified, to distinguish them from the definitions familiar in common usage.

*Threat is the awareness of an imminent comprehensive change in one’s core structures.* (Kelly, 1955/91, p. 361). To qualify as threat, the prospective change in people’s core constructs would need to be substantial and comprehensive. Imminent change in peripheral constructs would be unlikely to be threatening, as it would not incur change in core constructs. Threat to core constructs may be experienced in anticipations as diverse as imminent death, which is threatening to most people (Kelly, 1955/1991, Vol.1) or by the prospect of change in a particular belief or behaviour. People undergoing therapy may feel threatened by the prospect of change in their core constructs. Once clients have achieved change, this may be threatening to other people in their lives, as it then necessitates anticipation of imminent change in their own constructs. People who have experienced childhood sexual abuse at the hands of trusted and powerful adults frequently cope with the threat which would be provoked by interpreting the abuser as “bad” (on a construct good/bad), by making alternative interpretations of the abuse experience. They may, for example, believe that they had done something to deserve the abuse. In this way they avoid the threat provoked by perceiving this powerful (and often loved) authority figure as bad. Alternatively, they may submerge the construct
pole, leaving only the “bad” pole, thus making all men abusive; or they may suspend the element: if the abuser (eg Daddy) is suspended from the good/bad construct, his behaviour is exempted from interpretation and the threat can be avoided (Cummins, 1992).

Anxiety is the awareness that the events with which one is confronted lie outside the range of convenience of one’s construct system. (Kelly, 1955/92, p.365). People become anxious when they can only partially construe the events (and their possibly obscure implications) they encounter (Bannister & Fransella, 1986). Anxiety is strongly associated with change, as people in these situations are confronted with the necessity to extend their construing into the unknown, and decide whether to assimilate the new meanings implicit in the unfamiliar events.

Guilt is the awareness of dislodgment of the self from one’s core role structure. (Kelly, 1955/91, p.391) The use of the term core role structure is significant. In this theory a person’s core role constructs reflect their deepest understanding of themselves in relation to other people. Being dislodged from one’s core role structure is, as Kelly described it, “psychological exile” (Kelly, 1955/91, p.372). There is no value judgement attached to the concept of guilt, in that the behaviour or beliefs which engender the experience of guilt need not have been “bad” in any conventional moral sense (Winter, 1992: p.11). For example, a person who has built a core role around a construction of themselves as worthless may experience guilt when a therapist treats them respectfully and reverently, and they begin to admit the possibility that they are worthy of such treatment.
Hostility is the continued effort to extort validational evidence in favour of a type of social prediction which has already been recognized as a failure (Kelly, 1955/91, p.397). Hostility results when people refuse to revise their construing in the face of invalidating evidence (Faidley & Leitner, 1993). Instead of changing their personal construct systems to fit their experiences, people may try to change the environment to fit their construct systems (Leitner, 1985). Hostile behaviour is possibly most obvious when people attempt to force change in the behaviours of others in order to have them conform to their own constructs about both themselves and the other. Hostility may be directed outward, towards the environment, or inward, to be inflicted upon oneself.

3.6.2 But what of positive emotions?

Less attention has been given, in personal construct theory, to elaboration of positive dimensions of transition, as to negative ones. However, Kelly’s concepts were extended by McCoy (1977) to include the elaboration of positive affect. Positive affect is associated with people’s recognition that the system of constructs they have evolved to anticipate and predict the world of events successfully allows them to construe the events with which they are now confronted. In other words, when people’s interpretations of their world are effective, they experience positive emotions (Viney, 1996). The elaborations by McCoy of the concepts of emotions relate to validation of core as well as non-core structures. They include concepts of love as “awareness of validation of one’s core structure”, happiness as “awareness of validation of a portion of one’s core structure”, satisfaction as “awareness of validation of non-core structure”, contentment as “awareness that the events with which one is confronted lie within the range of convenience of the construct system” and complacency as “awareness of validation of a
small portion of some non-core structure” (McCoy, 1977, p.121). In this research I will be most concerned with the positive emotion of contentment.

3.7 Personal construct theory and experiences of trauma

Kelly did not specifically distinguish between experiences of trauma and other experiences with which people were confronted, required to interpret and to manage. He implied, however, that suspension was a response to traumatic experience, when he stated “suspension implies that the idea or element of experience is forgotten simply because the person can, at the moment, tolerate no structure within which the idea would have meaning” (Kelly, 1955/1991: p.349). He did make particular mention of trauma when relating it to the context of therapy, suggesting that an:

“..effect of introducing threatening elements, and frequently an undesirable one, is the tendency for the traumatic experience to act as further subjective documentation or proof of the client’s own maladaptive conceptual framework. Not only may the traumatized client be thrown back upon older and more infantile constructions of life, but he is likely through this further experience, to find ‘proof’ of those primitive constructions. It is correct to say of traumatic experience that it usually ‘freezes people in their tracks’. It is important for the clinician to assess the freezing effect that may result from the introduction of certain new material in a therapy session.” (Kelly, 1955/91, p.117).

This freezing in their tracks suggests a blockage in a person’s Experience Cycle in response to a specific threat. People experiencing trauma have become unable to anticipate with any confidence, or to commit at any level to, an Experience Cycle. Their meaning making processes cannot be relied upon, and they are no longer in transition.
Personal construct approaches to trauma have proposed that trauma occurs when people are unable to integrate their meanings about traumatic events into a more generalised set of meanings about themselves and the world (Cromwell et al., 1996; Sewell et al. 1996; Viney 1996b). More evocatively, trauma has been seen as any event that perturbs the constructed continuity of our life narratives, in a way that cannot be assimilated by our current meaning systems (Neimeyer, Keesee & Fortner, 1999). It has also been seen as a disruption to narrative continuity of a person’s life story, reconstruction and renarration of which can be facilitated through therapy (Sewell & Williams, 2002). People experience threat to crucial aspects of their beliefs about themselves during severe and continuing trauma (Rayner & Viney, 2003). Response to trauma has similarly been construed as a process of role constriction, as, for example, experienced by Vietnam veterans in response to “the paralyzing impact of fear and the horror of war” (Klion & Pfenninger, 1996, pp. 127-138), and as blocks to the reintegration of people’s construing (Viney, 1996b).

Personal construct theory has been applied to an understanding of traumatic stress (Cromwell, Sewell & Langelle, 1996; Sewell, 1996; Sewell, Cromwell, Farrell-Higgins, Palmer, Ohlde & Patterson, 1996; Sewell & Williams, 2001), to trauma in children (Ronen, 1996), to traumatic injury (Viney, 1990), and to crisis intervention (Rayner & Viney, 2003; Viney, 1996b).

Sewell and Williams (2001; 2002) propose a model of trauma which perceives traumatic experiences as events for which people do not have compatible constructs, and as discontinuities in their narratives. Difficulties result when people are unable to integrate their experiences into their existing construct systems. Sewell and Williams
(2002) suggest that traumatic experiences provoke an inversion of implicit and explicit constructions. Implicit construing is the tool people use for anticipating invalidation. Explicit construing guides and shapes how people will anticipate and understand experiences when that construction is at least nominally validated. They propose that people attempt an understanding of total invalidation (traumatic experiences) by bringing forth the opposite poles of dimensions of anticipation. Once the implicit construction comes to the fore, the explicit poles that had provided the original anticipation become, to some extent, implicit. The extent to which people can incorporate potentially traumatic experiences without systemic change or developing difficulties, depends mainly on the flexibility and degree of validation of their explicit constructions (Sewell & Williams, 2002).

People who have experienced trauma face the challenge of redefining themselves, and making meaning out of their experiences that can be integrated into their construct systems, as well as regaining belief in their meaning making processes. If these processes are successfully achieved, they will be able to engage in ongoing Cycles of Experience.

3.8 Personal construct theory and experiences of sexual assault and abuse

The potentially traumatic experience of sexual assault and abuse has similarly been construed as challenging people’s constructions of themselves and others (Harter & Neimeyer, 1995). The meaning making efforts of adults who have experienced childhood sexual abuse are seen to be influenced by their social and cultural contexts (Erbes & Harter, 2002; Harter, 2001). In the development of a personal construct theory of sexual assault and its treatment, Harter & Neimeyer (1995) take into account the social
unacceptability of sexual abuse. They argue that the construct systems of people who have been sexually abused may lack commonality with those of others in their society, because they have had to construct meanings that must explain and anticipate events contradictory to the cultural myths of their society (Harter & Neimeyer, 1995). Erbes and Harter (2002) emphasise the importance of meaning-making in understanding the effects of experiences of sexual assault, and the challenges victims face in doing so, because of the social or cultural influences on their meaning-making efforts. Victims of child sexual abuse, for example, are often attempting to make sense of their experiences with access only to the abuser’s interpretations of the meanings of what is occurring (Cummins, 1992; Erbes & Harter, 2004). Adult sexual assault victims are often attempting to make sense of their experiences in a cultural environment of blaming the victim (Herman, 1981). These meanings minimise the seriousness or consequences of the assault, which may be inconsistent with the degree of emotional distress and confusion the victim is experiencing.

Erbes and Harter (2002; 2004) extend Janoff-Bulman’s model, which sees experiences of trauma as shattering people’s fundamental assumptions that the world is benevolent, meaningful, and that the self is worthy (Janoff-Bulman, 1992). Erbes and Harter argue that the traumatic nature of sexual abuse has an impact in two central ways: it can alter people’s construct systems so that negative, anomalous or threatening meanings are attached to events throughout their lives; and, because traumatic events lie outside the range of convenience of most people’s construct systems, it is difficult to make meaning of them at all. In their research, Erbes and Harter found that people who had been sexually abused may have highly differentiated but poorly integrated self
constructions (Erbes & Harter, 2001). They may have difficulties in current relating because they are constructing realities that are based on trauma and conflict and do not work well in non-traumatic situations. The construct systems of people who have experienced sexual abuse have been created to deal with “situations for which the public discourse offers, at best, superficial meanings. The resulting constructions may differ from more privileged models of health, but cannot be labeled as ‘dysfunctional’ or ‘pathological’. They represent the best alternatives formerly available to the client – constructions that allowed them to survive past abuse” (Erbes & Harter, 2002: p.42). The challenge to personal construct researchers and clinicians posed in this model is to “create a safe context in which previously silent narratives can unfold” (Erbes & Harter, 2002: p.43) and to approach people who have experienced sexual assault and abuse with a respectful, validating stance that enables elaboration of idiographic, personal constructions. Creation of a safe context must involve validation sufficient for clients to feel safe enough to take the risk of extending their construing into the unknown (Faidley & Leitner, 1993). The specific focus of that validation is a central question of this research.

3.9 Personal construct theory and disclosure

To date, it appears that the application of personal construct theory to the particular experiences of people disclosing trauma has not been widely reported. This research addresses this phenomenon, though exploring the experiences of people disclosing sexual assault to helping practitioners.

I have discussed the potential impact on people of their experiences of sexual assault, and the challenges they face when making meaning of those experiences. Leitner
used the evocative term “terror” to describe the “conglomeration of emotions” (Leitner, 1985, p.88) including threat, anxiety, guilt, fear and hostility, thereby emphasising the potential devastation inherent in ROLE relationships through the possibility of invalidation of, or dislodgment from, core interpersonal constructs. The potential for invalidation inherent in a disclosure experience is made the more terrifying when it is considered that the constructions of their assaults that clients are bringing to the disclosure experiences are likely to be inconsistently integrated, and are to be inhibiting optimal functioning. Presumably clients have some awareness of this. Some clients disclose their experiences during their first encounter with the counsellor, and some at a later stage in the counselling relationship. Personal construct theory would suggest that regardless of when it occurs, the experience is potentially profoundly threatening. The task for both client and counsellor is to find a way to use this potentially devastating disclosure experience to commence the task of enabling clients’ “previously silent narratives” to unfold (Erbes & Harter, 2002: p.43) and to enable the commencement of elaboration and reconstruction of their beliefs. Exploring the dynamics of the disclosure experience from the unique perspective of the client, embedded in a personal construct framework, is the task of this research.

3.10 Personal construct counselling

“No one needs to be the victim of his biography.” (Kelly, 1955/91, Vol. 1, p.11).

The underlying belief of personal construct counsellors is that people are scientists who can always reconstrue their beliefs, and by so doing approach the world in different ways. Behaviour is an experiment rather than an end product. While reconstruction is not always easy, it is possible (Fransella & Dalton, 1990). The goal of
personal construct counsellors is to work along with their clients to enhance their clients’ efforts to elaborate their beliefs about themselves, others, and their worlds. Through elaboration of their beliefs, they are able to experiment with changing behaviours that are currently contributing to blocking their meaning-making processes and therefore proving unhelpful to them. The ultimate goal of personal construct counselling is to enhance clients’ progress towards optimal functioning, thereby enabling them to engage in successive Experience Cycles.

The counselling relationship itself is seen to be central to the process of reconstruction, providing clients with opportunities, in the “lived encounter” (Leitner & Thomas, 2003, p.261) in the counselling room, to explore the ways in which they approach and retreat from ROLE relationships (Leitner & Thomas, 2003). The concept of reflexivity keeps counsellors mindful that the theory is as applicable to its users as to their clients (Winter, 1992), and that their own processes of meaning-making and experimentation are integral to the counselling relationship.

Viney construes the processes of reconstruction in personal construct counselling from the perspective of story telling and retelling, and sees the processes as taking many different forms: validation and invalidation, loosening and tightening, dilation and constriction, abstraction and concretisation of constructs, enhancing awareness of constructs, changing meanings of constructs, applying new constructs, and reorganising entire construct systems (Viney, 1996).

Personal construct theory is not built on a concept of psychopathology (Kelly, 1955/1991, Vol.2, p.192). It avoids “attempt(ing) to cram a whole live struggling client into a nosological category” (Kelly, 1955/1991, p.). Rather, the theory allows for a
concept of transitive diagnoses, which are primarily concerned with clients’ “struggles for humanness” (Leitner & Faidley, 2002: p.105) and of avenues of movement open to them, rather than static descriptions of their current predicaments (Johnson, Pfenninger & Klion, 2000; Winter, 1922: p.195).

Personal construct counselling is characterised by the concept of credulous listening. “The clinician should maintain a kind of credulous attitude towards whatever the client says.” (Kelly 1955/91, p.241). When clients tell their stories, their reality is accepted by the counsellor, and their process of interpreting events is being respected and given validity.

Personal construct counselling does not approach the process of working with clients with a toolkit of techniques. Methods such as self-characterisations, implications grids, repertory grids, laddering and pyramiding may assist with assessing structural characteristics of clients’ construct systems and the implications of their constructs (Winter, 1992: pp.239-240). However, the techniques are less important than the fundamental belief of the counsellor that their clients are making the best sense that they currently can of events in their worlds, and their struggles will be respected and honoured.

Kelly emphasised the importance of people working with clients embedding their professional practice in theoretical conviction (Kelly, 1955/1991, Vol.2).

3.11 A summary of the relevant concepts

Central to personal construct theory is the concept of constructive alternativism, which holds that there are always more ways than one to interpret or make sense of the world. The Fundamental Postulate of personal construct theory asserts that people’s
processes are psychologically channeled by the ways in which they anticipate events, and anticipations that are validated are retained in their construct systems. Predictions that are invalidated may be revised, or retained, but cease to be helpful. Eleven corollaries elaborate the theory. Core role constructs provide people with their sense of who they are in relation to others, and role relationships, when reciprocal, can provide people with the context in which they can engage in continuous, mutual processes of meaning-making. Optimal functioning is seen to result when people are able to engage in successive completions of Experience Cycles, and when they are not, they experience disrupted functioning. Emotions serve as signals of people’s meaning-making attempts, and are their responses to change, or threatened change. They can be positive or negative. Personal construct researchers have investigated trauma, and the specific trauma of sexual assault, and understand them to result in fragmentation of or disruptions to people’s meaning-making attempts. Disclosure of such trauma is therefore a very threatening prospect, and clients’ experiences of disclosing needs to be better understood by practitioners if we are to enable disclosure experiences that enhance clients’ progress towards optimal functioning.

In Chapter 4, in preparation for the introduction in Chapter 5 of my personal construct model of validation in the reconstruction of the beliefs of clients about sexual assault, I extend the discussion of validation and invalidation. I introduce the concept that there are three primary foci of construing which are potentially being validated or invalidated, and discuss this model in terms of its application to personal construct
therapy. The role validation plays in enabling clients to reconstruct their meanings about their sexual assault experiences is then discussed.
“I think what was confirmed for me was that I don’t want to go through getting support… through a traditional western psychological model…that’s focussed on, like, fixing me. That’s not helpful, because it actually doesn’t help me to reframe it and make meaning out of it. It actually makes it like a problem or like an illness or something that has to be fixed.”

(‘Sascha’, participant)
In this chapter I elaborate the concepts of validation and invalidation in personal construct theory, and their application in personal construct therapy. I introduce the idea that there are three primary foci of construing that are potentially being validated or invalidated in therapeutic exchanges. Finally, I discuss the patterns formed by these three foci of validation and invalidation, and explore how they may play a role in enabling clients to create new meanings.

4.1 Elaborating the validation cycle

The role of validation and invalidation in revision of construing, described by Kelly as the validational cycle (Kelly, 1955/1991), is central to the psychology of personal constructs. As I described in Chapter 3, people experience validation when a particular event occurs as they have predicted. If it does not, they experience invalidation, and as a result may revise the construct to which that prediction relates, base their next prediction on another construct in their system, or engage in reconstruction of aspects of their construct system. If they continue to hold to their (evidently invalidated) prediction and the belief underlying it, hostility may result. As defined in Chapter 3, hostility is the continued effort to extort validational evidence in favour of a type of social prediction which has already been recognised as a failure (Kelly, 1991/1955, Vol.1, p.391).

Validation and invalidation are more complex processes than they may seem from the above definition, as a number of writers have observed (Hinkle, 1965; Landfield, 1988; Pfenninger & Klion, 1995). Referring to Kelly’s assertion that validation represents the compatibility (subjectively construed) between people’s predictions and the outcomes
they observe, and invalidation represents incompatibility (subjectively construed) between people’s predictions and the outcomes they observe, Button comments:

“This seems straightforward enough, but in practice I’m not sure it’s so simple. Unlike the digital computer, which has a simple yes/no and on/off decision to make, such “compatibility” is rarely such a black and white matter. As Kelly emphasises, it is very much a subjective matter as to whether or not one has been validated or invalidated. I think I’d go further than that and say that it is not just a matter of opinion, but also a matter of degree.” (Button, 2000, p.142).

To go a step further, I would say that it is not a matter of degree, only, but different aspects or foci of construing that are being validated or invalidated at any given time. What has emerged in this study is the need to understand not only whether a person’s construing is being validated or invalidated, or the degree to which it is or is not, but also what focus of a person’s construing is being tested and validated or invalidated, and how this relates to the prospects for constructive revision.

In short, when people experience validation or invalidation what is it that is being validated or invalidated? Is it their specific prediction only? Their identity? Their ability to make meaning? These questions will now be examined further through exploring validation and invalidation in personal construct therapy.

4.2 Elaborating the role of validation and invalidation in counselling

Validation and invalidation are integral to the processes involved in personal construct therapy.

“While the invalidation of a construct does not necessarily produce an appreciable anxiety, it is the normal basis for abandoning the construct. Invalidation is used
in therapy to help the client find just where his system breaks down. The
psychologist who utilizes the psychology of personal constructs intentionally
designs his (her) therapeutic programme around a series of practical experiments
which will yield validating and invalidating evidence. The invalidating evidence
will normally lead to the abandonment of constructs, to anxiety, and thence to
revision, with help in reformulation coming either from the therapist or from

Faidley and Leitner (1993) identified the therapeutic role of confirmation that is complex
and multi-layered, and that extends far beyond the validation or invalidation of the
content of the specific constructs on which the client may be focussing at a given time:

“Great skill on the part of the therapist is required to judge what blend of
validation and invalidation will be optimally therapeutic for each client. Clients
who have been seriously damaged will be highly threatened by therapist
responses that indicate the need for change and extension of their construct
system into the unknown. All clients need a broad base of confirmation in order
to trust themselves to undertake major revisions of their construct system.
(Faidley & Leitner, 1993, p.87)

What constitutes “a broad base of confirmation’”?

“Persons frequently enter therapy after experiencing core role invalidation
(Leitner, 1985). Thus, they are faced with the task of deciding whether the
therapist can be trusted with an invalidated core. Will the therapist validate or
invalidate this core? This potential threat may lead the client to pay careful
attention to the therapist responses to client construals. These responses can be
used to decide whether the therapist will validate the client’s core.” (Cummins, 1993, p.85).

The question “will the therapist validate or invalidate this core?” is a crucial one. “Core” here is understood to mean core role, as referred to by Leitner (1985). Core structures are those constructs which govern people’s maintenance processes and which are central to their identities (Kelly, 1955/1991). Core role is the aspect of core structure which consists of the fundamental constructions of the construing of other people that determine people’s idiosyncratic ways of interacting with others (Winter, 1992). Core role structure is the very centre of people’s systems of meaning-making (Faidley & Leitner, 1993: p.11). If the therapist does validate the client’s core role constructs, is this necessarily helpful? Could it be unhelpful? If validated, would this constitute a broad base of confirmation? Keeping in mind that validation in itself has no qualitative value, what would it mean to the client’s experience?

These questions surfaced after I began exploring the question of what was occurring when clients disclosed sexual assault or abuse to helping professionals. It soon became evident that some of my original research questions, such as “did the client experience validation?”, were simplistic. The questions and answers were clearly much more complex, and led me to develop the model which will be described in Chapter 5.

It seemed to me that validation was not uni-dimensional. In attempting to understand what is occurring in therapeutic exchanges, such as interactions where clients are disclosing traumatic experiences, I am proposing that there are three primary foci of their construing that are being exposed for validation or for invalidation:
1. The content of people’s beliefs about a particular issue or experience (event as object)
2. People’s beliefs about themselves (sense of self as object)
3. People’s construing of their meaning making processes (sense of self as subject)

Since this study commenced, other researchers have also begun looking at these issues in relation to validation. Walker, Oades, Caputi, Stevens & Crittenden (2000) also distinguished three conceptual aspects of construing that are open to validation or invalidation: content (similar to 1 above), structure, as in the nature of the existing assumed hierarchical system, or “implicative network” referred to by Hinkle (1965), and process (similar to 3 above). In looking at structure, the hierarchical nature of people’s construct systems, Walker and her colleagues have identified an aspect of validation that will be interesting to explore further, although not relevant to this particular research.

Goncalves, similarly, has identified three dimensions of hermeneutics in his discussion of the hermeneutics of therapeutic narrative. He refers to three aspects of selfhood (Goncalves, 1995) and distinguishes between:

Self as a subject, or writer of the narrative (the knower, or the active observer);
Self as object, the me, or the “observed” (the empirical self); and
Self as project, or “the act of writing – the ground where the client projects his or her understanding”.

Goncalves goes on to elaborate the concept of people as projects, as being “thrown forth into a process of continuous, endless, and somehow unpredictable movement” (Goncalves, 1995: p.197).

The three foci I have identified above will now be elaborated.
4.2.1 Content of people’s beliefs about a particular experience

If a construct is a way of construing (Kelly, 1955/1991), then the content of a construct may be seen as the application of a construct to an element, as well as the idiosyncratic way that a person construes a specific event (Walker et al., 2000). This construction leads to a prediction that will be validated or invalidated by events. The content of a person’s construing about sexual abuse, for example, may be “anyone who has experienced it will be permanently damaged”, or “women who have been raped must have done something to deserve it”. These constructs may be validated or invalidated by subsequent events. Of course, the process of development of content of a construct is not as discrete as this implies, and nor is the validation of it. As I noted, it occurs more often than not in degrees, or as cumulative processes (Button, 1996, Walker, 2002). Further, rather than one specific construct being validated, often a behaviour is testing many constructs simultaneously, and responses to it may also be validating or invalidating more than one construct simultaneously. The same action may be validating one construct while invalidating another (Leitner & Faidley, 1995).

4.2.2 Validation of people’s beliefs about themselves (self as object)

The second focus of construing refers to people’s beliefs about themselves, or a sense of self (self as object). This is about core role constructs, about identity, about people’s existing assumed hierarchical system of construing (Walker, 2002). What occurs when people experience validation or invalidation of their core role constructs, or sense of themselves? Experiencing validation of their identity, whether such identity is positive or negative, results in people confirming the existing organisation of their construct system. People who see themselves as worthless and culpable will therefore
not feel threatened by being validated in that belief. If, on the other hand, this view is invalidated, they will feel threatened:

“A child is threatened by punishment, not so much because it is painful, but because of the alien interpretation it imposes upon his basic identity. Yet when he had been punished so often and his intrinsic wickedness described so convincingly that he has accepted the new core construction of himself, it is not the old familiar punishment that threatens him; it is any strange new praise and the complex internal reorganization it implies.” (Kelly, 1955/91, p.364)

Clients coming to therapy may have been seriously damaged, have experienced core role invalidation (Leitner, 1985) and have, therefore, a negative sense of self. I return to the crucial question: “will the therapist validate or invalidate this core?” (Cummins, 1993, p.85) and add the question, is it more helpful for the therapist to validate or to invalidate a damaged core? An assumed outcome of therapy is movement towards optimal functioning, a prerequisite for which would involve invalidation of negative construing about self. But where does this leave us in relation to the proposition that clients need a broad base of confirmation in order to trust themselves to undertake major revisions of their construct system? (Faidley & Leitner, 1993). These questions are tested in the model described in Chapter 5.

4.2.3 Validation of people’s construing of themselves as meaning-makers (self as subject)

When a person’s processes are validated, they are experiencing confirmation that the way they have ascribed meaning to events is understandable. It makes sense. It makes sense regardless of the content of the construct. An example would be a woman
who had a belief that she was responsible for sexual abuse she experienced as a child. She may, in a therapeutic exchange, experience confirmation that the processes at work in ascribing that meaning were not awry, even if the content of the belief is no longer helpful, and so is in need of revision. The content of the construct (that she was responsible) is not being confirmed, but her effectiveness as a meaning-maker is. She is therefore capable of ascribing a different meaning. Similarly, Walker and her colleagues’ understanding of process is “it might be the process of the construer that is validated in the sense that they have a right to experiment, that their constructions are valued and understandable” (Walker et.al., 2000, p.101). It may be confirmed that it would make sense for an eight-year old child to ascribe the meaning “I must have done something to make this happen” to her experiences, given the evidence she had to hand when formulating the meaning. The alternative construction was likely to be far more threatening, for example accepting that a trusted person, on whom she was totally dependent, was deliberately harming her. In referring to responses to trauma, Herman noted that: “to imagine that one could have done better may be more tolerable than to face the reality of utter helplessness.” (Herman, 1992: pp.53-54).

4.3 Reconstruction in personal construct counselling

According to personal construct theory, invalidating evidence experienced in therapy will normally lead to the abandonment of constructs, to anxiety, and then to reconstruction, with help in reconstruction coming from the therapist or from another source. (Kelly, 1955/91).

“…validation makes us more likely to keep a construct unchanged in our system. We are spared the pain and confusion associated with reconstruction while we are
deprived of the opportunity to create meanings that might be even more rich in understanding self and other. The experience of invalidation may give us the opportunity to create such new meanings. However, it also opens us to pain, confusion, and uncertainty. Obviously, then, validation and invalidation are neither “good” nor “bad” in and of themselves.” (Leitner & Faidley, 1995, p.299)

Winter, in exploring reconstruction in therapy (Winter, 1992, Chapter 5), looked at changes that occur in the content of people’s constructs and in the structure of people’s construct systems during therapy, and reviewed methods of assessing them. He concluded that findings concerning structural changes in clients’ construing during therapy were somewhat inconsistent, though evidence on reconstruction of the content of construing during therapy was more convincing (Winter, 1992). Further insight into the influence of the processes occurring during therapy, and of validation or invalidation of clients’ processes of construing on reconstruction of their beliefs, would be valuable.

What is the combination of validating and invalidating evidence most likely to enable clients to reconstruct their beliefs? That is the most central of the questions posed in this research.

4.4 Summary

In this chapter I elaborated the concepts of validation and invalidation in personal construct theory, and the use of validation and invalidation in personal construct counselling. I introduced the concept of three primary foci of construing which are potentially being validated or invalidated in counselling interactions. I emphasised the importance of understanding the role of validation and invalidation in counselling, in enabling clients who have experienced sexual assault to reconstruct their beliefs.
In Chapter 5, I describe the development of these ideas into a personal construct model exploring the role of validation, during disclosure to a counsellor, in the reconstruction of clients’ beliefs about their sexual assault experiences. The testing of the model and the results of the research are described in the chapters following.
CHAPTER 5

VALIDATION IN THE RECONSTRUCTION, WITH COUNSELLORS, OF BELIEFS THAT CLIENTS HOLD ABOUT THEIR SEXUAL ASSAULT EXPERIENCES:
DEVELOPMENT OF A PERSONAL CONSTRUCT MODEL

“…both the preservation and alteration of meaning structures are central to being human.” (Greg Neimeyer, 1995)
In this Chapter I explore further the personal construct concepts which were examined in Chapter 4 about validation, invalidation and reconstruction. These concepts inform the development of a personal construct model of the role of validation in the reconstruction of clients’ beliefs about their sexual assault experiences, as a result of their experiences during disclosure to a counsellor. Prior to describing in detail my personal construct model, I describe and contrast four other models of trauma which have made important contributions to understandings of reconstruction following trauma.

When I began this research, I was embarking upon a quest to understand more about what people who had experienced sexual assault needed from the helping practitioners in the Illawarra Region. As well as the more concrete concerns such as access to services, I wanted to understand more about clients’ processes while they disclosed sexual abuse to a counsellor. I wanted to gain insight into the factors present in that exchange that would influence the ability of clients to manage the effects of such traumatic experiences, and to reconstruct beliefs that were impeding optimal functioning. I wanted to know how counsellors’ responses enabled change in people. I needed a theoretical model which would form a framework for this exploration. I reviewed theoretical models of trauma, of sexual assault and abuse, of disclosure, and of counselling survivors, as discussed in Chapters 2 and 3. None of the literature provided me with a sufficiently comprehensive framework. Several models, however, arising from somewhat different research fields, have made important contributions to understandings of reconstruction following significant life events, including trauma, and I give an overview of four of them here. They are: Janoff-Bulman’s Model of Trauma (Janoff-Bulman, 1985; 1988; 1992); Harvey’s Ecological Model of Trauma and Recovery
(Harvey, 1996); Lazarus and Folkman’s Model of Coping (Lazarus & Folkman, 1984; Folkman, 1997); and Prochaska and DiClemente’s Stages of Change in Psychotherapy Model (McConnaughy, Prochaska & Velicer, 1983; McConnaughy, DiClemente, Prochaska & Velicer, 1989; Prochaska & DiClemente, 1983).

5.1 Four models addressing trauma and reconstruction

While describing these models I use the term recovery if that is the term used within the model, otherwise I use the term reconstruction. This research is focussing on reconstruction of, or change in, people’s construing. To recover suggests a return to the way things were, a reinstatement of life as it was pre-trauma. People who have experienced trauma do not go back to where they were before (Janoff-Bulman, 1992). They may, however, reconstruct their beliefs. They may reconstruct their lives.

In presenting models of change, it should not be implied from this that experiences of sexual assault or child sexual abuse necessarily lead to long-term traumatisation and thereby the need for significant reconstruction. As I discussed in Chapter 2, while research has confirmed that survivors of sexual assault and child sexual abuse are at increased risk of a wide range of harmful long-term effects, there is a great diversity of reactions, and not all those who have been victimised suffer traumatisation (Erbes & Harter, 2002; Erbes & Harter, in press).

5.1.1 Janoff-Bulman’s Model of Trauma was described in Chapter 2 (Janoff Bulman, 1985; 1988; 1992). The model, as well as addressing what occurs when people experience trauma, also addresses the challenge of reconstruction of beliefs following victimization. To recap, in her model, which she describes as having a cognitive base,
Janoff-Bulman asserts that when people experience victimization, three fundamental assumptions about themselves and the world are shattered:

1. The assumption that the world is benevolent;
2. The assumption that the world is meaningful; and
3. The assumption that they themselves are worthy.

“Survivors of traumatic events seek to arrive at a new, nonthreatening assumptive world, one that acknowledges and integrates their negative experience and prior illusions. Cognitive strategies represent one extremely important means by which survivors facilitate this demanding reconstruction process. These are motivated cognitive strategies, not in the sense of conscious manipulation, but rather in the sense that their effect is strategic; they facilitate the coping process by better enabling victims to reformulate a view of reality that can account for the victimization and yet not be wholly threatening.” (Janoff-Bulman, 1992: p.117).

In Janoff-Bulman’s model, the coping strategies used by victims to reformulate this view of reality, are:

A. Redefining the event: victims try to be consistent with and minimise the threat to their assumptive world.

B. Finding meaning: victims attempt to make sense of the traumatic event. If they are able to find some purpose in it, they will be able to re-establish a belief in an orderly, comprehensible world.

C. Changing behaviours: direct actions can provide victims with a sense of environmental control which can serve to minimise their newfound perceptions of vulnerability, and help re-establish a view of the world that is not wholly
unresponsive to their own efforts. Sexual assault victims, for example, may change their residence or obtain an unlisted phone number.

D. Seeking social support: the importance of social relationships is recognised in this model. Social support following victimization helps the victim re-establish psychological well-being, largely by enhancing self-esteem. Four different types of support are identified: esteem support, instrumental support, informational support and social companionship. In the case of esteem support, other people provide information that an individual is accepted, valued, and esteemed. The role of therapists in social support includes the building of a relationship that can serve as evidence that others can be good, that the client is worthy, and that trust rather than mistrust may be appropriate in one’s approach to the world. Therapists may focus both on the transmission of strategies and skills, as well as the process of providing new interpretations and meanings to material.

E. A focus on self-blame: behavioural self-blame involves blaming one’s own behaviour and is seen as adaptive and helpful. Characterological self-blame involves attributions to one’s enduring personality characteristics and is seen as maladaptive. In other words, a rape victim who believes she is culpable because she went walking alone is engaging in behavioural self-blame, whereas a rape victim who believes she is a bad person is engaging in characterological self-blame. “From the perspective of rebuilding a viable assumptive world following victimization, behavioral self-blame may be a particularly effective strategy, for it addresses three major areas in which assumptions have been shattered: personal invulnerability, the world as meaningful, and positive self-perceptions.”
behavioural self-blame enables the victim to believe in his or her own control over future victimizations…” (Janoff-Bulman, 1984: p.30).

5.1.2 An Ecological Model of Trauma and Recovery

Harvey (1996) proposed a model of psychological trauma and trauma recovery which emphasises individual differences in post trauma responses and recovery. Similarly in some ways to personal construct ideas, post trauma responses and recovery are seen to be the result of complex interactions among the person, the event, and environmental factors. These interactions define the interrelationship of individual and community, and may foster or impede recovery. The model anticipates that people will fall into one of four conceptually distinct recovery outcome groups, which are illustrated in Figure 1.

Figure 1: Understanding Trauma: An Ecological Model of Trauma (Harvey, 1996).
Clearly of most interest in this research are the first two categories: trauma victims who have received clinical care and have psychologically recovered from their experience, and trauma victims who have received clinical care but have not benefited, and have not recovered.

Harvey identified three Stages of Recovery (or Resiliency Domains). Each stage has different foci in therapy:

Stage One: Establishing safety

    Treatment foci are securing safety, stabilising symptoms and fostering self care.

Stage Two: Remembrance and mourning

    Treatment foci are reconstructing the trauma and transforming traumatic memory.

Stage Three: Reconnection

    Treatment foci are reconciliation with self, reconnection with others and resolving the trauma.

Harvey also identified eight trauma recovery criteria, which are illustrated in Figure 2.
The trauma recovery criteria of most relevance to this research are self-esteem/self-cohesion and meaning-making. Self-esteem and self-cohesion relate to the devastating impact the trauma (particularly early, prolonged and repeated victimization) can have upon the victim’s sense of self and self worth, and the replacement of inner fragmentation by a more coherent and consistent experience of self. Meaning-making
involves the assignation of new meaning to the trauma. The survivor needs to name and
mourn the traumatic past, and imbue it with meaning that is both life-affirming and self-
affirming.

5.1.3 A Model of Coping

The model of coping referred to here may also be seen as a model of
reconstruction, as it focuses on a process of re-adjustment and reformulation of a sense of
self as a functioning being following extreme and threatening experiences. The model,
proposed by Lazarus & Folkman (1984), stated that adjustment to loss can be understood
in terms of two processes: appraisal and coping. Folkman (1997) elaborated the model to
include a third coping style, meaning-based coping.

1. Appraisal: people evaluate the personal significance of events and the adequacy
   of their perceived resources for coping.
2. Coping: people use thoughts and behaviours to regulate their distress.
3. Meaning-based coping: people use meaning-based coping in the event of an
   unfavourable resolution or when a resolution cannot be found. The process requires
   people to relinquish old and untenable goals and formulate new ones. The model of
coping is illustrated in Figure 3.
5.1.4 Stages of Change Model

Prochaska and DiClemente’s Stages of Change Model proposed that five stages of change are associated with the modification of health-related behaviour (McConnaughy, Prochaska and Velicer, 1983). They are conceptually defined as:

1. Pre-contemplation: people are entering a therapy situation but do not think they have a problem, or know they do not want to change.

2. Contemplation: people are beginning to be aware that a problem exists but have not made a commitment to change.
3. Decision-making: people have decided they are ready to change and have committed themselves, but have not begun to change the problem behaviour or environment.

4. Action: people have actively started to change the behaviour or the environment but have not yet attained the desired change.

5. Maintenance: people have already attained the desired changes and are aware of the need to seek help in order to prevent relapse.

While providing descriptive analysis of the stages people progress through when experiencing reconstruction, this model does not attempt nor claim to explain influential factors or the processes involved in people reconstructing their meanings and changing their behaviours. In other words, it may describe the progress of change, but does not explain the why or the how.

The four models provided here have advanced our understanding of the phenomenological experience of trauma and loss, and identified strategies which may aid reconstruction. Some do address the importance of interpersonal factors by identifying the role of social support in enhancing recovery. They do not, however, elaborate the specific processes at work in the unique and profoundly important exchange when clients disclose their experiences of sexual assault, or aspects of them, to their counsellors. Personal construct theory emphasises the integral role of validation and reconstruction in enabling engagement in continuing experience cycles. The models described do not enable understanding of specifically what is occurring in clients’ construing (in relation to validation and reconstruction), and how the counsellors’ responses have an impact on this.
5.2 The Personal Construct Psychology Model of validation in reconstruction, with counsellors, of clients’ beliefs about their sexual assault experiences

Personal construct models have elaborated understandings of a range of phenomena including crisis intervention counselling (Viney 1995), psychological reactions to illness and injury (Viney, 1990) women’s adjustment to breast cancer survival (Lane, 2002), grief in parents of children with developmental disabilities (Weekes, 1998) and young women’s constructions of trust in their relationships (Lane & Viney, 2002). An advantage of personal construct models is their heuristic value, in that they provide implications about processes rather than being purely descriptive (Winter 1992).

The personal construct model I have developed (Carter & Viney, 2000; Carter & Viney, 2001) begins with three general propositions about the beliefs clients hold about their sexual assault experiences, that they bring to an exchange with a counsellor. These general propositions underpin the model. Propositions 4 and 5 relate to the validation and invalidation of construing that clients experience when they disclose their sexual assault experiences to a counsellor. Validation or invalidation during the disclosure experience is related to clients’ likelihood of revising their construing in Propositions 6, 7, 8 and 9. Propositions 10, 11 and 12 address emotions, as clients experience them during disclosure to a counsellor, and as they relate to validation and reconstruction of beliefs.

A diagrammatic illustration of the model is presented in Figure 4.
Clients’ beliefs about their sexual assault experiences are impeding their optimal functioning.

Disclosure to a counsellor

Beliefs about ASSAULT (assault as object)
- Validated
- Invalidated
- Reconstruct beliefs about assault
- No change in beliefs about assault

Beliefs about SELF (self as object)
- Validated
- Invalidated
- Core role constructs secure
- Secure enough to reconstruct beliefs about assault

Meaning-making (self as subject)
- Validated
- Invalidated
- Core role constructs insecure
- No change in beliefs about assault
- Secure enough to reconstruct beliefs about assault

Impede optimal functioning

Enhance optimal functioning

Figure 4: Proposed personal construct model of validation in the reconstruction of clients’ beliefs about their sexual assault experiences.
General Propositions

Proposition 1

*People who have been sexually assaulted or abused will later be influenced not so much by the event itself as by their interpretations of it.*

The sense that people who have been sexually assaulted or abused make of their experiences will determine how, and the extent to which, the abuse experiences impede their continuing meaning-making and ability to function optimally. This proposition is based on the concept central to personal construct theory, that there are always alternative constructions which may be placed on events.

Proposition 2

*Clients disclosing an experience of sexual assault to a counsellor are to some extent construing their assault experience in a way that is impeding optimal functioning.*

Completion of experience cycles is essential for optimal functioning (Winter 1992). People find their way to a counsellor because the meanings they have made are unhelpful to them, and their meaning-making processes are blocked (Viney, 1996). Completion of experience cycles is therefore being impeded. The presumed objective of an experience with a counsellor is that the meanings clients hold about their sexual assault experience may begin reconstruction in order to enhance optimal functioning.

Proposition 3

*There are three foci of clients’ construing that may be influenced during an experience of disclosure of abuse or assault:*

1. *their beliefs about the sexual assault;*
2. their beliefs about themselves (self as object); and
3. their beliefs about their meaning-making (self as subject).

In Chapter 4, I proposed that there are three primary foci of construing which are apparent when clients tell their stories to a counsellor. Clients come to counselling with beliefs about and interpretations of their abuse experiences. They come with their beliefs about themselves, core beliefs which are likely to be influenced by their beliefs about their abuse experiences. They also come to counselling as meaning-making beings (self as subject) and how they make sense of their experiences, and their perceptions of their meaning-making processes, are inevitably influenced by the counselling exchange.

Propositions About Validation and Invalidation Experienced by Clients

Proposition 4

*When clients disclose their sexual assault experiences to counsellors they can experience confirmation or disconfirmation of their interpretations of their experiences.*

As shown in Proposition 2, it is assumed that most clients disclosing to a counsellor have beliefs about their abuse that are unhelpful. Common themes amongst women who have been assaulted or abused are beliefs that the abuse was a consequence of their behaviour, or was deserved. The counsellor’s response will serve – to a greater or lesser degree - to validate or invalidate these beliefs.

Proposition 5

*As a result of the confirmation or disconfirmation of their interpretations that clients experience at the time of disclosure, they will either reconfirm their*
construing, or reconstruct and elaborate their beliefs about their sexual assault experiences.

This proposition will be elaborated in the propositions to follow.

Propositions About the Role of Validation and Invalidation in Reconstruction of Clients’ Beliefs About Their Sexual Assault

Proposition 6

*If clients’ interpretations of their experiences of abuse are confirmed, they will reconfirm their beliefs about their sexual assault experiences.*

According to personal construct theory, when people’s interpretations are validated, they are retained as constructs in their construct systems. Clients disclosing abuse may, for example, bring to that experience a belief that sexual assault or abuse only happens to people who deserve to be punished. If, when they disclose, some aspect of their experience with the counsellor serves to confirm this belief, it will remain as part of their construct system.

Proposition 7

*If clients’ interpretations are disconfirmed, they will begin to reconstruct and elaborate their beliefs about their sexual assault experiences. If they do not, they are likely to experience hostility.*

When people’s interpretations are invalidated, alternative constructions need to be applied. If clients’ unhelpful beliefs about their sexual assault experiences (for example a belief that people who have experienced sexual assault will never recover and lead happy and productive lives) are invalidated by the counsellors’ responses, then clients may begin formulating an alternative belief. However, if that belief is too difficult to
relinquish at this time, hostility may result. (Hostility results when people refuse to revise their construing in the face of invalidating evidence {Faidley & Leitner, 1993}). Clients may, for example, insist on providing evidence that they will never improve.

Proposition 8

*Clients are more likely to reconstruct their beliefs about the sexual assault if their beliefs about themselves are validated.*

As discussed in Chapter 4, if people’s core role constructs are validated, they will confirm the existing organisation of their construct system, whether that involves a positive or a negative sense of self. Their core role constructs will feel secure. The proposition that clients in therapy need a broad base of confirmation in order to trust themselves to undertake major revisions (Faidley & Leitner, 1993) suggested to me that this could include confirmation of the clients’ core role constructs, regardless of whether they were helpful or unhelpful (positive or negative). Kelly states that the most important condition unfavourable to the revision of meanings “is that in which the elements out of which the new construct is to be formed involves threat” (Kelly, 1963: p.166). If clients experienced their beliefs about themselves as being invalidated by the counsellor, they would feel threatened and insecure, even if their beliefs were negative ones, such as that they were worthless and culpable. While I respected the proposition that “constructions of the self as worthy also appear to be important to recovery from various potentially traumatic events” (Harter & Neimeyer, 1995: p.262) I decided to test the proposition that clients would feel more secure, and more able to reconstruct their unhelpful beliefs about the sexual assault, if they felt their existing sense of self was not being threatened, and not being invalidated.
Proposition 9

Clients are more likely to reconstruct their beliefs about the sexual assault if their beliefs about their meaning-making (self as subject) are validated.

Validation of their construing processes enables clients to believe that they have the ability to revise the meanings they have attributed to events that they have experienced. Even if the meanings they have attributed in the past are in need of revision, if clients have received confirmation that the way they ascribe meaning is not awry, and is not only understandable but sound, they will be able to confront the anxiety provoked by the prospect of reconstructing their beliefs about their sexual assault experiences.

Summarising Propositions about Validation, Invalidation and Reconstruction

Clients who begin reconstruction of their unhelpful beliefs about their sexual assault experiences will be likely to begin moving in the direction of enhanced optimal functioning.

Clients are more likely to reconstruct their beliefs about their sexual assault experiences if:

Their beliefs about their sexual assault experiences are invalidated;

Their beliefs about themselves (self as object) are validated; and

Their beliefs about their meaning-making (self as subject) are validated.
Propositions About Clients’ Emotions

Proposition 10

Clients who begin reconstructing their beliefs about their sexual assault experiences as a result of the disclosure experience will not have experienced high levels of threat during the disclosure experience.

Threat is the awareness of an imminent comprehensive change in people’s core structures (Kelly, 1955/91). Kelly stated that the most important condition unfavourable to the revision of meanings “is that in which the elements out of which the new construct is to be formed involve threat” (Kelly, 1963: p.166). Even if clients’ beliefs are currently impeding their optimal functioning, those who experience significant threat when faced with invalidation of their beliefs about their abuse experiences will not begin revision of their beliefs. Threat is associated with awareness of imminent change in core structures, rather than peripheral constructs. Therefore, in formulating this proposition I am acknowledging the potential influence on core constructs of the beliefs that clients may hold as a result of their sexual assault experiences. Some clients may react to invalidation of their beliefs by retreating from the challenge of change, and may experience hostility.

Proposition 11

Clients who experience invalidation of any aspect of their construing during the disclosure experience will experience more negative emotion during their disclosure experience than clients who did not experience invalidation of any aspect of their construing during the disclosure experience.
Similarly, clients who experience validation of any aspect of their construing during the disclosure experience will experience more positive emotion than clients who did not experience any validation.

When people’s interpretations of their world are effective, they experience positive emotions (McCoy, 1980; Viney, 1996). This proposition suggests that when clients experience validation in a therapeutic situation of any of the three proposed foci of construing, they will experience more positive emotion than clients who did not experience any validation of any focus of their construing. Similarly, those clients who experienced invalidation of their construing, even if that involves invalidation of unhelpful beliefs such as “I must have deserved the abuse”, or “I am worthless”, will experience negative emotions. Their interpretations are being deemed to be ineffective, and negative emotions will result.

5.1 Application of the model to people’s experiences of disclosing sexual assault to a counsellor – the patterns

As the diagram of the model begins to illustrate, a number of possible patterns of validation and reconstruction emerge. There are in fact eight possible patterns incorporating the three foci of validation/invalidation in any interaction. They are shown in Table 5.1
### Table 5.1
The Possible Patterns of Belief Validation Foci

<table>
<thead>
<tr>
<th>Focus</th>
<th>Validated/Invalidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Beliefs about the assault</td>
<td>- Invalidated</td>
</tr>
<tr>
<td>Beliefs about self (self as object)</td>
<td>- Invalidated</td>
</tr>
<tr>
<td>Beliefs about meaning-making (self as subject)</td>
<td>- Validated</td>
</tr>
<tr>
<td>2. Beliefs about the assault</td>
<td>- Invalidated</td>
</tr>
<tr>
<td>Beliefs about self (self as object)</td>
<td>- Validated</td>
</tr>
<tr>
<td>Beliefs about meaning-making (self as subject)</td>
<td>- Validated</td>
</tr>
<tr>
<td>3. Beliefs about the assault</td>
<td>- Invalidated</td>
</tr>
<tr>
<td>Beliefs about self (self as object)</td>
<td>- Invalidated</td>
</tr>
<tr>
<td>Beliefs about meaning-making (self as subject)</td>
<td>- Invalidated</td>
</tr>
<tr>
<td>4. Beliefs about the assault</td>
<td>- Validated</td>
</tr>
<tr>
<td>Beliefs about self (self as object)</td>
<td>- Validated</td>
</tr>
<tr>
<td>Beliefs about meaning-making (self as subject)</td>
<td>- Validated</td>
</tr>
<tr>
<td>5. Beliefs about the assault</td>
<td>- Validated</td>
</tr>
<tr>
<td>Beliefs about self (self as object)</td>
<td>- Invalidated</td>
</tr>
<tr>
<td>Beliefs about meaning-making (self as subject)</td>
<td>- Invalidated</td>
</tr>
<tr>
<td>6. Beliefs about the assault</td>
<td>- Validated</td>
</tr>
<tr>
<td>Beliefs about self (self as object)</td>
<td>- Invalidated</td>
</tr>
<tr>
<td>Beliefs about meaning-making (self as subject)</td>
<td>- Validated</td>
</tr>
<tr>
<td>7. Beliefs about the assault</td>
<td>- Invalidated</td>
</tr>
<tr>
<td>Beliefs about self (self as object)</td>
<td>- Validated</td>
</tr>
<tr>
<td>Beliefs about meaning-making (self as subject)</td>
<td>- Invalidated</td>
</tr>
<tr>
<td>8. Beliefs about the assault</td>
<td>- Validated</td>
</tr>
<tr>
<td>Beliefs about self (self as object)</td>
<td>- Validated</td>
</tr>
<tr>
<td>Beliefs about meaning-making (self as subject)</td>
<td>- Invalidated</td>
</tr>
</tbody>
</table>

As I have explained, I anticipated that to enable clients to helpfully revise their construing about their sexual assault experiences, the content of their construing about the sexual assault would need to be invalidated. I also anticipated that to have the
confidence to extend their construct systems into the unknown, risking the anxiety which is experienced at the prospect of reconstruction, they would need a broad base of confirmation in the therapeutic situation (Faidley & Leitner, 1993). I anticipated that this would include validation of clients’ core beliefs about themselves. Most importantly, I anticipated that validation of their beliefs about themselves as meaning-makers would be integral to constructive revision of their beliefs. The model therefore proposed that of the eight patterns possible, the pattern of validation focus most likely to enable reconstruction of beliefs as a result of the disclosure experience would be:

| Beliefs about the assault      | - Invalidated |
| Beliefs about self (self as object) | - Validated  |
| Beliefs about meaning-making (self as subject) | - Validated |

In this chapter I have introduced my personal construct model of the role of validation in reconstruction, when disclosing to counsellors, of people’s beliefs about their sexual assault and abuse experiences. I have discussed four other contrasting models which have advanced understanding of the experience of trauma and loss, and have addressed aspects or characteristics of reconstruction in counselling, as well as identifying strategies which may aid reconstruction. These models do not elaborate the specific processes occurring when clients disclose their experiences of sexual assault to a counsellor, nor show how these processes may influence the ability of clients to begin constructive revision of their meanings.

Focussing on the specific therapeutic situation of disclosure may initially appear somewhat narrow. My model, while its propositions relate specifically to the situation of
clients’ disclosures of sexual assault to counsellors, is based in an exploration of the broader processes at work when clients and counsellors interact in a therapeutic situation. The concepts underlying the propositions in the model are broad enough to be generalised to the processes operating in a wide range of therapeutic situations. At the same time, the propositions of the model are sufficiently specific to be tested, and I have tested them in relation to the sexual abuse disclosure situation. The research that will be described in the following chapters was undertaken to test the propositions of the model.

In Chapter 6, I introduce the research I undertook to test my model, explain the reasons for the research approach taken, and detail the Aims, Research Questions and Hypotheses which focused the study.
CHAPTER 6

THE AIMS

OF THE RESEARCH EVALUATING THE USEFULNESS

OF THE PERSONAL CONSTRUCT MODEL

OF VALIDATION IN THE RECONSTRUCTION, WITH COUNSELLORS,

OF BELIEFS CLIENTS HOLD ABOUT THEIR SEXUAL ASSAULT EXPERIENCES

What was being confirmed? That it happened, but I was still a worthwhile enough person to be listened to, and I might have only felt 4 out of 10, but 4 was good enough, you know? He didn’t say ‘piss off, come back when you’re 10, or 9 or something’. You know, 4 was OK and therefore I was OK.” (“Samantha”, Participant)
I open this chapter with the usefulness of using both qualitative and quantitative research methods to test my personal construct model. I then describe the Aims and Research Questions for this research, followed by the eight Hypotheses which are based on my personal construct model and derived from the Research Questions.

6.1 Using qualitative and quantitative analysis methods

When it is important to understand and represent people’s meanings, both qualitative and quantitative tools can be useful (Viney & Caputi, 2000). Quantitative research methods require the use of standardised measures so that the varying perspectives and experiences of people can be fitted into a limited number of predetermined response categories. The advantage of a quantitative approach is that it is possible to measure the responses of a large number of people to a limited set of questions, facilitating comparison and statistical aggregation of the data. This gives a broad, generalisable set of findings which can be presented succinctly. The validity of the findings depends on careful instrument construction to ensure that the instrument is measuring what it is supposed to be measuring (Patton, 1990).

In contrast to quantitative methods, qualitative research methods typically produce a wealth of detailed information about a smaller number of people. This increases understanding of the people and situations under scrutiny, but reduces generalisability of the findings (Patton, 1990). However, qualitative research is less concerned with ensuring generalisability to the broader population from a selected sample, than with seeking to gain rich, comprehensive information from a smaller number of participants (Denov, 2003). The raw data of research conducted with this objective are typically gathered from unstructured or semi-structured interviews, and is
primarily textual rather than numerical (Nagy & Viney, 1994). However, qualitative research is defined by more than the use of words instead of numerical data to describe phenomena. “Discovery, open research questions, flexible and evolving data description, and unexpected findings as a success condition are all important, as are the use of relevant methods for enhancing credibility.” (Elliot, 1999). The methods used in qualitative research are founded on the belief that they can provide a deeper and more detailed understanding of psychological and social phenomena than would be obtained from purely quantitative data (Silverman, 2000; Patton, 1990). In qualitative enquiry, validity relies upon the competence and rigour of the researcher, as the researcher is, in effect, the instrument (Patton, 1990).

Qualitative research methods provide researchers with more opportunities to hear the unique experiences of their participants, and to enhance recognition of their unique meanings, and this makes them highly appropriate for a personal construct approach and for development of a personal construct model. Personal construct psychology views both researcher and informant as engaged in a continual process directed towards making sense of the world (Bannister, 1981; Kelly, 1955/91; Leitner, 1985). At the same time, the very focus on the individual voice in qualitative research rather than on the reduction of a potentially large amount of data to a succinct presentation, leaves it open to the influence of subjectivity (Boyatzis, 1998). The interpretations and explanations of the people being studied, the researcher’s second-order interpretations of what is going on can influence the assessment of information. The potential influence of the researcher’s values is not insignificant (Miles & Huberman, 1994). Even the arousal effect of the source material on the researcher can influence the consistency with which codes are
applied (Boyatzis, 1998), and transcription of tapes can be done in many ways that will produce somewhat different texts (Miles & Huberman, 1994). While it is most important to acknowledge the potential for subjective influence, and to recognise that the data derived may contain some artifacts, in exploratory research, in keeping with the underlying philosophy of personal construct theory, the risk is worth taking.

“We spend more time worrying about objectivity, operational definitions and good experimental designs than risking understanding the person in fundamental ways. We then wind up with neat, objective studies of unimportant aspects of the person. Eventually, an emptiness may begin to grow within us as we realise the meaninglessness of what we are doing as scientists.” (Leitner, 1985: p.303)

6.1.1 Qualitative analysis methods used in this research

The established qualitative research methods chosen for this research were thematic analysis, and elaboration of case studies using purposeful sampling. In addition, I analysed the participants’ transcripts to assess reconstruction of participants’ beliefs, as well as to assess the foci of validation or invalidation they experienced during disclosure of their sexual assault to a counsellor. I developed two assessment techniques to facilitate this evaluation. I judge the application of the assessment techniques to be essentially qualitative analysis. The actions of the raters in evaluating the content of the participants’ responses allowed for the exploration of patterns of meanings, without losing the uniqueness of each participant’s story.

6.1.2 Quantitative research methods used in this research

Two types of quantitative analysis were used in this research. The first was a questionnaire that I constructed to collect demographic and descriptive data about the
participants, their experiences of sexual assault or abuse, and their experiences of seeking counselling (see Appendix C). This data provided a framework for the conceptual study to follow.

I also used content analysis scales, which have elements of both qualitative and quantitative methods. Content analysis scales are used to assess psychological states and are a thematic analysis of verbal communications (Boyatzis, 1998). While they are analysing textual rather than numerical data, and they do elicit meanings, they are nevertheless characterised by rigorous, scaled measurement (Gottschalk, 1996).

In this study, the benefit of using quantitative methods was not related to the size of the sample, which was relatively small. This study was aimed more particularly at a deeper exploration of the personal meanings of a relatively small number of people, than at facilitating multiple comparisons of a limited range of questions. Rather, in this case the quantitative analysis enabled me to identify patterns in the participants’ emotional responses. This informed and facilitated my ability to make inferences from the participants’ meanings. “Content analysis requires considerably more than just reading to see what’s there.” (Patton, 1990: p.11).

6.2 A summary of the personal construct model of validation in the reconstruction, with counsellors, of clients’ beliefs about their sexual assault experiences.

My personal construct model, briefly summarised, proposed that most clients disclosing an experience of sexual assault to a counsellor have been, to some extent, construing their assault experience in ways that have been impeding their optimal functioning. Reconstruction of their unhelpful beliefs about their sexual assault experiences is likely to enhance optimal functioning. The model proposed that when
disclosing their sexual assault experiences to a counsellor, clients are more likely to begin to reconstruct their unhelpful beliefs if they experience invalidation of their beliefs about the assault, validation of their beliefs about themselves (self as object), and validation of their beliefs about their meaning-making abilities (self as subject). The model further proposed that when clients disclosed experiences of sexual assault to a counsellor, they would be more likely to experience the negative emotions (such as threat) if their existing beliefs about the experiences were invalidated, than if they were validated.

6.3 The Aims of the research

The overall aims of the research were to:

1. Identify the extent to which, when clients disclose their experiences of sexual assault to counsellors, their disclosure experiences enable and enhance movement towards optimal functioning.

2. Elaborate an understanding of clients’ emotions during their disclosure experiences, and the extent to which they reconstruct their meanings as a result of the validation and invalidation they experience.

3. Develop a personal construct model of validation and reconstruction of clients’ beliefs, and test the model in the context of the clients’ descriptions of their disclosure experiences.

6.4 The Research Questions

Eight research questions were developed to address the Aims in a more structured way.
6.4.1 Research Questions relating to validation

1. What degree of validation and/or invalidation do clients experience as a result of the responses they receive from counsellors during the disclosure interaction?

2. Are different foci of clients’ construing being validated and/or invalidated in the disclosure interaction? If so, what are they?

6.4.2 Research Questions about reconstruction of beliefs

3. Do clients reconstruct their beliefs about their sexual assault experiences as a result of their disclosure experiences with counsellors?

6.4.3 Research Questions combining validation/invalidation and reconstruction of beliefs.

4. Do clients who reconstruct their beliefs differ from those who do not, in the degree to which they experience validation and/or invalidation during the disclosure experience?

5. If there are different foci of the clients’ construing which may be validated or invalidated, are these foci of validation or invalidation experienced differently by clients who reconstructed and clients who did not reconstruct their beliefs?

6.4.4 Research Question about emotions and validation

6. Do clients who experience validation experience different levels of emotion to those clients who did not experience validation?

6.4.5 Emotions and reconstruction of beliefs

7. Do clients who, following the disclosure experience, reconstruct their beliefs about the sexual assault, have different levels of emotion when relating their
disclosure experience to those who did not reconstruct their beliefs about the sexual assault?

6.4.6 Research Question about clients’ beliefs about the influence of their disclosure experiences

8. In what ways do clients believe the counsellors’ responses influenced the outcomes they experienced following disclosure?

6.5 Hypotheses based on the Personal Construct Model and derived from the Research Questions.

In order to facilitate the testing of my personal construct model, I developed nine hypotheses based on my model and derived from the Research Questions.

6.5.1 Hypotheses about validation and reconstruction of beliefs

Hypothesis 1: If clients’ interpretations of their experiences of sexual assault were validated during the disclosure experience, they would have been likely to have confirmed their existing beliefs about their sexual assault experiences.

Hypothesis 2: If clients’ beliefs about themselves were validated during the disclosure experience, they would have been more likely to have commenced reconstruction of their beliefs about their sexual assault experiences as a result of the disclosure experience.

Hypothesis 3: If clients’ views of themselves as meaning-makers (ie of their construing processes) were validated during the disclosure experience, they would have been more likely to have commenced reconstruction of their beliefs about their sexual assault experiences.
Hypothesis 4: Therefore, the pattern of validation which would be most likely to result in reconstruction of clients’ unhelpful beliefs about their sexual assault experiences as a result of their disclosure experiences is:

- Their beliefs about their assault experiences were invalidated (assault as object)
- Their beliefs about themselves were validated (self as object)
- Their view of themselves as meaning-makers (self as subject) were validated

6.5.2 Hypotheses about clients’ emotions

Hypothesis 5: Participants were more likely to experience higher levels of threat, anger and helplessness and lower levels of positive affect, competence and contentment when describing their disclosure experience, than when describing their life in the present, that is, at the time of the interview.

It is hypothesised that at the time of disclosure to counsellors, clients would have become aware that the events with which they were confronted lay outside the range of convenience of their construct system. This process would have been experienced as anxiety. They would also have become aware of the need for imminent, comprehensive change to occur in their core structures. This process would have been experienced as threat. These states would be reflected in their retrospective descriptions of the events to the researcher interviewer. Also, when relating the experience retrospectively, they were describing the disclosure of events (the sexual assault experiences) which, when they were happening, it is expected engendered feelings of helplessness; about which they may subsequently have come to feel angry; and/or as a consequence of which they may have come to feel depressed. Although the interview was undertaken retrospectively of the event of disclosure, it was hypothesised that participants would have been describing
emotions they recalled experiencing at the time of the event (disclosure), as well as to some extent evoking recurrence of those emotions as they described the experience.

6.5.3 Hypotheses about validation and clients’ emotions

Hypothesis 6: Clients who experienced invalidation of any aspect of their construing during the disclosure experience, would experience more negative emotion during their disclosure experience than clients who did not experience invalidation of any aspect of their construing during the disclosure experience.

Hypothesis 7: Similarly, clients who experienced validation of any aspect of their construing during the disclosure experience would experience more positive emotion than clients who did not experience any validation.

Clients who experienced invalidation of their construing, even if that involved invalidation of unhelpful beliefs, would experience negative emotions. Their interpretations are being deemed to be ineffective, and negative emotions would result.

6.5.4 Hypotheses about emotions and reconstruction

Hypothesis 8: Clients who experienced higher levels of threat would be less likely to commence reconstruction of their beliefs about their sexual assault experience as a result of their disclosure experience with a counsellor, than participants who experienced lower levels of threat.

Threat and anxiety are both strongly associated with reconstruction. The disclosure situation is very likely to evoke both anxiety and threat. Personal construct theory sees anxiety as a precursor to change: “…invalidating evidence will normally lead to the abandonment of constructs, to anxiety, and thence to revision” (Kelly 1955/1991, pp.368-369). On the other hand, if clients’ core constructs are under threat, if they
become aware of the potential need for imminent, comprehensive change to the level of their self-related and often most influential constructs, this will impede reconstruction (Kelly, 1963: p.166).

In this chapter I have addressed the usefulness of applying both qualitative and quantitative research methods to test my personal construct model. I detailed the aims and research questions, and in Chapter 7 I will describe the research methods used to address them.
CHAPTER 7

METHOD

FOR EVALUATING THE USEFULNESS

OF THE PERSONAL CONSTRUCT MODEL

OF VALIDATION IN THE RECONSTRUCTION, WITH COUNSELLORS,

OF THE BELIEFS THAT CLIENTS HOLD

ABOUT THEIR SEXUAL ASSAULT EXPERIENCES

“...I felt like I was being heard in the counselling and...that enabled me to open my heart up and let it come out...I felt something positive, and it was just so good to know from someone else that it was wrong, it wasn’t just me being crazy. That something had happened that was wrong.” (“Josie”, Participant)
In this chapter I describe the research methods I used to test my personal construct model. I first describe the participants, the measures used and the procedures undertaken to test the model. I then describe the analysis of the data, including the development of qualitative techniques for assessing validation and reconstruction of clients’ beliefs, the use of Content Analysis Scales, thematic analysis, and purposeful sampling.

The active stage of this research took place over a period of four years. During that time I was involved in numerous meetings with my university supervisors, representatives of the community service providers, and the participants. While I was, in most regards, the sole researcher, I consider these people to have been co-researchers, who similarly had a strong commitment to the outcomes of the project.

7.1 The Sample

7.1.1 The participants- Sample 1

Part 1 of the research was a descriptive analysis of the provision of counselling services in the Illawarra region for people who had been sexually assaulted or abused. Detailed demographic data on the 53 participants are tabled in the Report on Part 1 of the Research, in Appendix A.

The research was undertaken in the Illawarra Region of New South Wales, Australia. The Illawarra region covers a coastal area south of Sydney, the capital city of New South Wales. At the region’s centre is the industrial city of Wollongong. Fifty-one of the 53 people who participated in Part 1 of the research were residents of the region. Two resided in the Shoalhaven region, which borders the Illawarra to the south.

The sample was drawn from people who had approached any service or agency providing counselling services or other support to people who had been sexually
assaulted in adulthood or sexually abused in childhood. The rationale for this composition is addressed in 7.1.3.

The specified criteria for inclusion in the study were:

1. Aged 15 years or older
2. Having had one or more experience/s of sexual assault or abuse
3. Having disclosed the experience/s to a helping professional

A minimum age for participants of 15 years was decided upon in consultation with the Steering Group (see 7.3.1), who agreed that young adults of this age potentially had sufficient maturity to make informed choices about participation, describe their experiences and explore their meanings. No upper age limit was considered necessary. The other two criteria, experiences of sexual assault and of disclosure, were essential elements in the phenomena being researched: disclosure of sexual assault experiences to counsellors.

The sample included people who had experienced sexual assault as children, as adults, or both. It was recognised that there are differences between the experiences and effects of childhood sexual abuse and sexual assault experienced in adulthood. However, exploring the effects on people of the nature of their assault experiences, or the differences in their experiences, was not the primary focus of this research. As the focus of the research was, rather, an exploration of what was occurring for clients during their disclosure experience, all types of sexual assault or abuse experiences were included.

At least five volunteers were excluded who met the criteria, but whom I considered, after our initial discussion, may not have found the experience of participating in the research at that time positive or constructive. The major reason for
such exclusion was the perceived psychological vulnerability of the volunteers. As a practitioner with (at that time) sixteen years’ experience of working therapeutically with clients who had experienced sexual assault and abuse, I felt qualified to make this judgement. I took care to ensure that these volunteers understood that their courage and generosity in volunteering was recognised and valued, and that they did not feel rejected by the exclusion. Where appropriate I referred them for counselling or other support. In all cases, after discussion, the volunteers agreed that participation at that time was probably not in their best interests.

As the outcomes for Part 1 of the research are reported in Appendix A, this report will now address primarily the Part 2 research. From this point on, all reference to The Sample refers to Sample 2, who were the Part 2 participants.

7.1.2 The participants – Sample 2

Forty-one participants, a sub-set of the Part 1 sample, proceeded to Part 2 of the research, which involved participating in a tape-recorded interview. Part 2 was the main research I am reporting here, and was an exploration of my conceptual model of the experience of disclosing to a counsellor. Twelve volunteers did not proceed beyond Part 1 to the interview. Reasons for this included insufficiently clear recollections of their disclosure experience, discomfort about being recorded on tape, and a decision by the volunteer that while they felt comfortable about completing the questionnaire, they preferred not to discuss their experiences at interview.

7.1.2.1 Sex of the participants

One of the 41 participants was male. His data were excluded from the subsequent analysis. This decision is discussed in section 7.1.3.3.
7.1.2.2 Age of the participants

The 40 women participants’ ages ranged from 16 to 57 years. They were relatively evenly distributed, with the largest group being between 35 and 44. See Table 7.1.

Table 7.1: Age of participants

<table>
<thead>
<tr>
<th>Age group</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 - 25</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>26 - 35</td>
<td>11</td>
<td>28</td>
</tr>
<tr>
<td>36 - 44</td>
<td>15</td>
<td>37</td>
</tr>
<tr>
<td>45 - 57</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

7.1.2.3 Education level of the participants

Approximately half of the participants undertook some post secondary or tertiary education (55%), 13% completed high school without any further education, and the remainder (32%) undertook some years of secondary school.

7.1.2.4 Occupations of the participants

Twenty percent of participants had full-time employment outside the home. Most of those who did not, were engaged in university or technical college study (30%), part-time or casual work (10%), or some combination of these. Ten participants (25%) indicated they were taking care of home and family, either in combination with some other occupation or not (participants were invited to indicate participation in more than one category).
7.1.2.5 Participants’ ages when sexually assaulted

Ninety percent of participants were first sexually abused in childhood. More participants (40%) were first abused at five to eight years than any other age group. Thirty percent were first abused between one and four years of age, and 20% were first abused from nine to 11 years. None of the participants reported first being abused between 12 and 17 years. See Table 7.2.

Table 7.2: Participants’ ages when first assaulted

<table>
<thead>
<tr>
<th>Age group in years</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 4</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>5 – 8</td>
<td>16</td>
<td>40</td>
</tr>
<tr>
<td>9 - 11</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>18 and over</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The majority of participants (65%) were aged 17 or younger when they most recently experienced sexual assault or abuse (See Table J.1 in Appendix J). Five had experienced an assault within the previous five years.

7.1.2.6 Nature of the sexual assault

The assault perpetrated upon participants varied to some extent. In the questionnaire, participants were asked to describe in their own words what had happened to them. Their responses were grouped into six categories. The largest category (45%) reported multiple incidents and kinds of assault or abuse over time, and 30% reported
more than one incident of molestation (The question stated that, if they preferred, participants need not be specific in describing their experiences.) See Table 7.3.

Table 7.3: The nature of the sexual assault

<table>
<thead>
<tr>
<th>Nature of the sexual assault</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple incidents and kinds of assaults/abuse</td>
<td>18</td>
<td>45</td>
</tr>
<tr>
<td>Molestation more than once</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>Non specified abuse</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Completed rape – one incident</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Completed rape – more than once</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Molestation – one incident</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Response missing</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

| Total                                        | 40        | 100        |

7.1.2.7 Relationship of the participants to the perpetrators

Sixty three relationships to perpetrators were specified (participants were able to indicate more than one perpetrator). Male relatives accounted for 64% of perpetrators. The perpetrator most frequently cited was father (24%), followed by one brother (14%). Only four (6%) perpetrators were strangers. See Table 7.4.
Table 7.4: Relationship of participants to perpetrators

<table>
<thead>
<tr>
<th>Relationship of perpetrator</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>15</td>
<td>24</td>
</tr>
<tr>
<td>Brother</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Stepfather</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Grandfather</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Uncle</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Family friend</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Stranger</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Spouse/partner/lover</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other relative</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>More than one brother</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>63</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

7.1.2.8 Time between the assault or abuse, and disclosure to a counsellor

The majority of participants (67%) first talked to a counsellor more than 10 years after the sexual assault. Five (12%) first did so between five and ten years afterwards, and five (12%) between one and five years. As noted, the majority were aged 11 or under when they were first abused. Almost half of the participants in Sample 1 (49%) agreed/strongly agreed that: “I didn’t seek help immediately because I didn’t know how to”. Forty five percent agreed/strongly agreed that: “I didn’t seek help immediately because I wasn’t ready”. It would be reasonable to expect this explanation to be similarly reflected in this sub-set. (See Table P.17 in Appendix A.)

7.1.3 Representativeness of the sample

While it would be useful to know the extent to which this sample is representative of all people who have been sexually assaulted, sexual assault – both of children and adults – is widely acknowledged internationally to be a very under-reported crime.
(Australian Bureau of Statistics, 1993; Becker, 1988; Finkelhor, 1979; Jones, 2000; NSW Health Report, 1997; Smith et al., 2000). By definition, the silent population is not very accessible. In any case, this research was specifically exploring the experience of people who had disclosed sexual assault to counsellors, rather than those who had not. Therefore, I am focussing here on the representativeness of this sample to the community of people who had made contact with service providers and disclosed their experiences to counsellors. The process of selection of the sample, sex, age at which they were assaulted, the nature of the assault, relationship to the perpetrator, and the time which had elapsed between the assault and disclosure, will be addressed.

7.1.3.1 Selecting the sample

The aim for Part 1 of the research was to assess the counselling needs of people in the region who had experienced sexual assault. In selecting the sample for Part 1, consideration was given to whether the needs of people who had not approached a counsellor should be investigated, as well as the needs of those who had. It was recognised that asking people who had not approached an agency why they had not done so may have provided valuable data. Similarly, if they had unsuccessfully attempted to approach agencies, asking them about their experiences of attempting it, and how they had been affected by those experiences, may have been useful. However, this option was ruled out on practical grounds. A major population survey would have been required to collect this data, and this was beyond the resources of this research. Other studies which have conducted such data collection did so as part of major, very well-resourced projects (see Dunne et al., 2002; Goldman & Goldman, 1988; Smith, Letourneau, Saunders,
Kilpatrick, Resnick & Best, 2000). Consideration was also given to randomly surveying a smaller population (for example a smaller geographical area or other finite population such as a university). However, this would have focussed on a group unlikely to be representative of the general population in terms of age, education and socio-economic status. Further, while an approach such as a general or random population survey could yield some interesting data for Part 1 of the research, it would not be targeting a sample for Part 2, which had as its central focus clients’ experiences of disclosure to counsellors. For these reasons it was the decision of the Steering Group to approach people who had already sought help from community service providers, and ask them about their experiences. There are precedents for sexual abuse studies where participants have been recruited through community service providers (Denov, 2002; Nagel, Putnam, Noll & Trickett, 1997).

Throughout the research I remained mindful of potential biases due to sampling limitations and self-selection.

7.1.3.2 The sex of the participants

Prior to recruitment, extensive discussions took place within the Steering Group on the issue of inclusion or exclusion of males in the study. Females comprised a clear majority of sexual assault clients of the local community agencies. The extent to which inclusion of males may have affected the representativeness of the sample was a consideration.

It was decided to allow recruitment to be open to both sexes, and to review the decision once the picture of representativeness became clearer. On completion of data
collection only one male had participated in Part 2 of the study. This was clearly not representative of the ratio of male to female victims of sexual abuse in the population, nor of people approaching helping agencies*. The results, therefore, could not be generalised to represent the experiences of males. Browne and Finkelhor (1986), in their major review of the research, point out that the literature on sexual abuse poses problems for differentiating according to sex of victims. They state that many studies contain a small number of men included in a larger sample of women and when effects are not specified according to sex, it is unclear which sequelae apply to the male participants and which to female. It was decided to exclude the one male’s data from this analysis, and focus this analysis on the experiences of females who had experienced sexual assault**.

The reason so few males volunteered is not known, though I would speculate that the inhibitions which result in under-reporting by males are even more severely felt in a situation such as volunteering to participate in research. Perhaps disclosing their traumatic experiences may be endured if it has become imperative, not otherwise.

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* NSW Health Report 1997 indicates 9% to 15% of males have experienced child sexual assault (20% to 33% of women), and in 1993/94, 12.3% of adult survivors of sexual abuse presenting to NSW Health Sexual Assault Services were male. Prevalence ratios in Australia have also been quoted as half as many males as females having experienced non-penetrative sexual abuse, and one third as many males have experienced penetrative abuse (4% of men and 12% of women) (Dunne et.al, 2002). Estimates vary in the detail but the picture is generally consistent: in North America estimates include 10% of males and 25% of females (Finkelhor 1993), and 4.8% to 8.6% of males and 7.7% to 38% of females (Pelletier & Handy, 1986).

** Although I excluded his data, I wanted to honour this brave man’s contribution to the research. His story is summarised in Appendix G as “Adam’s Story”.
7.1.3.3 Age at which participants were assaulted

Ninety percent of participants were first abused as children, between the ages of 1 and 11 (none reported first being abused between 12 and 17). The largest concentration of first abuse experiences (40%) was between 5 and 8 years. Seventeen and a half percent were first abused aged 9 to 11 years. Only three (7%) were first abused aged 18 or older (See Table 7.2 in 7.1.2.5). This pattern is similar to the findings of a number of major prevalence studies, which suggest that childhood sexual abuse or childhood abuse plus assault as an adult are more prevalent than adult-only sexual assault (Finkelhor et.al, 1990; Goldman & Goldman, 1988; McCauley, Kern, Kolodner, Dill, Schroeder, DeChant, Ryden, Derogatis & Bass,1997). Abuse by a male parental figure most commonly begins prior to the age of twelve (Russell, 1984).

Most participants (65%) were aged 17 or younger when they were most recently abused or assaulted. Five percent had experienced an assault within the previous five years. This sample therefore is comprised primarily of people who were children when they were abused (“childhood” is being defined here as the period prior to 18 years of age.)

Sixty-five percent of participants who were first abused as children also experienced assault as adults. Childhood sexual abuse has frequently been reported as being a predictor of subjection to sexual violence as an adult (Coumarelos & Allen, 1998; Lipschitz, Kaplan, Sorkenn, Faedda, Chorney & Asnis, 1996; McCauley et.al, 1997; Women’s Safety Survey, ABS, 1996).
7.1.3.4 The nature of the sexual assault

There was variation in the nature of the sexual assault participants experienced. In the questionnaire, participants were asked to describe in their own words what had happened to them. Their responses were grouped into six categories (See Table 7.3) The largest category (45%) reported multiple incidents and kinds of assault/abuse over time, and 30% reported more than one incident of molestation.

The representativeness of the sample in terms of the nature of the sexual assault and abuse participants experienced is difficult to gauge, as few studies specify or categorise the sexual abuse experienced by participants, and where this does occur, the methods of categorising differ. A number categorise sexual abuse according to whether it was penetrative or not penetrative (Dunne et.al, 2002), and others identify abuse in terms of the degree of violence or force involved, or prolongation/duration (Herman, Russell & Trocki, 1986).

7.1.3.5 Relationship of the participants to the perpetrators

The majority of perpetrators (68%) were identified as male relatives (see Table 7.4). If “family friends” are included, this proportion increased to 74%. In this regard the sample fits a general pattern: the majority of perpetrators of sexual assault and abuse are male relatives or otherwise known to the victim, particularly in child sexual abuse (Goldman & Goldman, 1988; Smith et.al, 2000; Women’s Safety Survey, ABS, 1996). Perpetrators of sexual abuse on people presenting to Sexual Assault Services in New South Wales in 1993-94 comprised 57% male family members, and 29% were other family members or another person known to the survivor in childhood. Strangers comprised 4% of offenders (NSW Health Department, 1997).
All but two participants reported being assaulted by males only: the two exceptions reported being assaulted by both males and females. No participants reported being assaulted by females only. Typically, studies indicate that the great majority of sexual abusers are men (Goldman & Goldman, 1988; Leventhal, 1990; NSW Child Sexual Assault Task Force, 1985) though it has been estimated females do abuse in 5% of cases with female victims (Finkelhor & Russell, 1984). It is believed the incidence of abuse perpetrated by females is higher in day care centres, and where they form part of organised abuse such as ritual abuse (Tomison, 1995). It has often been noted that those women who do sexually abuse children do so at the instigation or encouragement of male abusers (Faller, 1987; Tomison, 1995).

7.1.3.6 Time between sexual assault and disclosure to a counsellor

The majority of participants (67%) first talked to a counsellor more than 10 years after they were abused (See 7.1.2.8). A NSW Health Department report indicates that in 1992-93 and 1993-94 more than 60% of adult survivors who presented to NSW Sexual Assault Services did so more than 10 years after the original assaults.

It has been noted that delayed disclosure of childhood sexual assault is typical (Herman, 1981), and the majority of victims do not report incidents of abuse until at least five years after they occur (McNulty & Wardle, 1994). Longer delays have been associated with pre-existing relationships with perpetrators (Smith et.al., 2000).

7.1.3.7 Summary of representativeness of the sample

The sample, although small, appears consistent with the population of women who have disclosed experiences of sexual assault and abuse to counsellors. However, while the literature (and my experiences as a practitioner) suggests the stories told to me
by these women conform to familiar patterns, it is not possible to assert that the experiences of sexual assault and abuse reported by participants in this research are representative of the larger population of people who have been sexually assaulted.

7.2 The instruments

7.2.1 An instrument for collection of descriptive and demographic data

An 11 page questionnaire was developed containing questions designed to obtain demographic data from the participants, as well as details about their experiences of sexual assault or abuse, and descriptive data about their experience of gaining access to and receiving counselling, and disclosing to a counsellor (See Appendix C for the Questionnaire). The questionnaire included both closed, or forced-choice questions, and open questions (de Vaus, 1991). Extensive consultation took place with the members of the steering group as the questionnaire was developed (see 7.3.1). Through this process I was able to ensure that the needs of the service providers were being addressed, as well as ensuring that they were satisfied that the content of the questionnaire was sensitive and not inappropriately intrusive. All participants completed this questionnaire. The purpose was twofold: firstly to obtain, primarily for the benefit of the local community service providers, descriptive data about the experiences of clients in the Illawarra region, in order to assess the accessibility and quality of counselling services in the region for people who had been sexually assaulted. Reporting these findings completed Part 1 of the research. Secondly, this data formed the underpinning for the second part of the research, the conceptual study of the clients’ disclosure experiences.
7.2.2 Development of an assessment technique for evaluating validation

A method for assessing the degree and nature of validation of their construing that clients experienced when disclosing, was essential to this research. No existing device or assessment technique to evaluate validation in this way was discovered, despite searches of the literature and discussions with a range of personal construct researchers and clinicians at research group meetings, seminars, conferences and via the internet. Accordingly, a device was developed using qualitative methods to assess and evaluate participants’ interview transcripts. This device was named the Validation Assessment Technique (VAT). All 41 transcripts were first analysed by me, and two sub-sets of transcripts, randomly selected, were analysed by second raters. Both second raters had previously completed Bachelor with Honours degrees with theses grounded in personal construct theory. Rater B was a 26 year old intern psychologist whose professional goals centred around combined clinical and research practice. She was undertaking independent PhD research based on personal construct theory. Rater C was a mature psychologist with both clinical and professional research experience. She had completed a PhD based on personal construct theory. Both were members of the Wollongong University Personal Construct Research Group, and were experienced in both qualitative and quantitative research. A four page Response Sheet for Assessors was developed (See Appendix E). The raters were assisted in the rating process by a comprehensive guide: Instructions to Assessor for Rating Responses (see Appendix F). Examples for each potential rating were provided in the form of transcript extracts in the Instructions to assist raters with their assessments.
The response sheet included three questions specifically about validation, and required responses on a four-point numerical rating scale. An extract of the response sheet is provided here:

**2. CONSTRUING ABOUT ABUSE - VALIDATION**

<table>
<thead>
<tr>
<th>Confirmed</th>
<th>Disconfirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

“To what extent was this participant’s construing about their sexual abuse/assault confirmed or disconfirmed during the disclosure experience?”

**3. CONSTRUING ABOUT SELF - VALIDATION**

<table>
<thead>
<tr>
<th>Confirmed</th>
<th>Disconfirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

“To what extent was this participant’s construing about self confirmed or disconfirmed?”

**4. PROCESS - VALIDATION**

<table>
<thead>
<tr>
<th>Confirmed</th>
<th>Disconfirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

“To what extent do you judge that this participant’s construing process (self as construer/meaning-maker/sense-maker) was confirmed or disconfirmed?”

A numerical rating scale based on an even number (as opposed to an odd number) was used to prevent raters from settling for a mid-point on the numerical scale when a rating
proved challenging. Ratings of 3 or 4 were rated \textit{validated}, and ratings of 1 or 2 were rated \textit{invalidated}.

The final instruction to the raters was to select the specific pattern of validation/invalidation that they judged the participant had experienced during the disclosure experience with the counsellor, and to indicate this on the “map” in their \textit{Response Sheet}. As I described in Chapter 5, eight patterns were possible. Two examples of the eight are:

\begin{table}
\centering
\begin{tabular}{ll}
Beliefs about the assault & - Invalidated \\
Beliefs about self (self as object) & - Invalidated \\
Beliefs about meaning-making (self as subject) & - Validated \\
\hline
Or,
Beliefs about the assault & - Validated \\
Beliefs about self (self as object) & - Invalidated \\
Beliefs about meaning-making (self as object) & - Invalidated \\
\end{tabular}
\caption{}
\end{table}

7.2.3 Development of an assessment technique for evaluating reconstruction of clients’ beliefs

A method for assessing reconstruction of clients’ beliefs about their assault experience was necessary. As was the case for validation, searches discovered no existing device to evaluate reconstruction in this way, and consequently questions were developed to enable raters to assess and evaluate participants’ interview transcripts. The questions were incorporated into the \textit{Response Sheet for Assessor} (Appendix E) that was
used to rate validation. The device has been named the Reconstruction Assessment Technique (RAT). Relating specifically to reconstruction of participants’ beliefs about their sexual assault experiences, four questions required responses on a four-point numerical rating scale. For example:

“To what extent was there change in this participant’s construing about their sexual abuse/assault from the time just before the disclosure experience to the time just after the disclosure experience?”

<table>
<thead>
<tr>
<th>A lot of change</th>
<th>No change at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

For each of the four questions, raters were directed to the participants’ responses to particular Interview Questions in order to explore the transcript for evidence of reconstruction from different angles, for example “Base this score on participant’s response to Interview Questions 4 and 5”. Again, examples for each potential rating were provided in the Instructions to assist raters with their assessments.

Four questions required responses to be made by circling one of several options, for example:

Based on her/his responses during the entire interview, is this participant reporting that this experience of disclosing to this helping professional resulted in a move towards revision of her/his construing about her/his sexual assault/abuse experience? (circle relevant number)

1. Revision clearly beginning
2. Some indications of revision
3. Content of revision not stated, but doubt beginning about existing construing.

4. No revision evident, and clear confirmation of existing construing.

7.2.4 Evaluating participants’ expectations of disclosure

The Response Sheet also included three questions about the participants’ expectations, and the helpfulness, or otherwise, of the disclosure experience. These were formulated in different formats, multiple options, and a numerical response scale:

Was it, overall, a positive or negative experience? (circle one)

- Positive
- Negative
- Not particularly either

To what extent was this participant’s expectation of the disclosure experience confirmed or disconfirmed?

<table>
<thead>
<tr>
<th>Confirmed</th>
<th>Disconfirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

If disconfirmed, can the experience be said to have been more helpful than they expected, or less helpful than they expected? (circle one)

- More helpful
- Less helpful
- N/A
7.2.5 Measuring emotions using Content Analysis Scales

I considered that it would be useful to assess participants’ expressions of emotions as a further means of assessing whether, as an outcome of their disclosure experience, they had moved in the direction of optimal function. Content analysis scales were selected to assess participants’ emotions in relation to two time periods: as they spoke about their life in the present, and as they related their stories of disclosing their sexual assault experiences to counsellors. The emotions to be assessed were threat, depression, anger, helplessness, competence and positive affect. The usefulness of content analysis scales for the measurement of these transitory psychological states has been widely demonstrated (Gottschalk, Lolas & Viney, 1986; Viney, 1981; Viney, 1983; Viney & Caputi, 2000). Both qualitative and quantitative tools can be useful when meanings are important, and content analysis scales can provide meanings together with rigorous, scaled measurement (Boyatzis, 1998; Gottschalk, 1996; Viney & Caputi, 2000). Content analysis scales (CAS) were selected for analysis of this research data for the following reasons:

1. They are consistent with personal construct theoretical assumptions (Viney, Caputi & Webster, 2000);
2. They allow for the expression of participants’ unique experiences;
3. They allow for expression, interpretation and preservation of participants’ personal meanings;
4. They are consistent with the personal construct psychology view of emotions, and provide access to the construing processes associated with those emotions (McCoy 1980; Viney 1983);
5. Participants can be responsible for their own accounts of the events they have experienced (Viney, 1983). Content analysis scales allow for participants to disclose within their own level of psychological safety, of particular importance when questioning people who have been violated. The verbalisations analysed using the content analysis scales were the participants’ responses to Interview Questions 1 and 2. These are described in 7.2.6.

There is ample evidence of the reliability and validity of the content analysis scales selected, as noted in Tables 7.5 and 7.6. Reliability refers to the degree to which a particular observation has yielded a replicable score (Liebert & Liebert, 1995). Inter-rater (or inter-judge) reliability, which refers to the consistency of scoring of participants’ responses by independent raters, is effectively a form of “quality control” (Miles & Huberman, 1994: p.278) and is critical in analysis of Content Analysis Scales (Viney, 1983). However, test-retest reliability is not relevant in this research, as stability over time is not necessary for measures of psychological states, which would be expected to vary in response to situational change. The fact that Content Analysis Scales take into account that the scores of an individual may fluctuate within a short space of time, and are designed to tap into “immediate” emotions (Gottschalk, Winget & Gleser, 1969: p.3) makes them ideal for measuring the differences in participants’ emotions between their responses to Interview Question 1 (talking about their lives in the present) and Interview Question 2 (describing their disclosure experience and feelings at the time of disclosure). Table 7.5 shows the means and ranges of the interjudge reliability coefficients for the six Content Analysis Scales used in this research.
Table 7.5

Reported interjudge reliability estimates for six content analysis scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Average Coefficient</th>
<th>Range of Coefficients</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Anxiety Scale</td>
<td>0.90</td>
<td>0.76-0.94</td>
<td>Gottschalk &amp; Gleser (1969)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Viney &amp; Manton (1973)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Schofer, Koch &amp; Balck (1979)</td>
</tr>
<tr>
<td>Hostility Out</td>
<td>0.79</td>
<td>0.58-0.87</td>
<td>Gottschalk &amp; Gleser (1969)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Viney &amp; Manton (1973)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Schofer, Koch &amp; Balck (1979)</td>
</tr>
<tr>
<td>Hostility In</td>
<td>0.94</td>
<td>0.76-0.98</td>
<td>Gottschalk &amp; Gleser (1969)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Viney &amp; Manton (1973)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Schofer, Koch &amp; Balck (1979)</td>
</tr>
<tr>
<td>Pawn</td>
<td>0.90</td>
<td>0.87-0.93</td>
<td>Westbrook &amp; Viney (1980)</td>
</tr>
<tr>
<td>Origin</td>
<td>0.92</td>
<td>0.91-0.94</td>
<td>Westbrook &amp; Viney (1980)</td>
</tr>
<tr>
<td>Positive Affect</td>
<td>0.93</td>
<td></td>
<td>Westbrook (1976)</td>
</tr>
</tbody>
</table>

When scales are valid, they measure what they purport to measure (Liebert & Liebert, 1995). Types of validity include content validity, criterion validity and construct validity. Internal validity refers to the degree to which a comparably measured response is obtained from different people (Miles & Huberman, 1994). Construct validity best reflects whether a content analysis scale is achieving its aims (Viney 1983). Evidence of construct validity is revealed by the relationship of the scales with other indices. Table 7.6 indicates the empirical findings that contribute to the validity of the six Content Analysis Scales used in this research.
Table 7.6
Reported evidence of validity for the six Content Analysis Scales

<table>
<thead>
<tr>
<th>Scale and Reference</th>
<th>Evidence of Validity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Anxiety</strong></td>
<td></td>
</tr>
<tr>
<td>Gottschalk &amp; Gleser (1969)</td>
<td>Significantly correlated with psychiatrists’ ratings of anxiety</td>
</tr>
<tr>
<td>Gottschalk &amp; Gleser (1969)</td>
<td>Significantly correlated with physiological measures of anxiety</td>
</tr>
<tr>
<td>Gottschalk (1979)</td>
<td>Significantly correlated with self reports of anxiety</td>
</tr>
<tr>
<td>Gottschalk (1979)</td>
<td>Significantly correlated with ratings of anxiety-related behaviours by observers</td>
</tr>
<tr>
<td>Bunn &amp; Clark (1979)</td>
<td>Discriminated relatives’ accounts when waiting for emergency medical patients from those who were not</td>
</tr>
<tr>
<td>Viney &amp; Westbrook (1982)</td>
<td>Independent of sex, age, educational level</td>
</tr>
<tr>
<td>Westbrook &amp; Viney (1982)</td>
<td>Discriminated chronically ill from others</td>
</tr>
<tr>
<td>Preston (1987)</td>
<td>Discriminated between religious groups</td>
</tr>
<tr>
<td>Bell (1990)</td>
<td>Discriminated mature age nurse trainees from younger ones</td>
</tr>
<tr>
<td>Gottschalk &amp; Rey (1990)</td>
<td>Discriminated Hispanic patients with work-related physical injury or emotional stress from those without</td>
</tr>
<tr>
<td>Viney, Walker, Bell, Nagy &amp; Tooth (1993)</td>
<td>Discriminated palliative care staff from burns nurses or general nurses</td>
</tr>
<tr>
<td><strong>Hostility Directed Outward</strong></td>
<td></td>
</tr>
<tr>
<td>Gottschalk &amp; Gleser (1969)</td>
<td>Independent of age and educational level</td>
</tr>
<tr>
<td>Gottschalk (1979)</td>
<td>Significantly correlated with self reports of anger</td>
</tr>
<tr>
<td>Gottschalk (1979)</td>
<td>Significantly correlated with ratings of angry behaviours by observers</td>
</tr>
<tr>
<td>Viney &amp; Westbrook (1982)</td>
<td>Predicted good rehabilitation for medical patients</td>
</tr>
<tr>
<td>Preston (1987)</td>
<td>Discriminated between religious groups</td>
</tr>
<tr>
<td>Gottschalk, Buchsbaum, Gillin, Wu et.al. (1991)</td>
<td>Significantly correlated with waking and REM dreaming subjects</td>
</tr>
<tr>
<td><strong>Hostility Directed Inward</strong></td>
<td></td>
</tr>
<tr>
<td>Gottschalk &amp; Gleser (1969)</td>
<td>Independent of sex, age, educational level</td>
</tr>
<tr>
<td>Gottschalk &amp; Gleser (1969)</td>
<td>Significantly correlated with self reports of depression and fatigue</td>
</tr>
<tr>
<td>Gottschalk &amp; Gleser (1969)</td>
<td>Significantly correlated with ratings of depression-related behaviours by observers</td>
</tr>
<tr>
<td>Gottschalk (1979)</td>
<td>Significantly correlated with psychiatrists’ ratings of depression</td>
</tr>
<tr>
<td>Westbrook &amp; Viney (1982)</td>
<td>Discriminated chronically ill from others</td>
</tr>
<tr>
<td>Viney (1990)</td>
<td>Discriminated the ill from the well</td>
</tr>
<tr>
<td>Gottschalk, Buchsbaum, Gillin, Wu (1991)</td>
<td>Significantly correlated with waking and REM dreaming subjects</td>
</tr>
<tr>
<td>Reference</td>
<td>Findings</td>
</tr>
<tr>
<td>-----------</td>
<td>----------</td>
</tr>
<tr>
<td>Maguire, Gottschalk, Riley, Franklin, Bechtel, Ashurst (1999)</td>
<td>Discriminated stutterers who had been administered Risperidone from those who had received a placebo</td>
</tr>
<tr>
<td>Pawn</td>
<td></td>
</tr>
<tr>
<td>Westbrook &amp; Viney (1980)</td>
<td>Independent of sex, age, but correlated with occupational status</td>
</tr>
<tr>
<td>Westbrook &amp; Viney (1980)</td>
<td>Significantly correlated with measures of other negatively toned states</td>
</tr>
<tr>
<td>Westbrook &amp; Viney (1980)</td>
<td>Significantly correlated with other measures of this state</td>
</tr>
<tr>
<td>Westbrook &amp; Viney (1980)</td>
<td>Significantly correlated with appropriate use of coping strategies</td>
</tr>
<tr>
<td>Westbrook &amp; Viney (1982)</td>
<td>Discriminated chronically ill from others</td>
</tr>
<tr>
<td>Viney (1983)</td>
<td>Discriminated unemployed youth from others</td>
</tr>
<tr>
<td>Viney &amp; Westbrook (1982)</td>
<td>Predicted poor rehabilitation of medical patients</td>
</tr>
<tr>
<td>Origin</td>
<td></td>
</tr>
<tr>
<td>Westbrook &amp; Viney (1980)</td>
<td>Independent of sex, age, but correlated with occupational status</td>
</tr>
<tr>
<td>Westbrook &amp; Viney (1980)</td>
<td>Significantly correlated with other measures of this state</td>
</tr>
<tr>
<td>Westbrook &amp; Viney (1980)</td>
<td>Significantly correlated with reported use of appropriate coping strategies</td>
</tr>
<tr>
<td>Westbrook &amp; Viney (1980)</td>
<td>Discriminated those who were experiencing controllable events from those who were not</td>
</tr>
<tr>
<td>Viney &amp; Westbrook (1981)</td>
<td>Significantly correlated with measures of other positively toned states</td>
</tr>
<tr>
<td>Viney (1981)</td>
<td>Discriminated youth workers from clients they worked with</td>
</tr>
<tr>
<td>Positive Affect</td>
<td></td>
</tr>
<tr>
<td>Westbrook (1976)</td>
<td>Independent of sex, age, education &amp; occupational status</td>
</tr>
<tr>
<td>Westbrook (1976)</td>
<td>Independent of measures of negatively toned states</td>
</tr>
<tr>
<td>Viney &amp; Bazeley (1977)</td>
<td>Discriminated women who were moving to a new home from those who were not</td>
</tr>
<tr>
<td>Viney (1980)</td>
<td>Discriminated mothers reporting on childbearing from women reporting on other events</td>
</tr>
</tbody>
</table>

7.2.5.1 The Total Anxiety Scale

The Gottschalk-Gleser Total Anxiety Scale (Gleser, Gottschalk & Springer, 1961; Gottschalk & Gleser, 1969) was originally used to assess anxiety as it is understood in common usage, rather than as it is defined in personal construct theory. In this research, the scale is used to assess the degree of threat participants are experiencing when talking about their lives currently, as well as when relating their experiences of
disclosure to a counsellor. Threat, as I have discussed previously, refers to the awareness of an imminent comprehensive change in people’s core structures (Kelly, 1955/91), in other words, invalidation of central constructs about self. The purpose in wishing to assess threat arose from the personal construct concept of emotions as transition, as discussed in Chapter 3. The concept of transitions, and of threat in particular, is integral to my personal construct model of reconstruction. The Total Anxiety Scale has been used to assess threat by Weekes (1998) and Lane (2002). The Scale is classified into six subtypes: Death Anxiety, Mutilation Anxiety, Separation Anxiety, Guilt, Shame, and Diffuse Anxiety. Three of the subscales: Death Anxiety, Mutilation Anxiety and Separation Anxiety, are proposed by both Weekes and Lane to be conceptually consistent with the personal construct concept of threat, and measure threat to both physical and psychological integrity. Death and Mutilation Anxiety refer to physical threat to the individual, while Separation Anxiety, which includes references to abandonment, may refer to threat to physical and/or psychological integrity. Together they represent threat to people’s core construing. Guilt and shame are also subscales of the Total Anxiety Scale and have been linked to threat, as they can be conceptualised as threat to people’s core role constructs. The sixth subscale is Diffuse Anxiety which refers to unspecified or less articulated responses to threat (Lane, 2002; Viney, 1993). For people whose optimal functioning is being impeded by their beliefs about their sexual assault experiences, the CAS Total Anxiety Scale is the best assessor of threat.

Examples of text scored for the six subscales from participants’ transcripts in this research, are:
Death anxiety: “I was suicidal” (61); “At the time my father was dying” (88); “(Mum was:) ‘take my life’” (55); “(it hasn’t been until) Mum and Dad have both been dead (that I’ve been able to look at that)” (79); “the death of my brother, this particular brother, occurred in 1990” (52).

Mutilation anxiety: “I had been assaulted and violated” (97); “after getting hit by a car” (61); “he’d hurt me a lot” (47); “he stalked me” (52); “he threatened me” (52); “(I remember waking up…to hear my mother screaming) ‘you’re breaking my arm’” (70); “(and after it happened, I had to go and wash my hands…) and hurting myself, scrubbing my hands” (85); “my husband had a serious accident” (94).

Separation anxiety: “I was robbed of my childhood” (87); “(my ex-mother-in-law) has cut me and my children off totally” (72); “I feel like a part of my family has actually gone” (59); “I still feel really lonely a lot of the time” (47); “I felt betrayed” (74); “I was a fugitive from my own home” (52); “I don’t have a solid base under my feet” (60).

Guilt: “there’s even things I still haven’t told my husband” (57); “(the abuse) isn’t right, it shouldn’t be happening to me” (92); “I’d been an incest victim” (90); “Mum said ‘you bad, bad girl!’” (58); “I suppose other people’s perception of me might be a bit scratchy” (58); “I didn’t tell (husband) until the next morning (about recall of abuse)” (58); “I still remember feeling dirty” (58); “I didn’t really want to tell her” (62):

Shame: “I had a horrible childhood (inadequacy of others)” (47); “I really withdrew from him” (89); “they didn’t believe me” (56); “I just couldn’t cope” (97); “I was very reluctant to disclose to that counsellor” (52); “I thought I was going mad” (65); “I thought, isn’t it silly?” (referring to self) (58); “nothing seems to be going right” (61);
“I can’t stop” (marijuana use) (61); “it confused me completely” (85); “I was in such a mess at that stage” (56).

Diffuse anxiety: “my heart would be thumping” (81); “at the moment it’s stressful (65); “I get really confused” (70); “she gets me really upset” (62); “that’s a bit scary” (62); (I felt) “really really nervous” (61); “oh when is it all going to be over?” (58); “it was an extremely stressful time” (52); “I was still really hesitant” (69); “I felt uncomfortable” (61), “I got a lot of mixed messages” (70).

Reliability and validity have been satisfactorily demonstrated for the Total Anxiety Scale. Internal consistency is appropriately high: interrater reliabilities are acceptable, coefficients ranging from 0.76 to 0.94, with a mean of 0.90, as shown in Table 7.5. The Total Anxiety Scale also has demonstrated validity, as described in Table 7.6. Appropriate correlations have been obtained between scores on the scale and ratings of anxiety by psychiatrists and observers, and also with self-reports of anxiety (Viney, 1983).

7.2.5.2 The Hostility Directed Inward Scale (Gottschalk & Gleser, 1969)

The Hostility Directed Inward Scale was selected to measure depression. The Scale was designed to measure thoughts, actions and feelings that are self-critical, self-destructive or self-punishing, as well as feelings of anxious depression and masochism (Gottschalk & Gleser, 1969; Gottschalk et.al. 1969).

Examples of hostility directed inward from participants’ transcripts in this research are: “you don’t get any pats on the back” (59), “I’m sad about it” (59), “I felt dirty” (59), “I didn’t want anyone to see me” (81), “It’s a pretty dismal world” (61), “I
had bad problems” (69), “before I never liked it” (87), “because I was depressed” (87), “I thought it was in my mind” (56).

Internal consistency is appropriately high: interrater reliability is acceptable, with coefficients ranging from 0.76 to 0.98, with a mean of 0.94, as shown in Table 7.5. Validity has also been satisfactorily demonstrated, as described in Table 7.6.

7.2.5.3 The Hostility Directed Outward Scale

The Hostility Directed Outward Scale (Gottschalk & Gleser, 1969; Gottschalk et.al., 1969) was used to assess the degree of anger being expressed by participants. This scale measures the intensity of adversely critical, angry, aggressive, assaultive, asocial impulses and drives toward objects outside oneself.

Examples of hostility directed outward from participant transcripts in this research are: “I push away” (48), “I don’t like this movie” (58), “I was mad with him” (58), “I didn’t want to see her again” (62), “The police were utterly and absolutely useless” (52), “the place which this creature was living at” (52), “I feel the man should have been certified” (52), “he’s very aggressive to children at school” (50), “I was ready to blow” (55), “I was having so many evil thoughts” (55), “resentment that I missed out on a childhood” (74), “anger would be the biggest” (74).

Internal consistency is appropriately high: interrater reliability is acceptable, coefficients ranging from 0.58 to 0.87, with a mean of 0.79. Validity has also been satisfactorily demonstrated, as shown in Table 7.6.

7.2.5.4 The Pawn Scale (Westbrook & Viney,1980)

The Pawn Scale was selected to measure a sense of lack of personal control. The term *pawn* is used to describe the state in which people perceive their actions to be
primarily determined by forces beyond their own control (Westbrook & Viney 1980; Viney, 1983).

Examples of clauses rated for pawn from participant transcripts in this research are: “appointments were made for me” (90), “I had been raped” (97), “people would always whistle at me” (101), “these things are happening to me” (101), “I couldn’t tell him to stop” (101), “I just fell into it” (64), “what was happening in my mind” (64), “I could never cope with” (98), “that past abuse was impacting on my life” (98), “I had to resign from my position” (70), “it just affected me” (85).

Internal consistency has been satisfactorily demonstrated for the Pawn Scale. Interrater reliability is acceptable: coefficients ranging from 0.87 to 0.93, with a mean of 0.90, as described in Table 7.5. Validity has also been satisfactorily demonstrated, as shown in Table 7.6.

7.2.5.5 The Origin Scale (Westbrook & Viney, 1980).

The Origin Scale was selected to measure sense of competence and personal control. The term *origin* is used to describe the state in which people perceive their actions to be primarily determined by their own choice (Westbrook & Viney, 1980).

Examples of clauses rated for origin from participant transcripts in this research are: “down here I can actually have a life” (84), “I don’t want you as part of my life” (84), “I’ve got much more control” (89), “to assert my own needs and rights” (89), “I probably really withdrew from him” (89), “I decided to disclose” (89), “I’m trying now” (90), “working my way through” (90), “I had confidence in her” (90), “I’ve got a lot of dreams” (92), “re-establishing myself” (97).
Internal consistency is appropriately high for the Origin Scale. Interrater reliabilities are acceptable: internal consistency is appropriately high, coefficients ranging from 0.91 to 0.94, with a mean of 0.93. Validity has also been satisfactorily demonstrated, as shown in Table 7.6.

7.2.5.6 The Positive Affect Scale (Westbrook, 1976)

This Scale was chosen to measure positive emotion. In order to assess progress towards optimal functioning, it was important to assess not only the extent to which participants were feeling bad, but the extent to which they were feeling good. Westbrook (1976, p.718) noted: “if psychologists are to fully understand people’s experience of events, they need some measure of their positive feelings”.

Examples of comments scored for positive affect from participant transcripts in this research are: “I’m happy in the relationship” (82), “We really look forward to that time” (82), “it’s nice to wake up”(66), it’s been really positive”(66), “I enjoy going out” (73), “she’s absolutely wonderful” (75), “my life is very good” (62), “that is very pleasant”(62), “I feel happy making that decision” (65), “it was the best feeling” (55), “I just loved being included” (74), “I feel very, very comfortable with that one” (79), “it is just amazingly, overwhelmingly fabulous” (79), “it’s a good, happy house” (84).

Internal consistency is appropriately high for the Positive Affect Scale. Interrater reliability has been found to be high, with Westbrook (1976, p.718) reporting an interrater reliability of 0.93 between raters who analysed data from five different subject groups (See Table 7.5). Validity has also been satisfactorily demonstrated, as shown in Table 7.6.
7.2.6 Development of an interview protocol

“Qualitative interviewing begins with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit.” (Patton, 1990: p.278). In developing an interview protocol, I chose to employ a standardised open-ended interview, which consisted of a set of questions carefully worded and arranged, with the intention of taking each respondent through the same sequence and asking each the same questions with essentially the same words (Patton, 1990: p.280-281), but with some flexibility. My intention was to apply Kelly’s suggestion that if you want to know about a person’s experiences, then ask them: they may tell you (Kelly, 1955/1991, p.241), while at the same time minimising irrelevance in responses. My objective was to ask transparent questions, to elicit participants’ beliefs about what had transpired in their disclosure exchanges, and what meanings they attached to their experiences and the outcomes of the exchanges.

I developed an interview protocol containing 15 questions (Appendix H). The first question was designed to elicit information about how the participants were construing their lives at the time of the interview. Both the first and second questions were designed to provide responses suitable for analysis using content analysis scales. The first question was a standardised instruction for a content analysis interview:

Question 1: “I’d like you to talk to me for a few minutes about your life at the moment, the good things and the bad, what it’s like for you. Once you have started I shall be here listening to you, but I’d rather not reply to any questions you may have until a five minute period is over. Do you have any questions you would like to ask now, before we start?”
The second question was designed to elicit a description of participants’ disclosure experiences. Because several participants had experienced disclosure to a counsellor on more than one occasion, prior to commencing the recorded interview, I established with participants upon which specific disclosure experience they were choosing to focus.

Question 2: “Think about the experience of disclosing to that counsellor/helping professional. Can you describe to me that disclosure experience? How did you decide to disclose, and how did you feel?”

This question breaks a basic rule of interviewing – to ask singular rather than multiple questions (Patton, 1990). However, I wanted to allow sufficient flexibility for participants to begin their responses with the aspect of their disclosure experience about which they felt most comfortable to speak (description of the event, the decision-making process, or emotions).

The remaining questions were intended to elaborate particular aspects of participants disclosure experiences. Questions 7 and 15 related to the participants’ perceptions of the value to them of the experience. Question 8 asked them to identify their expectations, and the extent to which these were confirmed. Question 9 addressed specifically the behaviour of the counsellor, and the perceived influence of this on their outcomes. Whether they perceived there had been reconstruction of their beliefs about their sexual assault experience was addressed overtly in Questions 6 and 8. These questions requested participants to estimate, using an oral response scale, the extent of change in their construing:
“Question 6: To what extent did you feel there was change in your view of your assault experience? Can you tell me by rating it on a scale of 1 to 5, with 5 being a lot of change, and 1 being no change at all?”

“Question 8: To what extent was the sense you had made of the abuse/assault confirmed or the opposite (disconfirmed)? Where on a scale of 1 to 5, if 5 is confirmed and 1 is disconfirmed?”

It was not intended that the ratings given by participants should necessarily be accepted as definitive by raters, nor did I expect that the raters would necessarily attribute ratings identical with those given by participants. The questions and the oral response scales were intended to provide participants with an opportunity to explore, and a means to attempt to express, the extent of reconstruction of their beliefs.

The remaining questions were designed to elicit responses about the participants’ beliefs about their sexual assault experiences, and validation or invalidation of them (Questions 4, 5, 8), beliefs about themselves (Questions 11, 12), and their meaning-making processes (Question 13). A final open question about validation was included (Question 14) asking participants to comment on what they felt was being confirmed and what disconfirmed for them during their disclosure experience.

Question 10 was a “warm up” question and was included with the intention of preparing participants for the rather more abstract questions to follow:

Question 10: “Immediately before the disclosure experience, what was your sense of your ability to trust people? To what extent do you believe your sense of your ability to trust was affected by this disclosure experience? To what extent was it confirmed, or the opposite, disconfirmed?”
There was a purpose in including the concept of trust as the subject for a preparatory question for the questions to follow. People who have experienced sexual assault or abuse are usually familiar with the issue of trust, and can express their ideas about it with some confidence. Coming as it did immediately preceding the questions relating to beliefs about themselves and about meaning-making, I intended that this question would ease the participants into these more abstract – and possibly more challenging - questions.

In order to elicit responses in relation to validation and invalidation as they are defined in personal construct theory, I chose to use the words “confirmed” and “disconfirmed” in the interview questions, rather than “validated” and “invalidated”. In current popular usage the word “validate” can imply positive affirmation. In particular it is quite frequently used in this way amongst sexual abuse survivors who have experienced counselling, and I believed using the words “validate/invalidate” in the questions might influence the participants’ interpretations of the questions.

7.3 Procedures

Ethics approval for the research was obtained from the University of Wollongong Ethics Committee.

7.3.1 The Steering Group

Early in the research I formed a steering group to consult about the research as it progressed. Members initially included my two academic supervisors. Subsequently one withdrew because of ill health, and Associate Professor Linda Viney continued as my sole academic supervisor. Members also included representatives of community counselling agencies. Some of the early members of the steering group had been part of
the genesis of the research, along with the academic supervisors. The personnel changed over the years that the steering group was involved. Two counselling services dedicated to providing assistance to people who had been sexually assaulted and abused were represented, as well as generalist counselling services (both government and non-government). The steering group met four times a year for three years, the duration of Part 1 of the research. I drew up agendas prior to meetings and distributed minutes to members following meetings. I consulted with the steering group on all decisions that may have had an impact on the clients of the agencies, and I benefited from their experiences, knowledge and opinions. I also reported on the progress of the research at bi-monthly meetings of the Wollongong Counselling Interagency group, and I had more informal discussions with individual members of the steering group when I felt the need to consult them.

From time to time I became conscious of the impact on me of the stories of trauma, suffering and cruelty that were being shared with me, and I recognised the need to debrief. Sometimes it was appropriate for me to discuss these issues with my academic supervisor, and when I felt it was not, I was able to debrief with a designated member of the steering group who was an experienced psychotherapist, professional supervisor, and was the team leader of a (government) psychotherapy team.

7.3.2 Recruitment of participants

Recruitment sources are detailed in Table P1.1 in Appendix A. It proved far more difficult than any of us anticipated to engage research participants. During the planning stage of the research, representatives from community service agencies had given an undertaking that counsellors who worked in these agencies would refer clients they
considered suitable for the research. They also volunteered to be responsible for encouraging other service providers to refer their clients. It was intended that this would be the primary, if not the sole, source of participants. The approach did not prove as successful as I had hoped. As a result the progress of the research was delayed considerably, and the sample sizes were smaller than planned. Despite frequent meetings with representatives from the agencies, and visits to the agencies to discuss the research with counsellors, referrals continued to be very slow and infrequent. The pattern that emerged was one in which counsellors, once they understood the purpose of the research, were enthusiastic about it and undertook to actively engage in identifying and referring appropriate clients, yet the referrals did not eventuate. They would be reminded, pledge anew to be alert to potential referrals, yet still the referrals were few (21% of total sample). Frequent discussions were held within the steering group about the reasons for this phenomenon, and an explanation could well justify a research project in its own right. This issue is addressed further in Chapter 11.

Alternative strategies were developed. A revised application for approval from the Ethics Committee was lodged. The new strategies were implemented after approval had been received. A press release was prepared and articles about the research were published in a free local weekly newspaper, I was interviewed on two local radio stations, and information pamphlets were distributed in the waiting rooms of selected counselling services (a pamphlet can be found in Appendix D). A number of participants self-referred after hearing about the research from friends or acquaintances who had participated, or who otherwise knew of the project. It transpired that the newspaper
articles were the most fruitful in engendering responses (53% of total sample). (See Table P1.1 in Appendix A.)

This new approach needed additional resources. A dedicated telephone line was set up in a participating agency, The Psychotherapy Centre (an agency of the Illawarra Area Health Service), with an answering machine to take messages from volunteers when they made contact. I checked the messages by remote control twice daily, and responded to volunteers’ messages on the same day, unless they requested otherwise.

7.3.3 Administration of the questionnaire

Fifty-three participants completed the questionnaire which formed the basis of Part 1 of the research. Prior to their agreeing to participate in the research, volunteers received a careful explanation about what participation would involve. They were assured they could withdraw from the research at any time.

The two parts of the research were explained to participants, though an agreement about participation was initially made in relation only to Part 1. Arrangements were then made for participants to receive the Questionnaire (Appendix B) and the Consent Form (Appendix C) with a return envelope. This was achieved either by a meeting, or by the questionnaire being mailed to the participant. If it had been mailed, I telephoned within three days to ensure safe arrival, clarify any queries the participants may have, and to establish whether they were comfortable about completing it. After this stage, I made the decision about the appropriateness of the participant continuing on to take part in Part 2 of the research - the interview.
7.3.4 Conducting the interview

Forty-one interviews were conducted over a period of seven months. If it was agreed, following completion of a questionnaire, that the participant was proceeding to interview, a suitable time and place were arranged. Interview locations were selected on the basis of perceived safety, confidentiality and convenience for the participant. The most frequently selected location was the participant’s home. Community service providers also made rooms available, in which privacy and confidentiality were assured. Interviews were tape-recorded, with the consent of the participants. I explained the transcription process to participants, the location where the audio-tapes and transcripts would be stored, and how long they would be kept before being destroyed. The duration of meetings ranged from one hour to two and a half hours, although few interviews exceeded 45 minutes of actual recorded interview time. Time was spent, prior to commencing the formal recorded interview, ensuring that participants were prepared, and afterwards for de-briefing. Some participants required follow-up contacts, and all were provided with details of how to contact me if they felt the need for further de-briefing.

The taped interviews were transcribed verbatim. I completed approximately half myself, and the remainder were transcribed, with the consent of the participant in each case, by an intern psychologist who was a mature and experienced counsellor. This intern psychologist fully understood and was bound by the ethical considerations involved. On several occasions she de-briefed with me when transcription of the womens’ stories had proved particularly confronting. Following transcription, the transcripts were analysed using the content analysis scales, Validation Assessment Technique and Reconstruction Assessment Technique, and thematic analysis.
7.3.5 The pilot study

A pilot study was undertaken. A draft interview protocol was developed and eight interviews were conducted in which the protocol was trialled. During this process it became clear that it was a more complex process than anticipated to design interview questions that would elicit responses elaborating the participants’ experiences of validation, invalidation and reconstruction in relation to their disclosure to a counsellor. The draft protocol was revised after each interview. Data from the pilot study interviews were not included in the analyses reported here.

7.4 Analysis of the data

7.4.1 Rating validation and reconstruction using the Validation Assessment Technique (VAT) and the Reconstruction Assessment Technique (RAT)

The process of double coding was used to analyse the majority of transcripts in order to ensure reliability. This technique is often used for attaining sufficient reliability to proceed with analysis and interpretation (Miles & Huberman, 1984). In this technique, two people examine the raw information independently (if it is written, as in this case), and make their judgements without interacting with each other. Following the completion of the judgements the two raters compare their results, then discuss each rating until agreement is reached (Boyatzis, 1998).

Details of the credentials of the second raters are provided in 7.2.2. All 41 transcripts were first analysed by me (Rater A) and ratings were recorded on the Response Sheet for Assessors (Appendix E). Subsequently, 14 transcripts, randomly selected, were analysed by an initial second independent rater (Rater B), and 11 separate transcripts, randomly selected, were analysed by a subsequent third independent rater.
(Rater C), both second and third raters using the *Response Sheet* and being directed by the *Instructions to Assessor for Rating Responses* (Appendix F). Initially, for the transcripts rated by Raters A and B, raters had arrived at the same conclusions in only four of the 14 transcripts, and in the case of the transcripts rated by Raters A and C, the raters arrived at the same results in six of the 11 transcripts. Separate conferences were arranged between Raters A and B, and between Raters A and C, to discuss the processes by which the conclusions had been reached. I wondered if there was in fact a disparity in raters’ analyses, or if the apparent lack of agreement was a product of differences in application or interpretation of the rating criteria. On investigation, it transpired that what had appeared to be a substantial lack of agreement (eg only four of 14 rated identically), was a much smaller difference than it appeared. On most analyses where differing ratings had been noted, the actual variation was on one element only (eg validation of construing about beliefs about self), and often only one point different on a numerical rating scale (NRS) (one rater rated 2 on a four-point scale, the other rated 3). All the other elements had been rated compatibly by each rater. The outcome of the conferences was that most of the ratings that had been rated as differences were adjusted, and the outcome was agreement in most cases. Both raters were in agreement with the final analysis for 21 of the 25 transcripts (88%). For three of the four remaining, raters did not reach agreement. For the remaining one, raters agreed that a final rating could not be determined because there was insufficient information in the transcript to make the judgement. The data for these four were excluded from the calculations. Sixteen transcripts had been assessed by one rater only: following the conferences with Raters B and C, I individually reassessed these 16 transcripts, being prepared to revise my ratings
if the insights gained from the conference process indicated this. I made minimal revisions to ratings.

7.4.2 Rating emotions using the Content Analysis Scales

The content analysis scales were scored according to the standard scoring instructions for content analysis scales (Gottschalk, Winget & Gleser, 1969; Westbrook, 1976; Westbrook & Viney 1980) (See Appendix I for details of scoring of content analysis scales). Inter-rater reliability was established by the involvement of an experienced co-rater. Rater 1 had graduated with an Honours degree in Psychology, and was in clinical practice. She had prior experience in coding all six of the Content Analysis Scales. Rater 2 was similarly experienced in coding all the Scales, was also in clinical practice, as well as undertaking independent PhD research. The correlation coefficients demonstrated that inter-judge reliability was satisfactory for all scales, falling within the range of co-efficients as shown in Table 7.5: for the Total Anxiety Scale, the coefficient was 0.87; for Hostility Outward, 0.81; for the Pawn Scale, 0.89; for Hostility Inward, 0.79; Origin Scale, 0.93; Positive Affect, 0.91. There were no significant differences between the mean scores of the two scorers when t-tests were performed. Reliability for Hostility Outward, Pawn, Origin and Positive Affect was very good, all falling close to the mean. For the Total Anxiety Scale the coefficient fell a little below the mean, but was still well within the range. Hostility Inward, at 0.79 was the least convincing: while still falling within the range, it was at the low end (range .76-.98, mean of .94). While it is hard to be certain of the reason for this, I could speculate that it reflects a degree of ambiguity and/or ambivalence in the emotions expressed by participants, many of whom were in the process of revising their view of themselves as
“victims”, particularly when speaking of their lives at the present time (Interview Question 1).

7.4.3 Thematic analysis of clients’ perceptions of therapeutic factors which were influential in the outcomes of their disclosure experiences

Thematic analyses of participants’ responses to Interview Questions 9 and 15 were carried out. Thematic analysis is a process for encoding qualitative information. Boyatzis defined a theme as a “perception of a pattern” (Boyatzis, 1998, p.4). In the process of thematic analysis, a theme, or pattern, is identified in the information being assessed, that at minimum describes and organises the possible observations, and at maximum interprets aspects of the phenomenon (Boyatzis, 1998). Interview Question 9 asked participants to identify what they felt the counsellor did or did not do that led to the way they (the clients) thought and felt, after the disclosure, about their sexual assault experiences. Interview Question 15 enquired what the participants felt were the most important aspects of their disclosure experiences. Both of these interview questions were developed primarily to address Research Question 8. Research Question 8 was intended to increase understanding about what the counsellor did (or did not do) that resulted in the clients experiencing validation and/or invalidation of their construing. Clients’ responses to these two interview questions were analysed. First, patterns or major themes were “clustered” (Miles & Huberman, 1994: p.131). Major themes were identified as those with more than one response. I identified 12 major themes for each of Questions 9 and 12. The responses to Questions 9 and 15 were subsequently analysed by a second independent rater. Two researchers examining the same material allows qualitative definitions to become sharper, and disagreements in analysis can highlight definitions
that may need to be expanded upon or amended (Miles & Huberman, 1994). The second rater was a mature clinician, an experienced researcher who had completed a PhD degree which featured qualitative analysis, including thematic analysis. Her instructions were to analyse the participants’ responses to each of the designated interview questions, and classify them into one of the pre-determined theme groupings. There was initial consistency in analysis in 88% of identified themes. Cohen’s Kappa statistic (Cohen, 1960) of inter-judge reliability was used to overcome the shortcomings of the simple proportion of agreement. Cohen’s Kappa statistic explicitly recognises the likelihood of chance agreement between judges and removes it from consideration. The inter-rater reliability of 88% was considered adequate. Following a subsequent conference between raters, agreement was reached in 100% of identified themes. The themes which emerged are detailed in Tables 8.6 and 8.7 in Chapter 8.

7.4.4 Statistical analysis

The Statistical Package for the Social Sciences (SPSS) 9.05 (Norusis, 1998) was used to undertake statistical analysis of data collected using Content Analysis Scales, as well as data collected using the Validation Assessment Technique and Reconstruction Assessment Technique.

7.4.4.1 Content analysis scale data

To test for differences in scores on the Content Analysis Scales for Question 1 and Question 2, paired sample t-tests were performed with the appropriate non-parametric test being used when scores were found to deviate from the normal distribution, including having categorical scaling.
7.4.4.2 Validation Assessment Technique and Reconstruction Assessment Technique

Frequencies of scores across the three foci of validation (beliefs about sexual assault validated/invalidated), self as element (validated/invalidated), and self as object (validated/invalidated) were compared with reconstruction of beliefs (yes/no), and with helpful/unhelpful disclosure experience. The Chi-square test for independence statistic was considered but not undertaken as the sample size was too small to yield useful data.

7.4.4.3 Validation and reconstruction, and emotion.

Comparisons were made between the findings for validation/invalidation and for reconstruction of beliefs (yes/no), and for emotions as measured by the Content Analysis Scales.

7.4.4.4 Emotion, and subjective perceptions of helpfulness of the disclosure experience

Comparisons were made between the emotions, as measured by the Content Analysis Scales, and participants’ perceptions of the helpfulness/unhelpfulness to them of their disclosure experiences.

7.4.5 Purposeful sampling

A sub-set of the transcripts was further analysed using the qualitative method of purposeful sampling. With the aim of providing more depth to the data, eight participants’ cases, ensuring a range of stories, demographics, and outcomes, were selected for in-depth case analysis. A range of validation/invalidation patterns across the cases selected was also ensured. In analysing the eight cases, I re-examined each of the eight participants’ completed questionnaires, immersed myself in their interview
transcripts, and studied the ratings and notes written by raters on their Response Sheets. I then formulated my hypotheses about the factors influencing the outcomes for each participant. Details of the methods used and the results of the purposeful case sampling are addressed in detail in Chapter 9.

In this chapter I have described the methods I used to evaluate the usefulness of my personal construct model of validation in clients’ reconstructions of their beliefs about their sexual assault experiences, as a result of disclosing to counsellors. In Chapter 8, I will present the findings of the research.
CHAPTER 8

RESULTS
OF THE RESEARCH INTO THE USEFULNESS
OF THE PERSONAL CONSTRUCT MODEL
OF VALIDATION IN THE RECONSTRUCTION, WITH COUNSELLORS,
OF BELIEFS THAT CLIENTS HOLD
ABOUT THEIR SEXUAL ASSAULT EXPERIENCES

“I came from a person who was nothing
to a person who was something.”
(“Mel”, Participant)
In this chapter I present the findings of this research into the role of validation in reconstruction of clients’ beliefs about their sexual assault experiences, from analyses of both the qualitative and quantitative data. These analyses were directed by the personal construct model presented in Chapter 5, and the Aims, Research Questions and Hypotheses I detailed in Chapter 6.

Using a questionnaire designed for the purpose, Part 1 of this research obtained basic demographic data from participants (as detailed in Chapter 7), and assessed access to sexual assault counselling services in the Illawarra Region of New South Wales. Data obtained from administration of the questionnaire to Sample 1 participants are presented in the Report on Part 1, in Appendix 1.

The fate of the nine hypotheses provided in Chapter 6 is now examined.

8.1 Hypotheses about validation and reconstruction of beliefs

8.1.1 Hypothesis 1 predicted that, if clients’ interpretations of their experiences of sexual assault were validated during the disclosure experience, they would have been unlikely to commence reconstruction of their beliefs about their assault experiences. The results obtained when applying the Validation Assessment Technique (VAT) and the Reconstruction Assessment Technique (RAT) are summarised in Table 8.1.

Twenty-four (68%) of the 35 participants included in this analysis were judged to have experienced invalidation of their beliefs about their sexual assault, and also to have started reconstruction of their beliefs. Only 1 participant (3%) was judged to have experienced validation of her beliefs and also commenced reconstruction. Ten (28%) participants were judged to have experienced validation of these beliefs, and did not
begin reconstruction of their beliefs. The frequency data suggested that Hypothesis 1 was upheld, but I was unable to test this by using the Chi-square test of independence statistic. An assumption of the Chi-square test is that the number of responses obtained should be large enough so that no expected frequency is less than 5 (Norusis, 1998). This assumption was violated so was not computed.

8.1.2 Hypothesis 2 predicted that, if clients’ beliefs about themselves were validated during the disclosure experience, they would have been more likely to commence reconstruction of their beliefs about their sexual assault experiences.

The results obtained when applying the VAT and the RAT, as shown in Table 8.1, indicated that eight participants (22.8%) were judged to have experienced validation of their beliefs about themselves, and also to have commenced reconstruction of their beliefs. However, 17 participants (48.6%) were judged to have experienced invalidation of their beliefs about themselves, and also to have commenced reconstruction. Of those who were judged not to have commenced reconstruction of these beliefs, five (14%) were judged to have experienced validation, and five to have experienced invalidation of their beliefs.

The frequency data suggested that clients who experienced invalidation of their beliefs about themselves were more likely to have commenced reconstruction of their beliefs about their assault. This therefore suggested that Hypothesis 2 was not upheld.

8.1.3 Hypothesis 3 predicted that, if clients’ construing of themselves as meaning-makers (their construing processes) was validated during the disclosure experience, they would have been more likely to have commenced reconstruction of their beliefs about their sexual assault experiences.
The results obtained when applying the VAT and the RAT, summarised in Table 8.1, indicated that 22 participants (63%) were judged to have experienced validation of their meaning-making processes, and also to have commenced reconstruction of their beliefs. Only three (8%) were judged to have experienced invalidation of their beliefs about their meaning-making and to have commenced reconstruction. Seven (20%) were judged to have experienced validation of their beliefs and not to have commenced reconstruction.

Of the 25 participants who commenced reconstruction of their beliefs, 22 (88%) experienced validation of their meaning-making processes.

The frequency data, summarised in Table 8.1, suggested that Hypothesis 3 was upheld, but again I was unable to test this by using the Chi-square test of independence.
Table 8.1

Proportions of the three foci of belief validation, helpful and unhelpful disclosure experiences, and reconstruction of the clients’ beliefs about the sexual assault

<table>
<thead>
<tr>
<th>Reconstruction</th>
<th>No Reconstruction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Helpful disclosure</td>
</tr>
<tr>
<td>Assault</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Validated</td>
<td>23(66%)</td>
</tr>
<tr>
<td>Invalidated</td>
<td>7 (20%)</td>
</tr>
<tr>
<td>Self</td>
<td>17(49%)</td>
</tr>
<tr>
<td>Validated</td>
<td>21(60%)</td>
</tr>
<tr>
<td>Invalidated</td>
<td>3 (8%)</td>
</tr>
</tbody>
</table>

Inclusions: Table 8.1 includes the data of participants whose construing about the sexual assault at the time immediately prior to the disclosure experience was judged to have been impeding optimal functioning. Thirty-five participants fit this category. “Reconstruction” columns indicate whether reconstruction was judged to have occurred. “Helpful/Unhelpful Disclosure” columns indicate whether the participant had described the overall outcome of her disclosure experience to have been helpful or not helpful.

Exclusions: Table 8.1 excludes the data of six participants; four because assessors were unable to rate them with sufficient confidence; two because they had already reconstructed their unhelpful beliefs before disclosure, and these were validated during disclosure.
8.1.4 Hypothesis 4 summarised the previous three hypotheses into a coherent pattern, and predicted that the pattern of validation which would be most likely to result in reconstruction of clients’ beliefs about their sexual assault experiences as a result of their disclosure experiences was:

- Clients’ beliefs about their sexual assault experiences were invalidated;
- Clients’ beliefs about themselves were validated;
- Clients’ construing of themselves as meaning-maker was validated.

The results obtained when applying the VAT and the RAT, as shown in Table 8.2, indicated that this pattern was upheld for only six (17%) of the 35 participants. The pattern which was upheld most frequently, with 13 (37%) participants, differed from the hypothesised most likely pattern in its prediction about beliefs about self, Hypothesis 4, which as has already been stated, was not upheld. The pattern which instead emerged as most likely to lead to reconstruction of clients’ beliefs about their sexual assault was:

- Their beliefs about their sexual assault experiences were invalidated;
- Their beliefs about themselves were invalidated;
- Their construing of themselves as meaning-makers was validated.

These data are summarised in Table 8.2.
Table 8.2: Proportions of patterns of belief validation experience (in order of frequency), and helpful and unhelpful disclosure experiences

<table>
<thead>
<tr>
<th>Patterns of Validation Experience</th>
<th>Frequency</th>
<th>Reconstruction</th>
<th>Disclosure Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1 assault – invalidated self - invalidated processes - validated</td>
<td>13 (37%)</td>
<td>13 (37%)</td>
<td>0</td>
</tr>
<tr>
<td>2 assault – invalidated self - validated processes - validated</td>
<td>8 (23%)</td>
<td>7 (20%)</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>3 assault – validated self - validated processes - validated</td>
<td>4 (11%)</td>
<td>0</td>
<td>4 (11%)</td>
</tr>
<tr>
<td>3 assault – validated self - invalidated processes - validated</td>
<td>4 (11%)</td>
<td>3 (9%)</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>4 assault – invalidated self - invalidated processes - invalidated</td>
<td>3 (9%)</td>
<td>3 (9%)</td>
<td>0</td>
</tr>
<tr>
<td>5 assault – validated self - invalidated processes - invalidated</td>
<td>2 (6%)</td>
<td>0</td>
<td>2 (6%)</td>
</tr>
<tr>
<td>6 assault – validated self - validated processes - invalidated</td>
<td>1 (3%)</td>
<td>0</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>7 assault – invalidated self - validated processes - invalidated</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Total: 35 (100%) 26 (74%) 9 (26%) 25 (72%) 10 (28%)

Inclusions: Table 8.2 includes participants whose construing about the sexual assault at the time immediately prior to the disclosure was judged to have been impeding optimal functioning. Thirty-five participants fit this category. “Reconstruction” columns indicate whether reconstruction was judged to have...
occurred. “Helpful/Unhelpful Disclosure Experience” columns indicate whether the participant had described the overall outcome of her disclosure experience to have been helpful or not helpful.

Exclusions: Table 8.2 again excludes the data of six participants: four because assessors felt there was insufficient data in transcripts to be able to rate them with confidence; two because they had already reconstructed their unhelpful beliefs before disclosure, and these were validated during disclosure.

8.2 Hypotheses about clients’ emotions

8.2.1 Hypothesis 5 predicted that participants were more likely to experience higher levels of threat, anger and helplessness, and lower levels of positive affect, competence and contentment when describing their disclosure experiences, than when describing their life in the present (that is, at the time of the interview).

The Content Analysis Scales (CAS) that were used to test this hypothesis were Total Anxiety, Hostility In and Hostility Out, Pawn, Origin and Positive Affect.

Table 8.3 presents the means and standard deviations of each of the CAS scores of all of the 41 participants in this sample.
Table 8.3:
Means and Standard Deviations of Scores on Content Analysis Scales for Condition 1 (Feelings Now) and Condition 2 (Feelings at Recall)

<table>
<thead>
<tr>
<th>CAS Scores – Condition 1</th>
<th>CAS Scores – Condition 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale</td>
<td>M</td>
</tr>
<tr>
<td>Total Anxiety</td>
<td>2.47</td>
</tr>
<tr>
<td>Hostility In</td>
<td>1.33</td>
</tr>
<tr>
<td>Hostility Out</td>
<td>.81</td>
</tr>
<tr>
<td>Pawn</td>
<td>.85</td>
</tr>
<tr>
<td>Origin</td>
<td>1.05</td>
</tr>
<tr>
<td>Positive Affect</td>
<td>1.11</td>
</tr>
</tbody>
</table>

* p = <.05  
** p = <.01

As participants were asked to contribute data related to two different conditions, a description of their feelings about their life right now (Feelings Now), and a description of their disclosure experience and their feelings during it (Feelings at Recall), a paired sample test was appropriate.

Examination of the histograms produced for each of the dependent variables revealed that the distribution of scores violated the assumption of normality required for parametric tests on each variable, excluding Total Anxiety and Hostility In. This was confirmed by examination of the Normal Probability Plot. To further examine the normality of the distribution of scores, Kolmogorov-Smirnov tests of normality were
conducted on each of the six dependent variables and in each of the two conditions. Again, only the Total Anxiety and Hostility In variables satisfied the criteria of normal distribution in both conditions. A paired sample $t$ test on Condition 1 (Feelings Now) ($M = 2.47, SD = .85$) and Condition 2 (Feelings at Recall) ($M = 2.90, SD = .78$) scores on the Total Anxiety Scale revealed a significant difference in scores, $t(40) = -2.09$, $p = .04$. The difference between scores on the Hostility In Scale failed to reach significance.

The Wilcoxon signed ranks test is the appropriate non-parametric test to use when examining differences between two related samples. Instead of comparing means, the Wilcoxon converts scores to ranks, and compares them at Condition 1 (Feelings Now) and Condition 2 (Feelings at Recall). With an alpha level of .05, a significant decrease in Positive Affect Scale scores from Condition 1 to Condition 2 was revealed ($T = -5.07$ (N = 41), $p = <.01$). A significant decrease in Origin Scale scores between Condition 1 and Condition 2 ($T = -3.77$ (N = 41), $p = <.01$), and a significant increase in Pawn Scale scores was revealed ($T = -2.46$ (N = 41), $p = .01$). No significant difference between scores on the Hostility Out Scale scores in the two conditions was revealed.

8.2.2 Hypotheses about validation and clients’ emotions

Hypothesis 6 predicted that clients who experienced invalidation of any aspect of their construing during the disclosure experience, even if that involved invalidation of unhelpful beliefs such as “I must have deserved the abuse”, or “I am worthless”, would experience more negative emotion during their disclosure experience than clients who did not experience invalidation of any aspect of their construing during the disclosure
experience. The negative emotion would result from a perception that their interpretations were deemed to be ineffective.

To test this hypothesis, repeated measure ANOVAs were performed on scores at Condition 1 and Condition 2 on the Total Anxiety and Hostility In scores, with the between-subjects factor being beliefs about sexual assault as element (validated/invalidated), beliefs about self (validated/invalidated), and beliefs about construing of meaning-making (validated/invalidated). Differences in scores on both these dependent variables failed to reach significance.

To test for differences between two individual groups, a series of Mann Whitney U tests were performed on the scores for the two dependent variables where the assumption of normality was violated (Pawn Scale and Hostility Out Scale). This non-parametric alternative to the t-test for independent samples was preferred as, when a comparison is made between the ranks for the two groups, the actual distribution of the scores does not have an effect on the statistical analysis of the scores (Pavetter, 2000). Again these comparisons failed to reach significance.

Hypothesis 7 predicted that clients who experienced validation of any aspect of their construing during the disclosure experience would express more positive emotion than clients who did not experience any validation. To test this hypothesis, a series of Mann Whitney U tests were performed on the scores for the two dependent variables where the assumption of normality was violated (Positive Affect Scale, and Origin Scale). Again this non-parametric alternative to the t-test for independent samples was preferred, for the reasons detailed above. Again, differences on these dependent variables failed to reach significance.
8.2.3 Hypotheses about emotions and reconstruction

Hypothesis 8 predicted that participants who experienced higher levels of threat when describing disclosure experiences would be less likely to commence reconstruction of their beliefs about their assault as a result of their disclosure experiences with counsellors, than participants who experienced lower levels of threat. To test this hypothesis, repeated measure ANOVAs on scores at Condition 1 and Condition 2 on the Total Anxiety Scale scores, with the between-subjects factor being Reconstruction (yes/no). Again, the measure did not reach significance.

8.3 Results of Thematic Analysis of clients’ views of the therapeutic factors which were influential in the outcomes of their disclosure experiences

Research Question 8 asked In what ways do clients believe that the counsellors’ responses influenced the outcomes they experienced following disclosure? Thematic analysis was carried out to explore clients’ views of the factors that were influential in these outcomes. Thematic analysis is a process for encoding qualitative information, using themes. A theme is a pattern found in the information that, at minimum, describes and organises the possible observations, and at maximum interprets aspects of the phenomenon (Boyatzis, 1998).

The participants’ responses to Interview Questions 9 and 15 were analysed. Interview Question 9 asked participants to identify what they felt their counsellors did or did not do that led to the way they (the clients) thought and felt, after their disclosure experience, about their assault experience. (The question did not imply that “the way they thought and felt about their abuse experience after the disclosure” was necessarily either positive or negative). Helpful disclosure experiences (as identified by participants in
response to Interview Question 7, and then assessed by raters) were separated from unhelpful disclosure experiences. Emergent themes were identified.

When responses to Interview Question 9 were analysed, twelve themes were identified among the responses of participants who had helpful disclosure experiences. They are shown in Table 8.4. Responses from those participants who judged the experience to be unhelpful are shown in Table 8.5. All remaining response items, each one identified once only, appear in Table J.3 in Appendix J.
Table 8.4

In Disclosure Experiences Described as Helpful, Proportions of Themes Identified in Participants’ Views of the Counsellors’ Behaviours that were Influential in their Outcomes (from Interview Question 9)

<table>
<thead>
<tr>
<th>Themes</th>
<th>Frequency of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counsellor believed me</td>
<td>5 (14%)</td>
</tr>
<tr>
<td>Gave unconditional support/emotional support</td>
<td>5 (14%)</td>
</tr>
<tr>
<td>Confirmed that it really was assault</td>
<td>4 (11%)</td>
</tr>
<tr>
<td>Stressed that abuse was not my fault</td>
<td>4 (11%)</td>
</tr>
<tr>
<td>Made me feel I was a normal person/ good person/not crazy/not insane</td>
<td>4 (11%)</td>
</tr>
<tr>
<td>Listened</td>
<td>3 (8%)</td>
</tr>
<tr>
<td>Understood</td>
<td>3 (8%)</td>
</tr>
<tr>
<td>Cared/nurturing/showed compassion</td>
<td>3 (8%)</td>
</tr>
<tr>
<td>Gave meaning to experience/put it in context/ gave explanation that made sense</td>
<td>3 (8%)</td>
</tr>
<tr>
<td>Empowered me</td>
<td>2 (5%)</td>
</tr>
</tbody>
</table>

Total 36 (98%)
Examples of responses to Interview Question 9 coded in each of the identified themes are:

*Counsellor believed me:*

“Basically what she did was she made me feel better as a person, that she believed me. I think that was my biggest problem, was belief.” (#87)

*Gave unconditional support/emotional support:*

“The acceptance, definitely…it just felt very positive and safe.” (#81)

*Confirmed that it really was sexual assault:*

“…she said it was sexual assault which made my confusion less because I understood that it was.” (#85)

*Stressed that abuse was not my fault:*

“I think she was a great help in putting things in perspective for me. She helped me to understand that I shouldn’t feel guilty and that the situation wasn’t my fault.” (#88)

*Made me feel I was a normal person/good person/not crazy/not insane:*

“She sort of reassured me that I was a good person. Yeah, she just reassured me that I was a normal person and that it was, you know, she gave me lots of positives.” (#87)

*Listened:*

“The biggest thing was that he listened…He really helped you make sense, just by, just by listening, and allowing me to say anything, and giving you time, that was the biggest issue.” (#47)
Understood:

“She just seemed to, like, really understand. And like in a caring way…She just understood me, and I knew that she cared, and I could trust her.” (#69)

Cared/nurturing/showed compassion

“She was nurturing, I think is a good term.” (#98)

Gave meaning to experience/put it in context/gave explanation that made sense:

“She just let me talk. Made sense of it I suppose too, into a meaning just from what I was saying. She didn’t take any words from anywhere else, just exactly what I was saying, put it into sense. Yeah, into sense.” (#74)

Empowered me:

“I think the single most important thing that she did was, she behaved in a way that allowed me to keep power in a situation…the way we dealt with that information or idea was at my disposal, I was the one who was directing that, that process.” (#60)
Table 8.5

In Disclosure Experiences Described as Unhelpful, Proportions of Themes Identified in Participants’ Views of the Counsellors’ Behaviours that were Influential in their Outcomes (from Interview Question 9)

<table>
<thead>
<tr>
<th>Themes</th>
<th>Frequency of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated it as non-issue</td>
<td>2 (50%)</td>
</tr>
<tr>
<td>Didn’t respond to me as an individual</td>
<td>2 (50%)</td>
</tr>
<tr>
<td>Total</td>
<td>4 (100%)</td>
</tr>
</tbody>
</table>

An example of a response which was coded *treated it as a non-issue* is:

“I think it’s hard enough, opening up and admitting it out loud to a complete stranger…then for him just to…say it and have it stopped, it was like, I was half way through it and there was no beginning or end. It just started and then I felt it had stopped, and I felt like he opened up something, but then I needed to let it out, but I couldn’t because he wasn’t interested…I knew that I sort of had to get it out, but I sort of thought it was better inside because it’s safer inside.” (#82)

*Didn’t respond to me as an individual:*

“I just remember walking out afterwards saying to my Mum, I don’t like her, I don’t like her. She says these things to me, and you know, I felt that she was on Dad’s side.” (#50) *(This participant disclosed in childhood.)*
Interview Question 15 enquired what participants felt were the most important aspects of their disclosure experiences. (The question did not suggest whether “important” was necessarily linked to a positive or a negative experience.) Twelve themes emerged from the responses of participants who judged their disclosure experiences to be helpful. They are shown in Table 8.6. Responses to Question 15 from those participants who had unhelpful disclosure experiences were quite varied, and no coherent themes were identified. All response items appear in Table J.4 in Appendix J.
Table 8.6
In Disclosure Experiences Described as Helpful, Proportions of Themes Identified in Participants’ Views of the Therapeutic Factors That Were Influential in their Outcomes (from Responses to Interview Question 15)

<table>
<thead>
<tr>
<th>Themes</th>
<th>Frequency of Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counsellor believed me</td>
<td>8 (17%)</td>
</tr>
<tr>
<td>Listened to me</td>
<td>8 (17%)</td>
</tr>
<tr>
<td>Pre-existing rapport with counsellor</td>
<td>6 (13%)</td>
</tr>
<tr>
<td>Had respect for counsellor</td>
<td>4 (9%)</td>
</tr>
<tr>
<td>Felt could trust counsellor</td>
<td>3 (7%)</td>
</tr>
<tr>
<td>Engendered positive self esteem/belief in self</td>
<td>3 (7%)</td>
</tr>
<tr>
<td>Able to get it off my chest</td>
<td>3 (7%)</td>
</tr>
<tr>
<td>Counsellor not judging me</td>
<td>3 (7%)</td>
</tr>
<tr>
<td>Fact that the counsellor was female</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Counsellor was nurturing/caring</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Felt safe</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Counsellor was not shocked/horrified/revolted by what I was telling them</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Total</td>
<td>46 (100%)</td>
</tr>
</tbody>
</table>
Examples of responses to Interview Question 15 coded in each of the identified themes are:

**Believed me:**

“That she believed what I said was important, and like there was no question about that, but she had no doubt, or she didn’t at all question what I’d said.” (#90)

**Listened to me:**

“Actually being listened to. Just to let me go on as much as I could without… actually letting me speak, letting me get it out…” (#48)

**Pre-existing rapport with counsellor:**

“For me it was very important that I had known my counsellor for some time…I already trusted her.” (#60)

**Had respect for counsellor:**

“Well I liked her, that helped. I respected the way she operated.” (#98)

“Talking to someone I was comfortable with. Someone I knew was professional and ethical…someone …that I respected but who also respected me.” (#67)

**Felt could trust counsellor:**

“It was like a high degree of trust I sort of threw upon him, and I thought well ‘I told you this, I can trust you now, but you can’t let me down’, sort of thing, you know. Oh that was another thing, it was, oh I don’t know, sort of imperative that if this person wasn’t going to believe me it was all over. I probably would have walked out of the room.” (#47)

**Engendered positive self esteem/belief in self:**

“Getting some self esteem back, and belief in myself.” (#70)
Able to get it off my chest:

“Getting it out. Talking about it. Feeling relieved afterwards that I had the
courage to actually tell somebody. Relief that there was no more skeletons in the
closet.” (#85)

Counsellor not judging me:

“…I think the difference might have been that she wasn’t judging me, she was
just listening…before that, other people that I tried to talk to, had judged…” (#60)

Counsellor was female:

“One, that she was a female, that was really important. I don’t think I could have
ever spoken to a man about it.” (#87)

Counsellor was nurturing/caring:

“For someone to really care, and there’s no strings attached. That was the most
important thing. It was.” (#56)

“…like she was caring and warm and understood, made it easier.” (#69)

Felt safe:

“…I felt really safe and I knew that I could trust that I could say whatever came
up. That was incredibly useful in the sense that it then gave us information to
work with.” (#89)

Counsellor was not shocked/horrified/revolted by what I was telling them:

“That she was calm, she wasn’t horrified, she wasn’t shocked, which then gave
me confidence that I would feel comfortable to be able to talk to her…” (#90)
8.3.1 Analysis of the themes supporting the importance of validation of meaning-making in clients’ reconstruction

Analysis of the themes that emerged in participants’ responses to both Interview Questions 9 and 15 revealed “being believed” by the counsellor to be the most consistently identified factor that was influential in a helpful outcome (14% and 17% respectively). This lends support to the finding that clients’ feelings that their meaning-making processes are being validated in the therapeutic exchange is likely to lead to helpful change: “being believed” is seen as an indicator that clients were feeling that their processes of meaning-making were being validated.

Themes and individual responses were further analysed with the aim of elaborating my personal construct model as it relates to validation and reconstruction. In addition to “being believed”, were any of the other themes which emerged which similarly suggested that validation of the clients’ meaning-making processes was an influential factor in their outcomes? Careful analysis of the responses suggested that this was the case. All the responses to Interview Questions 9 and 15 that I judged to be supporting this idea, including “being believed”, are shown in Table 8.7.
Table 8.7
Responses Indicating That Validation of Clients’ Views of Themselves as Meaning Makers (Self as Subject) was an Influential Factor in Their Disclosure Outcomes

<table>
<thead>
<tr>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Believed me</td>
</tr>
<tr>
<td>Listened to me</td>
</tr>
<tr>
<td>Confirmed that it really was sexual assault/abuse</td>
</tr>
<tr>
<td>Gave unconditional support/emotional support</td>
</tr>
<tr>
<td>Understood</td>
</tr>
<tr>
<td>Cared/nurtured/showed compassion</td>
</tr>
<tr>
<td>Counsellor not judging me</td>
</tr>
<tr>
<td>Gave meaning to experience/put it in context/ gave explanation that made sense</td>
</tr>
<tr>
<td>Counsellor was not shocked/horrified/revolted by what I was telling them</td>
</tr>
<tr>
<td>To know that I was not crazy/wasn’t insane</td>
</tr>
<tr>
<td>Empowered me</td>
</tr>
<tr>
<td>Took me seriously</td>
</tr>
<tr>
<td>Therapist trying to help me make sense of everything</td>
</tr>
<tr>
<td>Confirmed that my process was sound</td>
</tr>
<tr>
<td>Didn’t make light of it</td>
</tr>
<tr>
<td>Feeling understood</td>
</tr>
</tbody>
</table>

Inclusion of responses such as “gave unconditional support/emotional support” and “cared/nurtured/showed compassion” may invite some explanation. I have judged them to be expressing validation of participants’ views of themselves as meaning-makers, based on the concept in personal construct theory that therapeutic support entails both acknowledgement of clients’ meanings, and their attempts to express them. Kelly (1955/1991) proposed that the elaborative potential of a given relationship, including
therapeutic relationships, is governed not only by the level of commonality (providing confirmation of important meanings), but also the level of understanding, or sociality, providing for elaboration of meanings. Responses suggesting that clients felt supported, understood, respected, and not judged, I have seen as implying that they felt their meaning-making efforts were being acknowledged, and therefore expressing validation of themselves as meaning-makers.

“…relationships that invalidate our very process as meaning making organisms are more likely to be destructive than those that affirm this process. Finally, relationships in which the other can show care and respect for my struggles are more likely to facilitate my continued evolution than those in which the other fails to show such caring.” (Leitner & Guthrie, 1992a, p.13)

Amongst those identified as helpful disclosure experiences, 62% of the 90 responses indicated that clients experienced validation of their meaning-making processes (see Figure 6). This is an impressive proportion of the total responses, considering that Interview Question 9 asked what the counsellor did or did not do to influence the outcome, and therefore, understandably, quite a large proportion of the 90 responses (25%) referred specifically to the counsellors’ behaviour, characteristics or expertise. In support of this finding, from the negative field, of the 10 responses relating to unhelpful disclosure experiences, two were clearly invalidating clients’ views of themselves as meaning-makers: the counsellor “treated it as a non-issue”, and the counsellor “didn’t validate my anger”. This lends further support to the finding that validation of clients’ meaning-making processes is profoundly important in enabling
clients to feel courageous enough to relinquish construing that has presumably served a useful purpose, and to begin to attribute new meanings to events.

Figure 5. Proportions (in percentages) of responses (from Interview Questions 9 and 15) that indicated that validation of meaning-making processes was influential in disclosure outcomes, shown as a percentage of the total responses of participants who indicated that their disclosure experiences were helpful.

8.4 Summary of results

In this chapter I have presented the findings of this research into the role of validation in reconstruction of clients’ beliefs about their sexual assault experiences, in counselling. Of the hypotheses about validation and reconstruction of clients’ beliefs, the frequency data suggested that Hypotheses 1 and 3 were upheld. Hypothesis 1 stated that if clients’ interpretations of their experiences of sexual assault were validated during the
disclosure experience, they would have been likely to have confirmed their existing beliefs about their assault experiences. Hypothesis 3 stated that if clients’ construing of themselves as meaning-makers were validated, they would have been more likely to have commenced reconstruction of their beliefs about their assault experiences. Hypothesis 2 was not upheld. It stated that if clients’ beliefs about themselves were validated, they would have been more likely to have commenced reconstruction of their beliefs about their assault as a result of the disclosure experience. I was unable to test these hypotheses by using independence statistics because the sample size proved to be too small to yield useful data. Because Hypothesis 2 appeared not to be upheld, the hypothesised pattern of validation foci most likely to lead to reconstruction of clients’ beliefs about their sexual assault experiences (Hypothesis 4) was only partly upheld. Rather, the pattern that emerged as most likely to enable reconstruction was:

Clients’ beliefs about their sexual assault experiences were invalidated;  
Their beliefs about themselves were invalidated; and  
Their construing of themselves as meaning-makers was validated.

An aspect of the disclosure experience that emerged as highly influential in enabling clients’ reconstruction of their beliefs about their sexual assault experiences was validation of their construing of themselves as meaning-makers.

Of the hypotheses about emotions, Hypothesis 5, which predicted that participants were more likely to experience higher levels of threat, anger and helplessness, and lower levels of positive affect, competence and contentment when describing their disclosure experience, than when describing their life in the present, was supported, with the exception of anger, which did not reach statistical significance.
Findings relating to Hypotheses 6 and 7, focusing on validation and reconstruction, were unable to be confirmed, also because the cell sizes were too small for the measures to reach significance. Hypothesis 6 stated that clients who experienced invalidation of any aspect of their construing during the disclosure experience would experience more negative emotion during their disclosure experience than clients who did not. Similarly, Hypothesis 7 stated that clients who experienced validation of any aspect of their construing during the disclosure experience would experience more positive emotions than clients who did not.

The findings relating to Hypothesis 8 were also unable to be confirmed because the estimated cell sizes were too small. Hypothesis 8 stated that participants who experienced higher levels of threat would be less likely to commence reconstruction of their beliefs about their assault than clients who experienced lower levels of threat.

Thematic analysis of participants’ responses to interview questions about the therapeutic factors they felt were influential in their disclosure experience outcomes, suggested that validation of their meaning-making was highly influential in helpful outcomes.

In the following chapter I further elaborate my personal construct model using eight case studies selected with purposeful sampling. The participants’ stories will be explored through analysis of their interview transcripts and questionnaire responses. In Chapter 10, I discuss the results of these case analyses, along with the results reported in this chapter.
CHAPTER 9

EXPLORING THE PATTERNS AND THE EXCEPTIONS IN THE STORIES OF THE PARTICIPANTS:

USING PURPOSEFUL SAMPLING TO ELABORATE THE PERSONAL CONSTRUCT MODEL OF THE ROLE OF VALIDATION IN RECONSTRUCTION, WITH COUNSELLORS, OF THE BELIEFS THAT CLIENTS HOLD ABOUT THEIR SEXUAL ASSAULT EXPERIENCES

"Some stories are so disturbing that they must be told in order for them to lose their destructive power. One of the most important elements in a healing process is to come to possess your own story and thereby create your own narrative." (Inger Agger, The Blue Room, 1992: p.5.)
In this chapter I elaborate my personal construct model by presenting the case studies of eight participants, selected using purposeful sampling. Their stories will be explored through analysis of their interview transcripts and questionnaire responses. I first explain my choice to use the qualitative research method of purposeful sampling to elaborate my personal construct model and to extend the results detailed in Chapter 8, and I provide the specific aims of the case analyses. I explain the reasons for selecting these eight cases for analysis, and I describe the method of analysis of the participants’ stories. I then describe the way in which the cases will be presented, and go on to present them.

9.1 Using purposeful sampling to elaborate my personal construct model.

The processes of using the Validation Assessment Technique (VAT) and the Reconstruction Assessment Technique (RAT) to analyse and rate the transcripts of the participants’ interviews, complex and rich in content as these were, made it clear that generalisation of the findings would be difficult. The participants’ experiences of abuse and assault were limited in their commonality, as were their experiences of disclosing. The results in relation to validation and reconstruction, which I described in Chapter 8, were not conclusive, as the sample was not large enough to attain sufficient estimated frequencies. Frequencies, however, indicated that the experiences of participants during disclosure, and the impact of those experiences on their outcomes had, in some aspects, conformed to the predictions put forward in my personal construct model, and in one aspect (beliefs about themselves) had not. In order to explore further my assumptions about clients’ experiences during disclosure, and to understand the possible role of a range of variables, further analysis was necessary. I recalled Kelly’s exhortation that it is
often more helpful to discover what the subject has learned, rather than whether or not they conform to what the experimenter has learned (Kelly 1955/1991, p.112). I needed to listen more carefully to what the participants were telling me about the meanings they made of their experiences, by focusing even more closely on their stories, their words.

I decided to explore the transcripts of selected participants using purposeful sampling. I chose to analyse eight cases, opting for information-rich data in preference to thinner data from a larger number of cases, which had already been achieved by analysis of the data supplied by application of the VAT and the RAT, and the content analysis scales.

“The logic and power of purposeful sampling lies in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research.” (Patton, 1990: p.169).

9.2 The aims of the case analyses

In presenting these case studies my broad goal is to elaborate and further test my personal construct model. The model, briefly summarised, proposed that most clients disclosing experiences of sexual assault to counsellors are to some extent construing their assault experiences in ways that are unhelpful to their optimal functioning. Optimal functioning for them may be enhanced through reconstruction of their unhelpful beliefs about their abuse experiences. The model proposed that when disclosing their abuse to counsellors, clients are more likely to begin to reconstruct their beliefs if they experience invalidation of their beliefs about the abuse, validation of their beliefs about themselves, and validation of their construing of themselves as meaning-makers.
The results to date (Chapter 8) have suggested that, while the first and last foci were confirmed, contrary to my hypothesis clients were more likely to reconstruct their beliefs about their sexual assault experiences if their beliefs about themselves were invalidated, rather than if they were validated.

The aims of the case analyses, therefore, are:

Aim 1. To elaborate the personal construct model proposed in this research, to see if further revision of the model is warranted.

Aim 2. To analyse and contrast the transcripts of the interview responses of eight participants in conjunction with the assessments of the two raters, and in the context of the participants’ demographic details and information about the circumstances of their assault experiences as provided in their written questionnaires.

Aim 3. To address Research Questions 4 and 6 (below), which relate to the impact of the disclosure experiences on the reconstruction of the participants’ beliefs.

Research Question 4:

Do clients who reconstructed their beliefs differ from those who did not, in the degree to which they experienced validation and/or invalidation during the disclosure experience?

Research Question 5:

If there are three different foci of clients’ construing which may be validated or invalidated, is there a difference in the validation patterns between clients who reconstructed their beliefs following disclosure, and those who did not reconstruct their beliefs?
9.3 The Method

9.3.1 Selection of cases

Eight cases were selected, with the aim of providing a detailed analysis of the validation and reconstruction experiences of a range of participants. Table 9.1 shows the pattern of validation experience with which each of these eight participants was judged by raters to conform, in relation to the overall pattern of validation experiences by participants.

Both of the first two cases I will describe were judged to conform with Pattern 1, the dominant validation pattern. I selected them because, despite the fact that both had positive disclosure experiences, and were rated to have the same validation pattern, there were differences in the interpretations they placed on their sexual assault experiences, and this illustrates the subtleties of the validation and reconstruction experiences. I then describe two cases from Pattern 2, which I had predicted would be the most dominant pattern, but was in fact the second most dominant. These two cases have important similarities which exemplify how sometimes validation of what seem to be unhelpful beliefs about self may yet prove to be helpful. In both these cases, the participants’ ambivalent sense of themselves, their sense that they were confused, was confirmed. The fact that their perceptions were validated enabled this to be a helpful process. Four participants (11%) were judged to fit Pattern 3a, and all had unhelpful disclosure experiences. I describe one case which typifies the four. I chose to tell and analyse Martha’s story, from Pattern 3b, because while she fits the (equal) third most frequently occurring pattern, her situation is unique among the participants: although she judged the disclosure experience to be helpful, she did not at that time reconstruct her (unhelpful)
beliefs about her abuse to any significant degree. I selected two cases from Pattern 4, to exemplify how two participants can have had very different disclosure experiences, one judged helpful and the other unhelpful, yet be judged to conform to the same validation pattern.

These 8 cases provide an indication of the range of experiences the participants described. They also exemplify the clinical usefulness of examining clients’ experiences of disclosure through the lens of the three validation foci presented in my Personal Construct Model.
Table 9.1: Patterns of validation experiences (in order of frequency), showing the position in the patterns of the participants whose cases were selected for analysis

<table>
<thead>
<tr>
<th>Patterns of Validation Experience</th>
<th>Frequency</th>
<th>Reconstruction</th>
<th>Disclosure Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1 assault – invalidated self - invalidated processes - validated</td>
<td>13 (37%)</td>
<td>Joanne</td>
<td>13 (37%)</td>
</tr>
<tr>
<td>2 assault – invalidated self - validated processes - validated</td>
<td>8 (23%)</td>
<td>Lyn</td>
<td>7 (20%)</td>
</tr>
<tr>
<td>3 assault – validated self - validated processes - validated</td>
<td>4 (11%)</td>
<td>Ellie</td>
<td>0</td>
</tr>
<tr>
<td>4 assault – validated self - invalidad processes - validated</td>
<td>4 (11%)</td>
<td>Pat</td>
<td>3 (9%)</td>
</tr>
<tr>
<td>5 assault – validated self - invalidad processes - invalidad</td>
<td>3 (9%)</td>
<td>Chen</td>
<td>3 (9%)</td>
</tr>
<tr>
<td>6 assault – validated self - validated processes - invalidad</td>
<td>2 (6%)</td>
<td>Pat</td>
<td>0</td>
</tr>
<tr>
<td>7 assault – validated self - validated processes - invalidad</td>
<td>1 (3%)</td>
<td>Chen</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>


9.3.2 Method of analysis

The unit of analysis is the case, and each case is an individual participant (Miles & Huberman, 1994). In analysing the eight cases, I re-examined each of the eight participants’ completed questionnaires, immersed myself again in their interview transcripts, and studied the ratings and notes written by raters on their Response Sheets. I then formulated my ideas about the factors most likely to have been influencing the outcomes for participants.

9.3.3 Presentation

Participants have been given pseudonyms to protect their privacy. At the time of data collection I had not the forethought to ask participants to nominate a pseudonym for themselves, as I was not then anticipating presenting their stories individually. “Samantha”, who was the last participant to be interviewed, nominated her pseudonym unasked, should the need for one arise. I selected all other pseudonyms, assigning names that felt to me to be socio-culturally and characteristically congruent with participants’ own names.

During this analysis, I refer to the participants’ responses to specific interview questions. I also refer to their responses to questions in the initial written questionnaire. (The questionnaires were administered between one week and one month prior to the interviews, and included questions about demographic details and information about participants’ sexual assault experiences, and about the circumstances of the disclosure to the counsellor.) The questionnaire is attached as Appendix C and the interview protocol as Appendix H.
For purposes of clarity, where participants’ responses to interview questions are being quoted or referred to, a code will be used to identify the particular interview question, for example “IQ4”, for “Interview Question 4”. Where responses to the questionnaire are being quoted, the code will be, for example “QQ3.8” for “Questionnaire Question 3.8”. When participants’ responses to interview questions are being quoted, their words are repeated verbatim, as transcribed, without editing or added emphasis. When their responses to questionnaire items are presented, they are transcribed as participants wrote them, including idiosyncratic spelling, grammar, abbreviations and emphasis.

As described in Chapter 7, each of the transcripts of the case studies presented here was assessed by two independent raters, who subsequently conferred about them for the purposes of clarity and agreement on rating. The Response Sheet for Raters is attached as Appendix E, and the Instructions for the independent raters as Appendix F.

9.4  Case Study 1: “Joanne”

9.4.1 Background

Joanne was a 25 year old single woman, unemployed. Her mother had died when Joanne was young (Joanne did not specify her age) and her father died when she was “about sixteen”. Following his death she had stayed at home with her brother briefly, but from then on was “living on the streets”.

At the time of the interview Joanne had been seeing a counsellor for over a year, as well as attending a support group for survivors of child sexual abuse. When Joanne first approached a counsellor it was for assistance with drug and alcohol addiction. She
was then “in denial about the sexual abuse” (QQ3.8). When completing the questionnaire, she ranked dealing with the problems resulting from the sexual abuse as having top priority in her counselling.

In this questionnaire, Joanne identified two different experiences of sexual abuse. She had been sexually abused on several occasions from the age of seven by her brother and sister. The second assault experience she identified was being raped by a youth worker five years prior to the disclosure. Joanne believed that her drug and alcohol abuse was an attempt to suppress her feelings of pain related to her sexual abuse experiences:

“Every time I thought of it I really hated myself. I just went out and like, drank or drunk or something like that to make me feel like I was, I didn’t have to think or feel about it. The feelings in my body and stuff.” (IQ4)

9.4.2 Major themes

A recurring theme in Joanne’s interview was her belief that the abuse had been her own fault. Another is the very significant change in her quality of life and beliefs about herself after she had disclosed and confronted the reality of the abuse. Prior to disclosing, her attempts to suppress awareness of the abuse had contributed to a very self-destructive lifestyle. The response she received on disclosing was extremely influential in enabling her to reconstruct her beliefs.

Another clear message in Joanne’s interview responses was her strong need to disclose the abuse, despite her expectation that she would experience a negative response. The fear was based primarily on her childhood experience of disclosing the abuse by her siblings to her mother.
“It was really hard to trust the therapist, even though I did feel a little safe and that around her. Because when I was young, I told my Mum and the consequences of that was like, really horrible. I was really scared like to tell other people cause I didn’t know how they were going to react or what was going to happen….It was like really, really scary and I still didn’t know to tell or not, I was still really hesitant even though I did really want to do it. It was just really scary.” (IQ2)

“I always thought I’d get a horrible reaction, or they wouldn’t really understand where I was at or understand what I was feeling. And, um, just that I thought, when I told her she wouldn’t like me or something…”(IQ3)

When asked to what extent her expectation was validated, she responded:

“It wasn’t at all. I was kind of shocked by the reaction I got. She was nice and calm and understanding and warm and that.” (IQ3)

9.4.3 The validation analysis

Both raters agreed unequivocally that reconstruction of Joanne’s beliefs about the abuse had occurred, and judged that her beliefs about the abuse had been invalidated, and her beliefs about herself had been invalidated. Both raters also commented that while evidence for invalidation of Joanne’s construing of herself as a meaning-maker was not always specific, they felt very confident that the sense from the transcript as a whole was of meaning-making processes being validated.

9.4.3.1 Joanne’s beliefs about the abuse

As stated, both raters judged that Joanne’s beliefs about the abuse had been invalidated. In response to being asked to what extent she felt that the sense she had made of the abuse was validated or invalidated, Joanne said:
“I felt like I deserved it and I was to blame for it and after I disclosed I felt like I had a little bit of power to not let it rule my life and not let everything, like I could move, shift. It was like I saw a bit of light or something, you know what I mean? ….(Interviewer: did you feel that your belief that it was your fault was validated or invalidated?) Invalidated. (On a rating scale of one to five, if five is validated and one is invalidated?) One.” (IQ8)

When asked an open question about what had been validated for her and what invalidated as a result of the disclosure experience, she responded:

“That it wasn’t my fault and that I didn’t ask for it, I didn’t want it. How could I defend myself? And that there is a way to deal with it. And you’ve just got to know to trust, even if it’s just a little bit. You can start with that and grow with it.” (IQ14)

Although revision of the belief that it was her fault sounds clear, Joanne talked about recurrences of doubt after the disclosure experience, when the invalidated belief resurfaced: “Like after disclosure, every now and then I think I’m still at fault” (IQ8). Where her construing changed significantly was that she was able to reinstate her revised belief quite quickly: “but I know that I’m not at fault. You know what I mean, like I can change it a lot quicker than to sit there going, yeah it was my fault, I deserved it, I’m a this or a that. So now I’m in control of it.” (IQ8)

Joanne had a sense that she could begin to control her beliefs about the abuse, where prior to this disclosure experience her only way of feeling in control was to suppress the awareness of the abuse using alcohol and drugs. While this is an example of her revising her beliefs about the abuse, it also reflects on her beliefs about herself, as
well as her beliefs about herself as a meaning-maker. It will be explored further in the Discussion section of this case study.

There are clearly several factors in Joanne’s experience which enabled her to begin reconstruction of her beliefs following the positive disclosure experience. Firstly, Joanne was very strongly motivated to revise her construing:

“I wanted to help myself and get out of where I was cause I was in too, too much madness, and I wasn’t safe. And I had bad problems with my addictions and that so I had to get rid of them before I could even start worrying about disclosing and feelings.” (IQ2)

It may have become less threatening to revise her construing than it was to continue living with the “madness” of her lifestyle.

Secondly, Joanne’s constructs relating to the abuse had some permeability, which would have made them more open to revision than if they had been impermeable. Joanne said that prior to disclosure:

“I believed it but I didn’t believe it. Like half and half. I knew it did happen but I wanted to not believe that it did happen.” (IQ4)

After admitting some invalidation of her beliefs about the abuse, Joanne experienced the anxiety and “disarray” (Kelly, 1955/1991: p.357) which can accompany such loosening of formulations. Her way of coping with this insecurity was to set about installing some structure that would enable her to tighten her elaborated construing.

“It was like it was scary. It was like I opened a huge double door and I didn’t really, I felt as though I was out all by myself or something, and I had to um, like I knew I was going to get help, but I needed more help, you know what I mean
like, support networks and that. So um, that was the first thing we worked on getting my support networks and that, and so once I did that I felt more like, supported and cared about.” (IQ5)

9.4.3.2 Joanne’s beliefs about herself

Both raters judged that Joanne’s beliefs about herself had been invalidated. Her sense of self prior to disclosure she described in unipolar terms. She was identifying only a negative sense of herself. When asked about her sense of self-worth prior to disclosure, Joanne responded:

“Didn’t have none. Didn’t even know it existed. I didn’t care, I just wanted to die. I didn’t care. I had nothing to live for. (Interviewer: was that validated or invalidated?) Invalidated. (To what extent?) Oh, probably in the middle.” (IQ11)

And when asked about her sense of self:

“I wanted to get away from myself that I was then. Didn’t like me. (Who was the “you”, that you didn’t like?) Just the ratbag part, the drinking, on the streets, in the backyard, and children, hurting other people and stuff, doing it all the time. (That’s how you saw yourself, like a ratbag?) Yeah, out of control.” (IQ12)

Joanne’s construing about herself as a “ratbag”, a self she could not like, someone who had nothing to live for, was invalidated. She recognised that not only could she be someone worthwhile, she already was someone worthwhile. Her beliefs about herself may not have been as unipolar as they appeared, she may have been submerging an alternative pole, which the invalidation experienced during disclosure then enabled her to explore. Joanne described the revelation of submerged poles relating to the self that she found she wanted to know more fully:
“I felt like, um, I could be someone, or no, I was actually someone. Like um, it’s hard to say whether it was validated or invalidated because, um it was like, I didn’t know there was another part in me. Once I did disclose, I started seeing the other side of me. You know what I mean, I started seeing the light side of me. And um, that side, I wanted to find.” (IQ12)

In her responses Joanne attributes her negative sense of self to the abuse, although it is likely that the abuse was one among a number of traumatic experiences which were influential on her core construing, others including the death of both parents while she was young, and her experiences while living on the streets. Without making an objective judgement about abuse severity, Joanne did not experience continuous and prolonged abuse in the way that some participants did (such as Martha, Case Study 5). The effect of the abuse may not have been as influential in terms of her superordinate core construing. In this case, revision of her beliefs about herself may not have been as threatening as for some others.

The disclosure experience was a very significant step in Joanne’s being able to accept that the abuse happened, without hating herself. She was able to revise the role of the abuse in formulating her sense of self.

9.4.3.3 Joanne’s construing of herself as a meaning-maker

When asked to what extent she saw herself as a person who could make sense of things, Joanne responded:

“... Yeah, I knew it...”
had a full reason but I didn’t know what it was, what it happened for. *(So you knew there was a reason but you didn’t know what it was?)* Yeah. Yeah. It was just making more sense to me that it wasn’t me. It was like something foreign that I was brought up in. Like that you can get over that and that if I believed in myself and my own ability, I could make it. That’s like how the therapist said it to me.” *(IQ13)*

While the evidence is not specific, both raters judged that Joanne’s beliefs about herself as a meaning-maker had been validated. Her comment “it was just making more sense to me that it wasn’t me” was interpreted as Joanne’s confirming her suspicion that her difficulties, rather than being inherent or deserved, a consequence of her own actions or worthlessness, were more likely to have been environmentally or socially influenced. At some level she had already ascribed this meaning. She had “known”, but until the disclosure had not been able to bring it to a higher level of cognitive awareness: “I knew it had a full reason but I didn’t know what it was”.

During the disclosure, this process – believing but not believing, knowing but not wanting to believe - had been validated by the counsellor as being a reasonable response, which constituted validation of Joanne’s meaning-making. The counsellor also validated Joanne’s difficulty in trusting people:

“It was good once I did it cause, like I didn’t trust at all and she understood as well, which was good.” *(IQ2)*

By confirming Joanne’s telling of her story without judging her, the counsellor validated her processes of assigning meaning. Joanne commented several times on how
she had felt understood. She recognised that the counsellor was construing her meaning-making processes.

9.4.4 Joanne: a model-related summary

Joanne’s case deviates from the pattern originally proposed in my personal construct model in respect to one focus of validation: her beliefs about herself were invalidated, and yet reconstruction of her beliefs occurred, and Joanne moved in the direction of optimal functioning as a result of the disclosure experience. Joanne’s beliefs about herself prior to the disclosure experience were unhelpful to optimal functioning, yet it appears there may have been a submerged pole, “the light side of me”, which the disclosure experience made more available for her to apply. Her readiness to uncover this submerged pole, “that side, I wanted to find” (IQ12), may have been influential in her being able to reconstruct both her beliefs about the abuse and her beliefs about herself. The permeability of her constructs about herself may have enabled invalidation of her beliefs about the abuse as well as aspects of self, without unendurable threat to her construct system.

Joanne’s revised construing about control is an important aspect of her reconstruction. She realised that she could begin to control her beliefs about the abuse, where prior to this disclosure experience she felt she had no control. Discovering that she could control her beliefs about the abuse had implications for her beliefs about herself. Validation of her construing of her meaning-making, her ability to make sense of and ascribe meaning to events, is most likely to have enabled revision of her constructs about control. Being able to ascribe a meaning to the abuse that enabled her to think of it without hating herself, quite dramatically changed her construing about herself. She
could see herself as a person with control: “that you can get over that and that if I believed in myself and my own ability, I could make it”. (IQ13) Validation of her construing of herself as a meaning-maker appears to have enabled Joanne to cope with the threat involved in having aspects of her sense of self invalidated.

Joanne’s experience only partly complies with the pattern proposed in my personal construct model. Both raters judged that while her beliefs about the abuse were invalidated, and her construing of herself as a meaning-maker was validated, her beliefs about herself were invalidated, and yet reconstruction had very clearly occurred.

Joanne’s case adds further evidence to the picture emerging in this research: for people who have experienced sexual assault or abuse, reconstruction of their unhelpful beliefs about their abuse is accompanied by invalidation of unhelpful beliefs about themselves. It may be that as long as validation of clients’ construing of themselves as meaning-makers is occurring, they may be able not only to cope with invalidation of their beliefs about themselves, but use such invalidation constructively.

9.5 Case study 2: Penelope

9.5.1 Background

Penelope was a forty three year old woman, married for eighteen years, with two school-age children. She was in full-time employment in the social welfare field and was engaged in part-time post-graduate study.

Penelope described being raped on two occasions, the first at the age of eighteen, the second at twenty-two. She had always found the second assault easier to come to terms with than the first: she was raped by a stranger when she was travelling in a non-
English-speaking country. She reported the rape to police immediately on arriving at her destination, and the police were dismissive and abusive towards her. Nevertheless, she found: “this assault I can better deal with” because “this…incident I considered very definitely to be rape.” (QQ3.8).

The first assault was the focus of the disclosure experience she described to me, and had proved much more difficult to make sense of and come to terms with. At the time of the rape she was “an innocent Catholic virgin”(QQ2.7). She described the incident in the questionnaire:

“At 18 y.o. I thought it was my fault. I went with a friend to a place we should not have gone to. The rapist was 13 years older than me; a sporting hero; very handsome; in a relationship with a beautiful woman; I was in awe of them both. I woke up, his weight on top of me. No one would ever have believed me.” (QQ2.7)

A period of drug and alcohol abuse and (relative) promiscuity followed this assault. Many years later Penelope disclosed the assault to a counsellor whom she had been seeing for relationship problems she felt at the time were related to her husband’s drinking problem. When she went to counselling she had been quite unaware of any intention of disclosing the story of the assault. Her response to a questionnaire item asking if there was anything else she would like to say about her experience of disclosing, was highly ambivalent:

“Painful; pathetic; stripped; exposed; stupid; angry – all these feelings as well as thoughts such as - it’s past, what does it matter now, what’s done is done. I’m OK.” (QQ6.3)
9.5.2 Major themes

The major theme in Penelope’s story about her sexual assault experience was the complexity and ambiguity of the meaning she assigned to it. She lived with two “parallel” interpretations of the experience. She developed an explanation that defined the experience as consensual sex, in order to have a story with which she could more easily live. This story was initially developed for other people, but to some degree she came to believe in it. Apparently simultaneously, however, she did not entirely lose the belief that it was a rape, for which she blamed herself: “I brought it on myself.” (IQ.14).

9.5.3 The validation analysis

As for Joanne, both raters judged that Penelope reconstructed her beliefs as a result of the disclosure, and that her beliefs about the assault were invalidated, her beliefs about herself invalidated, and her construing processes validated. Both also judged that reconstruction of Penelope’s beliefs helped move her towards more optimal functioning. Penelope’s story was interesting in several ways. It illustrates how an event may be consciously remembered, but aspects of its meaning suspended. It is also a further example of the ways in which invalidation of a person’s beliefs about themselves may enhance reconstruction of their unhelpful beliefs about their sexual assault experiences.

9.5.3.1 Penelope’s beliefs about the sexual assault

When Penelope disclosed to the counsellor, her construing about the assault was tight. There were only two possible interpretations. The dominant version was the public version: that it was not a rape but an adventure. The alternative pole of the belief was that it was rape, which she had brought on herself, and about which she expected to be disbelieved if she ever disclosed. In retrospect she saw:
“...there’s two sides, very much two parallel stories always been running though my life as to that experience, and with one lot of people it’s been me the hero that wanted all this to happen, and then the other side...that other person who didn’t really want it to happen. And that’s really what the true story was...” (IQ13.)

The preferred pole was the public version - “me the hero”. Construing it as consensual was one of Penelope’s ways of making sense of her experience. It served to “make myself a bit of a hero amongst the peer group”, instead of a victim who had brought a sexual assault upon herself. It came to be presented to her peers as a daring sexual adventure with an older man, and she admitted this preferred interpretation to her construct system.

“I remember vaguely going to see the Campus Counsellor when I was 18/19 years but I would not have brought up the rape since I did not recognise it as rape at that time. This assault I buried and forgot.” (QQ3.8)

However, while saying that she did not identify it as rape, at the same time she knew she had not been a consenting participant. Not consenting perhaps, but nevertheless culpable:

“...the reasons that I didn’t think I’d been raped were, well, I didn’t yell out, I didn’t scream, I didn’t do anything. You know all of those things were believed, things that were, you know, I really asked for this. And the other thing was...this person was very attractive, and then, yes of course at that age, I was attracted to him anyway, but that was one of the things that made me think that I brought it on myself.”(IQ14)

Both of these paradoxical beliefs were invalidated during the disclosure. Firstly, the “it was not rape” version:
“...the real version ('it was rape' version)...keep popping up and hitting me in the stomach. So it was like having to let go that version ('it was not rape' version), in a way...”(QQ13)

Secondly, the belief that the rape was her sole responsibility:

“...it was my fault, it was my fault, because I went somewhere that I shouldn’t have gone...that was the difference. That was the turning point I guess, because, no it wasn’t your fault, that’s what she was trying to tell me.” (IQ4)

“well I sort of believed her, yeah I believe she believed what she was saying. I agreed with her.” (QQ5)

Loosening of her construing during the experience with the counsellor enabled elaboration of the event, and Penelope discovered that a third version was feasible. That it was rape, and that she was not to blame. “...that I have been raped, it hadn’t been my choice.” (IQ14)

Relinquishing the “hero version” of the story was a courageous step, and Penelope subsequently took an equally courageous step, to ensure that she did not allow the “hero version” to slide back to preferred status:

“One of the things I did, a few months later, was to write my girlfriend that I was with at the time of that, I actually wrote to her and told her that it wasn’t the way I told her. It wasn’t the great experience that I had with this person...and that it was rape.”(QQ13)
9.5.3.2 Penelope’s beliefs about herself

Penelope’s beliefs about herself were challenged. Her sense of herself as a worthwhile person was not invalidated, but she began to see herself as not having been honest with herself and others, as playing out roles which may not be real.

“…I think that experience kind of alerted me at the time, to the exterior that I have about myself. I think I see myself as a valuable and worthwhile person, but I think I have to play certain roles all the time.” (Interviewer: at that time?) “Yeah, the same.” (IQ11)

Coming to see herself as having been “living a lie” brought about a shift in her views of and feelings about significant others in her life. She felt she had been blaming her husband for problems in their relationship for which she was now willing to accept partial responsibility. Her shift in her sense of herself also led to a significant shift in her feelings towards her mother:

“…until that experience I actually had a lot of anger towards my mother…and I think that actual disclosure, for some reason, I had less afterwards. Because my mother has basically to me always lived her life as a lie. That’s getting a bit close isn’t it? (laugh) And so I have a real problem with that, because she can’t actually face up to herself, as to who she really is, um, and I don’t know why, but that whole period then, I came out of that, feeling less angry with her. That’s probably linked to my sense of self because I might be doing something similar. I might be. Through that experience I came to recognise something, but whether I’ve been able to change it, is another question.” (IQ12)
9.5.3.3 Penelope’s construing of herself as a meaning-maker

Both raters judged that Penelope experienced validation of her construing of herself as a meaning-maker. On the one hand her view of her ability to make sense of things was very challenged by the realisation that for a long time she had been clinging to an interpretation of the experience that she was now seeing as invalid:

“…I think I’m still funny about that because I think to myself, it’s so obvious, and then I think I’m really stupid. And that really annoys me, because I don’t like to think that you can be so stupid.” (IQ.4)

However, she also recognised that attributing the “me the hero” meaning to the event, had been a way of coping:

“…I think… I preferred the view that I had. In terms of the reality I chose with my friends, that version of it, which is separate to the real version” (IQ13)

The implications of the “real” version had been too unacceptable to be assimilated. As a result of her experience with the counsellor, Penelope was to some extent confused about and struggling with her sense of herself as a meaning-maker. Despite this, the fact that she was not judged by the counsellor, either for her actions at the time of the rape or for the meanings she had assigned to it, validated her processes.

9.5.4 Penelope: a model-related summary

It seems that what facilitated Penelope’s ability to finally elaborate her construing about her abuse was a combination of factors. The “hero version” was no longer remaining comfortably within the range of convenience of her construct system. Also, in talking with someone with whom she felt safe enough to loosen her construing, she opened up the possibility of alternative constructions of the event.
“...having tried talking to people before, I actually did talk, did actually get honest...I think that the difference might have been that she wasn’t judging me, she was just listening and she was good at moving on, and before that other people that I tried to talk to had judged...” (IQ.15)

At the time of the interview, Penelope saw that while the “hero version” had served its purpose when she was younger, “living with a lie” had become unhelpful, to herself, her marriage and other relationships. It was painful to relinquish the preferred version, but as Penelope said:

“...I feel I have learned to be a little more honest about who I am really.” (QQ7.1)

9.6 Case study 3: Lyn

9.6.1 Background

Lyn was a 38 year old married woman with four children, two with her present husband and two from a previous marriage. Her oldest child (a son) lived in the country with his father. She was primarily taking care of home and family, but also undertaking a basic English and Mathematics program at a College of Technical and Further Education (TAFE). She had not completed secondary school, and as she was planning to undertake a course of formal study at a TAFE College the next year, she wanted to prepare herself.

Lyn had been sexually abused by her uncle when she was aged four and five. Her memories about the abuse had been largely suspended, but had begun returning “in pieces”, the clearest memories emerging on one occasion when she was bathing her two younger children. When she telephoned her sister to talk to her about it, she learned that her sister had also been abused by the same uncle. They subsequently learned that he had
also abused his granddaughter. With her sister, Lyn reported the abuse to the police and her uncle was charged with sexual assault. At the time of our interview, Lyn and her sister had been to court for a Hearing, which they had found a very traumatic experience, and the legal proceedings were continuing.

The disclosure experience Lyn chose to discuss with me occurred several years after the original recovery of the memories, and after she had already undergone counselling. Another memory had emerged, of a particular incident of abuse by her uncle, which occurred some time after the original abuse and was different in nature. She had been forced to touch her uncle’s genitals, whereas formerly he had physically molested her. Lyn chose to use a telephone counselling service:

“...wasn’t real sure about the incident at all. I wasn’t sure whether it was a sexual assault as such because of what happened. It sort of confused me a little, so when I rang (agency) I thought it would be the easiest way to ask somebody without sort of letting anybody else know who I was, sort of. I can’t think of the word. Anonymous, I wanted to talk to somebody anonymously.” (IQ2)

Lyn subsequently reported this additional incident to the police and it was added to the charges against her uncle.

Lyn was very surprised at the strength of her physical response when she disclosed the incident to the telephone counsellor:

“I didn’t realise it was going to be so difficult and then when I did start to describe what happened, my physical reaction to it just, it confused me completely, because at my age I didn’t think...there’s not too much that sort of throws me now at my age...I suddenly thought oh, why am I feeling sick? Why
am I shaking? Why am I feeling tense and feeling like this?…I had a lump in my throat, I had this huge lump in my chest, I felt sick on the stomach, I started to shake. My whole body was tense, I ended up crying. It just affected me, my whole physical being was sort of reacting. The tightness in the chest, sick in the stomach, swallowing hard, a lot, the shaking, sort of getting hot, it was just totally confusing and I felt myself sort of going through some of the motions that I went through when it happened and after it happened, because I had to go and wash my hands, and I was washing them a lot and scrubbing them and hurting myself, scrubbing my hands and I felt that I was going through those same emotions…”

(IQ2)

9.6.2 Major themes

The major themes in Lyn’s story of disclosure relate to the importance of being told by the counsellor that her experience really did constitute a further incident of sexual abuse, her surprise and confusion at the lack of control she had over her physical reaction as she disclosed, and her “relief that there was no more skeletons in the closet” (IQ15).

9.6.3 The validation analysis

Both raters agreed that Lyn’s validation pattern complied with that in my proposed model: her beliefs about the abuse were invalidated, her beliefs about herself were validated, and her construing about her meaning-making was validated. She was also judged to have reconstructed her beliefs about the assault.
9.6.3.1 Lyn’s beliefs about the sexual assault

Lyn thought that the incident where she was forced to touch her uncle’s genitals did not constitute sexual assault of her: “I didn’t know whether it was an assault on me.” (IQ4).

“At the time I wasn’t real sure whether it was a sexual assault because it was different to the first assault statement I had given to the police…I wasn’t real sure how to classify it and then talking to the (agency) counsellor and describing what happened, she said it was a sexual assault. Before that I was just confused. I didn’t know what it was.” (IQ4)

After the disclosure experience:

“I remember sitting on the chair crying, feeling relieved that I had actually spoken about it. Feeling relieved that the actual event was clarified for me. Annoyed that it was a sexual assault attack, confused about why he did what he did.” (IQ5)

“There was a lot of change actually. There was a lot of relief that I’d cleared it all up, got it all out, gone through the physical reaction of speaking about it, so I did change a lot after that I think. Probably four.” (out of a rating scale where five equals “a lot of change”) (IQ6)

9.6.3.2 Lyn’s beliefs about herself

Analysing the extent to which Lyn’s beliefs about herself were validated or invalidated was not easy because her responses to the questions aimed at eliciting these beliefs expressed some ambiguity. She described herself as having “low self esteem, low self worth, always sacrificing myself for others” (IQ11), and thinking “why me? What have I done to have to go through all this crap?”, and “I felt that I was being punished or
tested or something” (IQ12). However, she was also becoming aware that she was going through a time of transition:

“…but then I sort of gained strength from it and I think now that all those things that I went through made me stronger and then I was strong enough to go to the police and say what had happened to me as a kid. I think it was sort of like, “I’ve had enough of this, I’m going to do something for me now, I’m going to change my life, I want to live my life the way I want it not the way I’m expected, other people want me to live, and so I did have a big change around…” (IQ12)

Raters judged that overall her ambivalent sense of herself was confirmed in the disclosure experience, both the fact that she had been seeing herself as low in self esteem, and the emerging sense of herself as someone who could be strong.

9.6.3.3 Lyn’s construing of herself as a meaning-maker

Lyn’s sense of herself as a maker of meaning had been severely challenged as she tried to make sense of her emerging memories of her childhood experiences.

“I think back then I tried to be sensible and tried to make sense of things but some things just didn’t seem to make sense…” (IQ)

She was very confused about whether her most recent recollection constituted abuse, but after talking with the counsellor, and having it clarified:

“Well, I understood why I was confused because I didn’t know what had happened, and then when I spoke about it and got it out, I was less confused, because then I knew that it had a classification I suppose, it was a sexual assault, and um, so I was less confused afterwards.” (IQ8)
Another aspect of her experience that validated Lyn’s sense of herself as a meaning-maker was believing that her physical symptoms when she disclosed probably mirrored her physical response at the time of the sexual abuse. Initially she was:

“…annoyed with myself for not being able to control my physical reaction to it. I though I had four kids, I’m pretty sensible, I can control myself most of the time, why can’t I control this now? What’s happening?” (IQ12)

However, she then felt:

“My physical reaction I think confirmed that that was my physical reaction at the time that it happened, and so it made it more clearer. It made it easier for me afterwards. It confirmed that yes, this did happen, yes, I did feel this physical reaction when it happened. Yes, it was wrong, yes, it was an assault on me and it sort of made me determined I suppose that I was going to do something about it because it confirmed that it did happen.” (IQ14)

9.6.4 Lyn: a model-related summary

When she disclosed the specific incident of abuse to the telephone counsellor, Lyn was needing clarification about the “classification” of the incident: was this sexual assault? If it was, she wanted to add it to the existing police report, but was threatened by the potentially invalidating experience of disclosing it to the police, and having it disregarded. The prospect of disclosing first to the counsellor was also potentially threatening, but less so. Clearly, Lyn wanted more from the exchange with the counsellor than clarification of the facts. She was very confused, both about the event, and about her own ability to interpret the event. By providing Lyn with information that led to her acceptance of the event as assault, and by confirming that Lyn’s physical response made
perfect sense in the circumstances, the counsellor validated her meaning-making processes, and enhanced her progress towards optimal functioning.

Lyn’s beliefs about herself at the time were ambivalent, and she seems to have emerged from the disclosure experience feeling clearer about how this came to be. This validation of her sense of self seems similarly to have enhanced her ability to feel confident about the reconstruction of her beliefs about the sexual assault.

“I feel now that I can get along, get on with my life. I can get on with my physical being because I don’t have this, um, physical dark knot that was inside me before. It’s opened up and it’s out and it’s easier to concentrate on myself now, physically as well as emotionally and mentally, and that’s what I’m trying to do now.” (IQ15)

9.7 Case study 4: Samantha

9.7.1 Background information about Samantha

Samantha was a 35 year-old postgraduate psychology student. She was sexually abused by her father from approximately age five to age nine. Her memories of the abuse had been suspended until three or four months prior to the disclosure. When she was aged in her mid-twenties, she visited the town where she had spent her childhood. While standing outside her old family home, the memories of the abuse emerged, along with other memories about her family that had been suspended. Following the emergence of these memories of her childhood, she felt that other events and experiences in her life “clunked into place”. She “felt scared, I felt bewildered, I felt confused, I felt like, um, maybe I was just being silly or it didn’t really happen, like it wasn’t quite true” (IQ2).
She subsequently sought help from a “white, male, middle-aged psychiatrist” when she was in her mid-twenties. She disclosed “after the first couple of appointments” when she had come to feel she could trust him.

9.7.2 Major themes

At the time of disclosure, Samantha’s memories had only recently surfaced. Because of her awareness that because of this her story may not be taken seriously, having her experience validated by someone with professional expertise and credibility became crucial to her own acceptance of them and her ability to reconstruct.

“Afterwards when I felt listened to and believed and like the visual compassion, it made me feel like someone cared. So maybe make it, make it five, for a lot of change. Not just someone cared, but someone powerful cared, because I knew, like the only other person who knew was my partner and I knew he cared but he wasn’t a powerful person in the sense of, you know, like, a doctor kind of thing, like he wasn’t in the know, he didn’t have that knowledge, you know so someone powerful believed in me, listened to me and cared.” (IQ6)

Her experience was treated respectfully and taken seriously:

“…he asked me questions but he didn’t, like, loom in and interrogate, he just kind of watched when I was ready and then asked in a gentle, kind of tentative way ‘are you able to tell me what you can remember?’ . So he did it in a really nice way. Just - listened to me and took what I had to say seriously.” (IQ9)

Another theme which emerged from Samantha’s interview and questionnaire responses was that in retrospect she saw the disclosure experience as just the first step on a long and profound journey of understanding and self discovery.
“...I didn’t understand the full manifestation of it all, the whole kind of process, like that came later, but on that day I just had a kind of sinking feeling so I knew it was something that was sort of (pause) deep and dark. And I think it kind of as a precursor to understanding things fully, it kind of, sort of jostled my idea about different family situations that I did remember. It put them, it didn’t put them in context but it shifted my initial prior-to-disclosing part of my life. It was the beginning of shifting it around.” (IQ4)

“I think the reception I got from that person was the most important, not the messages of ‘it’s not revolting’ you know, because I had to sort that out later, you know, like, delve into that. Like all the shame and stuff, that came a bit later. But if you’re talking about that initial telling, that tiny little chunk.” (IQ15)

9.7.3 The validation analysis

Analysing Samantha’s transcript proved a challenge to the two raters. Both found it difficult to assess the degree to which her beliefs, and her meaning-making processes, had been validated. After considerable discussion, they decided that Samantha had experienced invalidation of her beliefs about the abuse, validation of her beliefs about herself, and validation of her construing processes. What makes her case particularly interesting is that despite the fact that the judges felt some aspects of Samantha’s construing of herself as a meaning-maker were invalidated, it was judged that overall it was more validated than invalidated, and she had reconstructed her beliefs in a way that was very helpful and clearly moved her in the direction of optimal functioning.
It should be said that the raters did not feel as committed to their ratings about Samantha’s construing as they did with other participants, and would be prepared to consider contrary opinions.

9.7.3.1 Samantha’s beliefs about the sexual abuse

“It disconfirmed the fact that I thought maybe it didn’t really happen.” (IQ14) Samantha’s memories of the abuse were fresh, and she doubted them. Her doubts were invalidated in the disclosure experience. Samantha did not explain what had led her to revisit her childhood home. No members of her family still lived there. The reclaiming of her suspended construing about the abuse supports the idea that a shift was already occurring in her construct system. It is likely that the abuse memories had been held in abeyance because they were incompatible with the rest of her construct system or because their implications were intolerable (Winter, 1992). If an event has ceased to be held in suspension, it is likely to have happened because further reconstruing has taken place which placed it once more within the range of convenience of the construct system. (Fransella & Dalton, 1990). But because its implications had been intolerable, its admission to Samantha’s construct system was likely to entail considerable threat. To be able to cope with that threat and begin to reconstruct her beliefs, Samantha needed validation in other areas.

9.7.3.2 Samantha’s beliefs about herself

Samantha believed that at the time of the disclosure she had very little sense of who she was.

“My sense of self. Oh God, awful. It’s really hard because I look back and I just think what I was like and cringe. But my sense of – I don’t think I really did have
an identity. I don’t think I knew who the fuck I was, I definitely didn’t know where I was going. My career was in a mess, so, um – yeah I think …I just felt fragile, vulnerable, confused, and absolutely terrified, and I don’t think I knew – I don’t think I had a sense of myself as an identity. Which is a bit sad. *(Interviewer: to what extent was that confirmed or disconfirmed?)* … So I guess it confirmed the fact that I didn’t feel like I had (an identity).” *(IQ12)*

What was also confirmed was that she was acceptable exactly as she was.

“What was being confirmed? That it happened, but I was still a worthwhile enough person to be listened to, and I might have only felt 4 out of 10, but 4 was good enough, you know he didn’t say ‘piss off, come back when you’re 10 or 9 or something’, you know, 4 was OK and therefore I was OK.” *(IQ14)*

Evaluating whether Samantha’s beliefs were validated or invalidated was very challenging. She felt her belief about herself as someone who did not have a sense of identity was validated (this is not to say that the therapist agreed that she was a person without identity, but he validated her perception of this), which would suggest a rating of beliefs about herself = validated. However, she also said her rating of her self worth had “maybe” increased, which would suggest a rating of beliefs about herself = invalidated:

“I’d give myself a 4 out of 10 at the time, OK, and then having told someone, that would have lifted it, because I did feel that, oh good, someone on my side, sort of thing, and maybe moved it up to 6.” *(IQ11)*

The raters decided that the validation of her sense of self just as she was, was more influential.
9.7.3.3 Samantha’s construing of herself as a meaning-maker

Again, analysis of this aspect of Samantha’s construing was challenging. Her sense of herself as someone who could not make sense of things was invalidated. While invalidation sounds on the face of it to be unhelpful, it must be kept in mind that validation refers to the verification of a person’s construing, even if it is not helpful construing (Kelly, 1955/91).

“…basically the problem was I didn’t trust my judgement, so um, in that sense I didn’t feel like any ideas I did have could really be trusted, or any ideas I did have would be accurate, I didn’t trust my perception of things. (Interviewer: to what extent was that confirmed or disconfirmed?) It was disconfirmed because the guy was saying…’this is how they erode you and wear you down’, you know, so there was that kind of, um, information. (So it was making some sense of the way you were?) It made sense of, yeah, it made sense of how I was and…basically once I knew what was going on I could piece it together myself and then was given the opportunity to experiment, plus learn that my perceptions were 99% accurate about things and that I was incredibly perceptive and incredibly accurate to go along with it, but that I just didn’t realise it at that time. (IQ13)

Samantha had not trusted her own perceptions. She was struggling to make sense of events only recently emerged from suspension. The experience with the therapist invalidated her belief that her construing of herself as a meaning-maker was flawed. It validated that “my perceptions were 99% accurate about things”, and in so doing validated her sense of herself as a maker of meaning.
9.7.4 Samantha: a model-related summary

Samantha had a helpful outcome from her disclosure experience. The pattern of validational foci evolving from her story was consistent with my proposed model, which hypothesised that validation of beliefs about self is likely to lead to helpful reconstruction. Validation of her pre-disclosure beliefs about herself did occur yet this was helpful, despite the fact that her beliefs about herself were not helpful. Samantha’s case was complicated by the fact that her memories of the abusive events were suspended, and surfaced in her early adulthood. She brought to her disclosure experience the ensuing confusion surrounding her construing about herself as a meaning-maker. In Samantha’s case, having her doubts invalidated, her confusion about who she was validated, and her belief that her perceptions and ideas were trustworthy validated, was very influential to a positive outcome. She described a very constructive ensuing therapeutic relationship. On her questionnaire, when asked Can you tell us what you feel you have learned from your experience of getting counselling assistance for sexual assault? she responded:

“Get in touch with my feelings & myself & trust my judgement, some men are good, how to keep myself safe, how to be loving to myself, how to play, how to connect with men & women – intimacy, emotionally, lots of things like – it wasn’t my fault, there wasn’t the safe environment in my family to disclose etc, how to trust, that I’m strong and intelligent and normal, how to care for myself, that I’m brave.” (QQ7.1)
9.8 Case study 5: Ellie

9.8.1 Background

Ellie was 28 years old, with five children and two stepchildren all under the age of seven. Her step-children spent every alternate weekend with the family, and her three older children, from her previous marriage, spent weekends with their father periodically. Ellie described her life at the time of our interview as “very busy and hectic”. Her time was spent “with the kids, my course, and just our family – the whole extended family - my Mum and Dad, and (partner)’s parents, and we just live a nice quiet life and not too busy with activities outside the family”. Ellie had embarked on a part-time course to complete her secondary education, towards “bettering myself, and building my confidence and self esteem up a little bit” (IQ1).

Ellie was sexually assaulted by her paternal grandfather from the age of four to the age of fifteen. The assault included “more than one incident of rape, being forced to touch this person, forced to perform oral sex, one incident of anal sex, other more unusual forms of sexual type abuse” (QQ2.4). At the age of seventeen, shortly before she was first married, Ellie was referred to a psychiatrist for treatment of an eating disorder. She disclosed the sexual assault in her third session. Her experience of disclosing was unhelpful.

“I was very nervous, because I was at a psychiatrist and when you’re seventeen years old you think…you’re going to get locked up in a funny farm, sort of thing. So I was very nervous about the whole experience and when I did tell him, I thought I did really well. I was quite proud of myself, the way I said it, it came across, the way I felt, and then - that was the end. He didn’t ask many more
questions. I think he asked me who it was and I told him...he sort of appeared shocked. Maybe, I don’t know whether it was shock or what exactly, but he did react to that, and then it was basically it. I went back to a couple of other sessions with him and it was never really touched on ever again, which I sort of felt like, I’d opened up to him, and then it was cut off, and it’s sort of like after you open something, you sort of, I wanted to spill the rest. You know, I sort of had got that far, and then I felt I had to close it back up again, which was really hard to do. I sort of felt ripped off. I felt like I opened up to the wrong person.” (IQ2)

9.8.2 Major themes

The two major themes in Ellie’s story were her belief that the sexual assault was her own responsibility, and that this belief was validated by the psychiatrist’s being unresponsive to her disclosure.

9.8.3 The validation analysis

Both raters agreed that Ellie’s beliefs about her experience of assault had been confirmed, that her beliefs about herself had been confirmed, that her view of herself as a meaning-maker had been confirmed, and that she had not reconstructed her beliefs about her experience. Her disclosure experience was clearly unhelpful and impeded her progress towards optimal functioning.

9.8.3.1 Ellie’s beliefs about the sexual assault

When Ellie first went to counselling, she had not yet consciously appreciated the effect of the sexual assault upon her functioning, particularly the implications for her disordered eating patterns.
“When I first went to see the counsellor I felt that the sexual assault was not really important. However now I realise that it was probably the main reason for the problem.” (QQ3.8)

To Ellie, the counsellor did not appear to regard her sexual assault experience as important, and this confirmed its lack of significance.

“The first time I spoke about it was not a good experience. I was made to feel as if it was not important and this just confirmed all the negative feelings that I had for years.” (QQ6.3)

Ellie believed that the sexual assault was her own responsibility:

“I always up until quite recently, I mean in the last couple of years, I believed that it was my fault. Actually I was convinced that it was my fault. It wasn’t until I started having children of my own, and being with somebody who was more understanding, that I started seeing it differently, but up until then I really did think that I did something to cause it. I couldn’t work out what, I didn’t blame anything in particular, but I really felt that it was my fault, I must have done something for that to happen.” (IQ4)

The disclosure experience:

“…reinforced what I was thinking. What I was thinking before hadn’t changed, I was still thinking the same thing, but it had actually reinforced that, which made it seem more positive to me that that was right, what I was feeling was right.” (IQ6)

9.8.3.2 Ellie’s beliefs about herself

Ellie’s beliefs about herself were that she was ugly and unimportant, and she felt that these beliefs were validated when she disclosed. Having her experience of sexual
assault treated as unimportant had the effect of causing her to feel that she was unimportant.

“I was there for an eating disorder. I thought I was the most ugliest creature put on the face of the earth. I didn’t think that I was important to anybody. During the experience it was confirmed.” (IQ11)

One of Ellie’s survival strategies had also become a central aspect of her sense of herself:

“I always had problems with the identity, because what I did, while the abuse was happening, and then I started to do it at other times of my life when I needed to, I would like, take myself out of my body, sort of thing. I would sort of, it’s not happening to me, it’s happening to this person, but then I stepped back in at the end of it and it’s all, all right. So, I sort of, even now, I sometimes think, who am I? I played games at pretending to be different so many times, I lost who was me. So at the time, I can’t really say it confirmed or didn’t confirm those feelings really, I mean, I’d been doing that since I was four and a half years old, you know, pretending to be something that I wasn’t and I’ve got to be careful, even now, that I don’t detach myself from situations…I don’t think it confirmed or disconfirmed.” (IQ12)

By disregarding her sexual assault experience, such a significant violation of her being, an act of betrayal by a trusted authority figure in her life, the therapist did not give recognition to her coping strategy of dislocation of her self. An opportunity to validate a process by which the young Ellie tried to keep herself safe, was missed. Instead, Ellie’s negative beliefs about herself were confirmed.
9.8.3.3 Ellie’s construing of herself as a meaning-maker

Ellie felt that her attempt to express her emotions and to have them heard and possibly understood, was blocked:

“…he didn’t allow me to completely let it out…Once you start, sometimes it’s hard to stop because the emotion is so nervous, and once you actually get it out, it is such a big relief, and to have it cut off, and you’ve got to bottle it all back up again, it’s really hard to do. So I think it’s really important to let the person feel what they’re feeling and let them tell you that they’re feeling like that. Whether it makes sense or not. Cause sometimes, I don’t think it does make sense but I think that they’ve just got to let you say it and allow you to make sense of it later. But that didn’t happen with that experience though.” (IQ15)

At the time of our interview, Ellie recognised that in attempting to express her emotions and feel that this process was recognised, she was attempting to make sense of her experiences. At the time of disclosure, however, the blocking of attempt confirmed to her that she was a person who was not an effective meaning-maker.

9.8.4 Ellie: a model-related summary

Ellie’s description of her disclosure experience exemplified the experiences of all four participants who described unhelpful disclosure experiences, during which their pre-existing unhelpful beliefs about their sexual assault experiences, their beliefs about themselves, and their construing of themselves as meaning-makers, were all validated. Clients approach disclosure experiences with counsellors with a sense that they are not feeling good; an emerging, fragile, sense that something may possibly be awry with the sense that they have been making of their assault experiences. If their disclosure and
their tentative attempts to broach reconstruction of their beliefs are met with indifference or disbelief by the counsellor, they will readily abandon their attempt to reconstruct their beliefs and their existing unhelpful beliefs will be confirmed.

9.9 Case study 6: “Martha”

9.9.1 Background

Martha was a 43 year old married woman, who described her occupation as “a homemaker”. She had completed secondary education. She had four young children, three at school and one pre-schooler. She had immigrated to Australia with her husband and children from an English speaking country prior to the birth of her youngest child. At the time of our interview she had been receiving counselling for fifteen months, with the issue of the sexual assault being the primary focus of the counselling, as it had been since she first consulted her current counsellor.

Martha had first disclosed her history of sexual abuse to a nurse at an antenatal clinic after the birth of her second child (first male child) eight years previously. She had become profoundly distressed at the prospect of handling her baby, and was afraid to touch his genitals when bathing him. She was referred for counselling and attended once, but did not continue with it, as she “did not feel understood”. She did not attempt disclosure or counselling again until fifteen months prior to our interview. Her experience of disclosure to the counsellor on this most recent occasion was the focus of our interview.

Martha indicated that the abuse had begun when she was aged seven, and ceased when she was twenty-two. The abuse included repeated “rapes, and molestation”. There
were multiple perpetrators, including her father, brother, and at least one “family friend”.
The psychological effects of Martha’s abuse experiences were still very evident at the
time of the interview:

“My life at the moment is (pause) so complicated. I have four children and I have
trouble dealing with the children because of what happened to me. Um, frightened of touching, in case I touch in the wrong places. I’m lacking confidence, I don’t like to go outside because I feel as though I’m different to everybody else…My oldest daughter, she knows something about what’s happened to me, but not who, and she’s finding it easier to deal with my moods. Um. If she tries to cuddle me I push away, and I’m always (pause) frightened I’ll do something that I shouldn’t be doing. With the two boys, when they were first born I had problems with them – I still don’t bath the boys, but I find I can cuddle them without any problem. But the girls are different – I don’t know why, we still can’t understand why I can’t touch them. So it’s a bit of a mess at the moment.”

(IQ1).

9.9.2 Major Themes

The three major themes emerging from Martha’s story were her belief that the abuse had been her own fault, her sense of worthlessness, and her need to be believed.

Martha’s written questionnaire responses revealed the first indications of a belief that she had somehow been responsible for the abuse she experienced: “I felt as though I was the only person in the world that it was happening to, and why me? What did I do wrong?” (QQ2.7) In her subsequent interview, the theme of the abuse being her own
responsibility was clearly evident. The fact that the abuse had continued into early adulthood strengthened this belief.

“Well I always actually felt that it was my fault. That I’d done something. Um, I was led to believe it was my fault. And I was always under the impression that I was the only one until, it you know you heard, as you get older, you heard more, more about it…I just felt as though I was different, and that I’d done something to instigate the whole situation.” (IQ4)

The second theme related to her belief about her worthlessness:

“I didn’t feel as though I was worth anything. I mean I still have problems now with this self worth. I just feel like – baggage. You don’t feel as though anybody likes you – even though that’s not true, but you still feel – anything you do in life it just doesn’t seem worthwhile, it – you don’t feel – you feel as though you’re nothing, just – a body. I didn’t feel as though I was worth anything. All I felt at the time was that I was a mother and a wife, and anything else beyond that – you know, I wasn’t anything.” (IQ.11)

The third strong message from Martha’s interview transcript was the expectation that she would not be believed. This was also evident in her Questionnaire response relating to her disclosure experience: “It was a very traumatic event. I felt I really needed to be believed.” (QQ6.3)

“My biggest problem is, um, to be believed, that was my biggest problem. I always thought nobody could believe all that happened, um, and that I remembered it all. So I mean that was my biggest fear, trying to convince somebody, you know, it was actually, that was what actually happened….It just, it
seemed to me it was just too much for anybody to believe this. Plus, um, I found it hard because I was older, I wasn’t a child, and that was a problem as well because I thought you know, I’ve waited so long. They – believe, again – you know a grown woman could actually be telling – after all the years, after all this time.” (IQ3)

Martha’s expectation that she would not be believed was invalidated. She felt believed: “I actually felt that she did, yes”. When asked what the counsellor had done that had influenced the outcome for her, she responded:

“Actually being listened to. Just to let me go on as much as I could without, you know – actually letting me speak, letting me get it out, and just to be believed. There’s that word again. Believed. It’s a big issue, you have to be believed. You have to – let you feel as though you are being believed, and just to let you talk, let you get it out.” (IQ15)

In relation to her construing about the abuse experience, after disclosure:

“I still thought it was my fault. And because I’d actually spoken about it, it brought a lot of it back, um, I started feeling disgust, I couldn’t look at myself in the mirror.” (IQ5)

“There wasn’t much change after the first time, no. It was just the matter that I’d actually told somebody. But it didn’t make me feel any better, didn’t make me feel - good.” (IQ6)

9.9.3 The validation analysis

The two raters agreed that Martha’s beliefs about herself had been invalidated, to some extent, and that her construing of herself as a meaning-maker had been validated.
However, there was considerable discussion about the extent to which her beliefs about her sexual abuse had been validated or invalidated. Rater 1 judged that Martha’s beliefs about the abuse had been validated, by virtue of the fact that they had *not been invalidated*. Rater 2 judged that her beliefs about the abuse may have been slightly invalidated. Similarly, in relation to reconstruction, Rater 1 judged that reconstruction of Martha’s beliefs had not occurred, and Rater 2 judged that some slight reconstruction may have occurred. The raters finally agreed upon a rating that found that Martha’s beliefs about the sexual abuse had been validated (because they had not been sufficiently invalidated), and that reconstruction of her beliefs about the abuse had not occurred.

9.9.3.1 Martha’s beliefs about the sexual abuse

Rater 1 had based her judgement that Martha’s beliefs about the abuse were not invalidated, partly on Martha’s comments: “Well I always actually felt that it was my fault. That I’d done something” (IQ4); when asked how she saw it after disclosure, she said: “I still thought it was my fault” (IQ5) and: “There wasn’t much change after the first time, no.” (IQ6). Rater 2 took into account Martha’s response when asked to what extent her view of the abuse had been validated or invalidated: “…she actually said, going through it, that it wasn’t my fault, that I wasn’t to blame.” (IQ8), and when asked to rate the extent of validation or invalidation on a scale of 1 to 5, with 5 being validated, she responded: “About the middle” (IQ8). “About the middle” suggested to Rater 2, some uncertainty. Rater 2 judged that Martha had been able to hear that the counsellor did not construe it as her fault, and by doing so may have been admitting some element of doubt in her own construing about it. However, if there had been any reconstruction of her
beliefs about the abuse, it was very slight, and after discussion between the two raters, the final assessment was that invalidation had not occurred.

Martha’s experience of abuse was severe, prolonged, and its effect profoundly damaging. She was systematically sexually abused from a young age until the age of twenty-two, by, among others, her father, the primary authority figure in her life, and this must have been linked with a subjective experience of extreme powerlessness. She had been convinced by powerful others she was to blame for the abuse: “I was led to believe it was my fault” (IQ4). The aspects of Martha’s beliefs about the abuse that she verbalised were issues relating to it being her fault, and her feeling “that I was the only one”. Her beliefs would undoubtedly have involved complexities others cannot begin to know, but these appear to have been the most influential constructs. It is likely that in order to minimise the incongruencies inherent in her experience (father abuses her, and does not protect her from abuse by others) versus societal messages (fathers are meant love and to protect their children) her construing became impermeable. The “my fault” construct quite possibly subsumed other constructs, and become a superordinate core construct. Such impermeable construing was very unlikely to be open to significant invalidation as the result of a one-hour experience with a counsellor. Kelly stated that the most important condition unfavourable to the revision of meanings “is that in which the elements out of which the new construct is to be formed involves threat” (Kelly, 1963: p.166). The threat involved in allowing invalidation of her beliefs about her abuse experiences was too great, and invalidation was not admitted.
9.9.3.2 Martha’s beliefs about herself

Martha’s entire existence was shaped by her sexual assault experience: “I don’t like to go outside because I feel as though I’m different to everybody else” (IQ1). Her ability to form role relationships was profoundly affected. She struggled in her relationships with her children: “I have trouble dealing with the children because of what happened to me” (IQ1). Her husband was understanding, but the quality of their relationship was dependent upon his continuing to be so:

“He understands, and he’s very patient, because I get very moody, and he knows to leave me alone and not to try and find - no, at the moment he’s trying to find out – he wants me to talk, because that’s what we’ve been told. If I’m quiet, to ask questions. But I still find trouble answering the questions.” (IQ1)

Martha’s beliefs about her experience of abuse had assumed such importance in her construct hierarchy that they had become superordinate core constructs. Her identity was defined by them.

Both raters judged that Martha’s beliefs about herself had undergone some invalidation. Her beliefs about herself prior to the disclosure experience were unequivocally self-denigrating: “I didn’t feel as though I was worth anything”. “You feel as though you’re nothing, just – a body.” After disclosure, her construing had become more confused, and ambivalent. Although she still felt she was culpable, she also said:

“I didn’t feel as bad as I did when I went in. I was made to feel that I wasn’t that bad. Or – I was a person. I was made to feel – good.” (IQ11)
“But after the initial interview, I did come out feeling slightly better – not much better, but slightly better. I was made to feel I was worth something in the world. You see, you get told a lot, but it still takes a lot of convincing….So I did feel a little better when I came out, a bit as though I was worth something in life.” (IQ12)

It is expected that the invalidation of her beliefs about herself would have involved some loosening of her construing, which in turn would have been accompanied by anxiety. The “disarray” (Kelly, 1955/1991: p.357) which results from the loosening of tentative formulations in such a situation, may in part account for the confused and ambivalent feelings Martha experienced immediately after the disclosure experience: “I couldn’t look at myself in the mirror” (IQ5).

9.9.3.3 Martha’s construing of herself as a meaning-maker

Both raters judged that Martha’s construing about herself as a meaning-maker was validated when she was unequivocally believed upon disclosing her sexual abuse experience. The counsellor was, in effect, saying “I unreservedly accept your story, that this happened to you, and that it was traumatic”. It would appear that at the same time as she attempted to provide Martha with evidence to invalidate her belief that the abuse was her own fault, she also validated Martha’s meaning-making processes. The counsellor did not agree with Martha that it was her fault, but she validated Martha’s assigning of that meaning to it. Martha’s belief that she was “worthless” was to some extent invalidated, but there was ambivalence about it shortly afterwards which may have reflected a struggle between the two, that is, her meaning-making processes were validated, her construing about herself invalidated. She still believed it was her fault, but
someone with credibility was validating her ability to assign meaning, which enabled a shift in construing about herself, but also ambivalence in her feelings about herself. That ambivalence is vividly reflected in her descriptions of the disclosure experience which appear contradictory. When asked about any change in her beliefs about the abuse:

“But it didn’t make me feel any better, didn’t make me feel - good.” (IQ6)

and, when referring to her sense of self:

“I was made to feel that I wasn’t that bad. Or – I was a person. I was made to feel – good.” (IQ11)

9.9.4 Martha: a model-related summary

The fact that Martha’s beliefs about the sexual abuse did not begin reconstruction did not seem to be attributable to anything that the counsellor failed to do. She tried to provide invalidating evidence for Martha’s beliefs about the abuse being her own fault, and her self-deprecating construing about herself, as well as validation of her sense of herself as a meaning-maker. Martha was able to accept the validation of her meaning-making processes, and some degree of invalidation of unhelpful beliefs about herself, but as yet the reconstruction of her beliefs about the sexual abuse was too threatening. I marvel at the courage it must have taken for Martha to attend that first appointment. Her previous negative experiences of disclosing influenced her anticipation of this one, yet while she described it as “traumatic”, she rated the experience as positive, and more helpful than she had expected. The rating of it as positive appears to be attributable to the importance of having her meaning-making processes validated (“being believed”). She also chose to return for on-going counselling, despite having found the experience so threatening. Perhaps she was also motivated by the fact that the effects on her of the
abuse had become so severe they were impairing the quality of life of her family. (“I was going through a very bad time and I think he’d (her husband) had enough”) (IQ2).

Another consideration in relation to Martha’s ambivalent response to her disclosure experience was the fact that she was experiencing considerable anxiety and threat. Apart from the invalidation of her beliefs about herself, at least two predictions about the event (disclosure) had been invalidated. She did not expect to be believed, and she was believed. She did not anticipate that the disclosure experience would be positive in any way, but found it was more helpful than she had expected.

The model proposed in this study suggests that for reconstruction to occur, the optimal pattern of experience for clients during their disclosure experience would be for their beliefs about the abuse to be invalidated, beliefs about themselves to be validated, and construing of themselves as meaning-makers to be validated. As has been discussed, Martha’s experience did not comply with this pattern, and reconstruction either did not occur at all, or if so, the change was almost imperceptible. Martha’s story suggests that in cases of extreme and prolonged sexual abuse, a person’s beliefs about their abuse can become too impermeable for invalidation to occur readily, the threat involved too great, and that in such severe cases, her core construing about the abuse may attain superordinacy. “You see, you get told a lot, but it still takes a lot of convincing.” (Martha, IQ12)

What is being affirmed in Martha’s case, however, is that even if it is too early for change to occur in clients’ beliefs, if they can experience validation of their beliefs about themselves as meaning-makers, there is still hope for change.
9.10 Case study 7: Pat

9.10.1 Background

Pat was a 39 year old sole parent of three children. Her marriage had ended three years previously. She described her life as “very lonely”. Her family of origin lived in Perth, Western Australia, on the other side of the country, and:

“my ex-mother-in-law, she lives eight doors away from me, has cut me and my children off totally and I have no support in New South Wales. I’d like to move to Perth but my husband said that he’d fight for custody if I moved, so I’m by myself here, and it’s very, very hard” (IQ1).

Pat had her first child when she was very young: “I was an old Mum at sixteen” (IQ10). She stayed in her parents’ home and cared for her baby. Her other children were born after she married her baby’s father when the child was six.

Pat was sexually assaulted by her father up until the age of 12. She was uncertain of her age when the abuse began: “I was only six, seven, five, I can’t remember” (IQ5). Her two sisters were also sexually assaulted. Pat slept in the same bed as one sister who was a year older, and their father came to their bed during the night and “molested” them both.

“My father would leave me and my sister who slept with me, as we cried. He then went to my sister who is 8 yrs older than us and have sex with her. She is retarded. She had a child to him that was adopted at birth.” (QQ2.7)

Pat had learned as an adult that her father had been responsible for her sister’s pregnancy.

Pat disclosed her sexual abuse to a counsellor at a Neighbourhood Centre:
“I went to see her because I heard she was having a group for incest survivors, and she asked me to come and speak to her before, and I went in and I just felt like I was telling a long lost secret, something I shouldn’t tell, but I felt a bit restricted saying it the first time, to her. Sort of I’m an incest survivor, my whole family was involved, I felt like, I felt good but then I felt scared because I was telling a secret that I wasn’t supposed to tell. So I found that was very hard, but then, she said to me relax, just relax, and I went on with it and I went on with it and then it became easier, as I told her more.” (IQ2)

9.10.2 Major themes

Prior to disclosure, Pat was experiencing considerable confusion about the meaning of her childhood sexual abuse experience. A major theme in her interview was the change in both her beliefs about her abuse experience and her beliefs about herself following her disclosure experience.

9.10.3 The validation analysis

Both raters agreed that Pat had experienced invalidation of her beliefs about the sexual abuse, and invalidation of her beliefs about herself. Both also rated her construing of herself as a meaning-maker as having been invalidated, although this rating was more difficult to make, as discussed in 9.9.3.3 below. Pat clearly experienced reconstruction of her beliefs about the abuse.

9.10.3.1 Pat’s beliefs about the sexual abuse

“I didn’t realise it was abuse. I thought it was just the way that I should have been treated by my father, because I didn’t know what was wrong at that age…my father was a very, a man that didn’t show a lot of affection, and I thought it was
the only way he could show me affection. So, I think I accepted him coming in to
the room, but when he touched me I just cried because I didn’t want to get hurt.
And him touching me the way he did hurt me.” (IQ9)

“All I think is that I felt that my father wanted to have sex and my mother
wouldn’t give it to him, so he took it out on his daughters which were his
belongings. I thought that we were his belongings.” (IQ4)

Her experience of disclosing to the counsellor:

“Confirmed that it was my father’s fault. Disconfirmed that it wasn’t mine. And
they were two major things. It was his fault, and it wasn’t mine. He took
advantage of his daughters and it wasn’t my fault.” (IQ14)

9.10.3.2 Pat’s beliefs about herself

Despite her lack of conscious acknowledgement that her father’s treatment of her
constituted sexual abuse, the impact of the experience on her was evident.

“I was restricted in a lot of different areas. I was too scared to tell any of the secrets,
I never told my husband about my abuse until virtually when I disclosed it to the
counsellor. He said he’d had thoughts about it. But um, even when I was in hospital
when I had an operation, they had thoughts about it. They thought my husband had
been bashing me, but he hadn’t, ‘cause I used to cry when he came into the
bedroom. I was just very guarded on different subjects but I was very protective of
my children. Very, very, very protective of my children. Highly protective of my
children.” (IQ10)

Her sense of self worth was:
“Very low, very low. I’ve always felt very low of myself, even as a child, I wanted to die when I was a little girl.” (IQ11)

“I did all the things I had to do but there was virtually no feeling. I cooked, I cleaned, I took my children to school, but there was no worth. I wasn’t having sex with my husband at that time. I went to bed, got up, it was just like a regimental thing. I had no feeling… I didn’t know who I was, I was just a mother and a wife… I sat in a house, I wouldn’t answer the door… from nine to three every day I was just locked in the house…” (IQ12)

After the disclosure:

“My self worth was told that I was better than I thought, I was a nice person and I was worth something, which I hadn’t been told for a very long, long time.” (IQ11)

9.10.3.3 Pat’s construing of herself as a meaning-maker

The analysis of both judges was that Pat experienced invalidation of her construing of herself as a meaning-maker. However, as her pre-existing sense of herself as a meaning-maker was judged to be unhelpful to her functioning, this invalidation was actually a helpful experience for her. Pat had a very undeveloped sense of herself as a meaning-maker. When asked about her view of herself, at the time of that first disclosure, as someone who could make sense of things, Pat replied: “Well first of all I didn’t” (IQ13). Later in counselling however:

“But then I started realising I was more sensible than I thought, and started realising things like it was like pages in a book were just opening in my eyes. It took a couple of weeks but then I became stronger with each time I disclosed something and I understood that I wasn’t to blame and that. (So when you first
went into the disclosure experience, you didn’t have much sense of yourself, and your ability to make sense of things?) No, but then, after a week or two, I realised that I did.” (IQ13)

When asked whether, at the time of the disclosure, she experienced confirmation or disconfirmation of the belief that she didn’t have the ability to make sense of things, she replied that it was disconfirmed.

“It was disconfirmed, because I didn’t have the answers to a lot of things that were happening and for being disclosed the first time, it started the ball rolling.” (IQ13)

9.10.4 Pat: a model-related summary

At the time of disclosure to the counsellor Pat had still not acknowledged that her experience was sexual abuse. She saw herself as someone who had no ability to make sense of things, and as someone with little worth. All of these beliefs were invalidated, and she was able to integrate these invalidated beliefs into her system, incrementally. Unlike Martha, she was able to begin reconstructing her beliefs readily. This will be discussed further in the Summary to this chapter, in 9.12.

Pat’s sense of herself as a meaning-maker, that she was not capable of making sense of things, was judged to have been invalidated. Both judges considered the possible interpretation that in fact Pat’s meaning-making processes were being validated because she began to see herself as someone who could make sense of things, but felt that a more faithful application of the personal construct concept of validation would be to rate it as invalidated. Invalidation of that belief enabled her to revise it, and begin to see herself as “more sensible than I thought” (IQ13).
Regardless of how it was rated, Pat clearly emerged from her disclosure experience beginning to engage in reconstruction that set her on the path towards enhanced optimal functioning.

9.11 Case study 8: Chen

9.11.1 Background

Chen was 24 years old, studying creative arts at university. Four years previously, she had been raped by an acquaintance, and initially disclosed the assault by telephone 24 hours later to an on-call counsellor from a sexual assault service. The counsellor arranged an appointment at the sexual assault service several days later. It was this disclosure experience that Chen described in her interview. Chen did not return to the service after this appointment, and subsequently went to see a counsellor in the organisation in which she worked part-time. After several weeks she became uncomfortable with this counsellor as well, partly because he was male and she felt uncomfortable verbalising the details of the rape. She then approached the university counselling service and found a counsellor with whom she had a productive and constructive relationship. At the time of our interview she said:

“I’m now at the point where I’ve actually worked through a lot of the issues that I had to get through, I no longer have nightmares about it, I don’t get nervous if I see someone who looks like the guy who raped me. I can talk openly with people about it, and so now I’m at a point where that is now in the past and I can do what I want to do without having that pulling me down and, you know, weighing me...
down and being the most important thing in my life. So I’m at a good point.” (IQ1)

9.11.2 Major themes

The major theme in Chen’s story was her belief that her disclosure experience was not only unhelpful, but probably impeded her ability to deal with the effects of the rape. Prior to the appointment she had felt relatively clear about what she needed from the experience, and afterwards had felt equally clear that her needs had not been met. Her need to express her anger and outrage about being violated had not been recognised. “I was very angry at the time and I felt frustrated because she didn’t respond to that anger” (IQ2).

9.11.3 The validation analysis

Both raters agreed that Chen had experienced invalidation of her beliefs about the abuse, invalidation of her beliefs about herself, and invalidation of her construing of herself as a meaning-maker. This was the same validation pattern as Pat, but Chen’s experience of disclosure and her outcome were markedly different from Pat’s. Both raters felt that there had been reconstruction of Chen’s beliefs, but her situation was unique amongst the participants in that her construing changed from one unhelpful construction of her experience to a different but equally unhelpful construction.

9.11.3.1 Chen’s beliefs about the abuse, and about herself

In Chen’s responses it is difficult to evaluate separately the impact of the disclosure experience on her beliefs about the abuse, and her beliefs about herself. Both were judged to have been invalidated, and the invalidation was unhelpful. When I asked her about the meaning she ascribed to her assault experience immediately prior to the
disclosure experience, her response focussed on the impact it had had on her sense of herself:

“The meaning for me was that I looked at myself in an entirely new light. The qualities and characteristics that I had defined myself by, like independence, being able to look after myself, control, were completely blown out the window and I was then left with this emptiness, which was then me, so the whole meaning of the assault meant that I was no longer the same person that I was. And I was stunned that it could all be taken away from me in, you know, a couple of hours.” (IQ4)

Chen’s sense of herself as strong and invulnerable had been severely shaken, and she was shocked, experiencing “emptiness”. Because her sense of herself prior to the assault was very clear, perhaps she would have been able to begin regain that sense of herself if the disclosure experience had been constructive. She had a sense that she knew what she needed:

“...my sense of self was no longer defined by, again, being an independent, confident woman. It then changed to needing to define myself by the only feeling that could keep me alive and that was anger. If I didn’t have that anger, I would have, I don’t know, run in front of a car or something because I felt so empty and so confused, and so out of control that I needed to cling on to something that I knew was going to keep me alive. So that’s how I felt going in to speak to the counsellor.” (IQ12)

However, after the disclosure experience:
“I then believed that I had slipped into a certain type of person. I had become a victim, in the stereotyped sense of the word….she was expecting me to be fragile, which I can understand to a point, I mean I had been violated and she understood that. But it made me feel worse because it made me feel like a type of person rather than an individual person.” (IQ5)

Chen rated the degree of change in her construing on a rating scale as “five”, which equated to “a lot of change”. From “emptiness”, but having some recognition that she needed her anger to be identified and validated, she was made aware of a different perception of herself, fragile, a victim, a “type of person” rather than an individual. Only one thing was confirmed: “she confirmed my view that it wasn’t my fault, but…it then threw up other questions where I felt unsure of myself anyway.” (IQ8)

9.11.3.2 Chen’s construing of herself as a meaning-maker

“That was the most important thing for me at the time. I needed to make sense of it.” (IQ13)

Chen was confused, and needing clarity. When asked how she viewed herself as someone who could make sense of things, Chen replied:

“I think I must have identified or associated strength, or anger with strength at that time, because again, it was also a strong emotion….so she certainly fuelled that anger. I was just more confused, I was just more confused, simply because I didn’t know how to identify with that situation. My anger wasn’t being validated and therefore I felt wrong and I felt wronged as well because she wasn’t acknowledging me. So the anger, I suppose, was expanded. Anger at the fact that I’d been raped and violated. Anger at the fact that she wouldn’t let me be angry
about the fact that I’d been raped and violated. Angry at the fact that she seemed to perpetuate a stereotype that victims, and in particular, women victims, should be fragile, should be weak, should need comforting in terms of the arm around you and big warm hug. That kind of comforting at the time I saw as claustrophobic and suffocating and not comforting at all. I think I needed to intellectualise about it a little bit before I allowed myself to be, to cry.” (IQ12)

Chen identified an urgent need to make some sense of her experience. However, after the disclosure session she felt even less confident of her ability to do so:

“What was confirmed was that rape is a stereotype. It did confirm that it wasn’t my fault. It did not confirm for me the fact that a woman can be raped, no matter
what the situation…I always believed, because of how it is reported, I always believed that a rape victim was somebody who couldn’t look after herself, was somebody who didn’t have the intelligence to see that she was in a difficult situation, nor the intelligence to get out of it. So, because I always saw myself as an intelligent person, and one that had been raped, I then realised I must be Ms Glitch in this kind of system, so I felt even more isolated then.” (IQ14)

In terms of the personal construct model being tested in this research, Chen’s experience supports the proposal in the model that validation of clients’ construing of themselves as meaning-makers is crucial to their ability to constructively revise their beliefs. Chen did not experience this validation of herself as a maker of meaning. While there was a shift in the meanings she attributed to the assault experience and to her sense of herself, this was a shift sideways to equally unhelpful meanings, and not in the direction of enhanced optimal functioning. Chen most certainly did not lack courage, but how was she to risk extending her construing into the unknown? How was she to trust her ability to make meaning? And if she could not, how was she to find her way in a world now rendered unpredictable and unsafe?

9.12 Summary of the results of the case analyses

The findings as detailed in Chapter 8 suggested that, contrary to my proposed model, in addition to invalidation of clients’ beliefs about their abuse experiences, and validation of their construing of themselves as meaning-makers, invalidation of aspects of their construing about themselves was also an important precursor to reconstruction of their beliefs and progress towards optimal functioning. This finding has been supported
by and elaborated through the analysis of the stories of these eight participants. In particular, as exemplified in Martha’s story, the superordinacy of participants’ beliefs about their sexual assault, and the extent to which those beliefs affected core role constructs, appears to be very influential in the capacity of clients to begin, or not to begin, reconstruction of their beliefs. The first aim (Aim 1) of this analysis of cases was to see if further revision of my proposed personal construct model is warranted. The analysis strongly suggests that revision to my model is warranted, as explained above. The analysis was achieved through the processes described in the second aim of the case analysis:

Aim 2: To analyse and contrast the transcripts of the interview responses of eight participants in conjunction with the assessments of the two raters, and in the context of the participants’ demographic details and information about the circumstances of their assault experiences, as provided in their written questionnaires.

Aim 3 directed attention to Research Questions 4 and 5. I will address Research Question 4 first:

Research question 4: Do clients who reconstructed their beliefs differ from those who did not, in the degree to which they experienced validation and/or invalidation during the disclosure experience?

There were important differences in the validation experiences of clients who reconstructed their beliefs, and those who did not, not only in the degree to which they experienced validation, but also the ways in which they experienced validation. The subtleties of the validation/invalidation experience become more impressive with closer
scrutiny. Broadly speaking, clients who had unhelpful disclosure experiences were those whose pre-existing unhelpful beliefs were validated, and who did not reconstruct their beliefs. Ellie was an example of these. An exception amongst these clients was Chen, who, when disclosing to the counsellor, experienced unhelpful invalidation of all her beliefs, and who reconstructed one unhelpful way of construing her experience only to have it replaced by another equally unhelpful way of construing it. Martha was the only participant who had a (marginally) helpful disclosure experience but who did not appear to begin reconstruction of her beliefs about the abuse at this early stage. It was considered that the threat to her core structures was too great to permit, at this stage, invalidation of her beliefs about the abuse, or to allow the commencement of reconstruction of her beliefs. Somewhat surprisingly, however, Martha did admit some slight invalidation of her unhelpful beliefs about herself, and, importantly, she experienced validation of her meaning-making processes.

Research question 5: If there are three different foci of clients’ construing which may be validated or invalidated, is there a difference in the validation patterns between clients who reconstructed their beliefs following disclosure, and those who did not reconstruct their beliefs?

The importance of validation of clients’ construing processes, their construing of themselves as people who have the ability to make meanings, is very evident from analysis of these cases. Of the ten (28%) clients who found their disclosure experience unhelpful, based on the VAT, four (11%) experienced invalidation of their construing of themselves as meaning-makers, and five (14%) experienced validation of their unhelpful construing of themselves as meaning-makers. Again, however, the complexities of this
process become evident in the experience of Pat, who had a very positive disclosure experience and reconstructed her unhelpful beliefs. This outcome, however, appeared to involve invalidation of her construing of herself as a meaning-maker, because her pre-existing belief was that she was incapable of making any sense of events.

What has been learned from analysis of these cases is that while there appears to be a pattern of validation/invalidation which may be more likely to enhance reconstruction and progress towards optimal functioning, the validation experience, like disclosure itself, is not simple. There are degrees of validation, validation is cumulative, and the value of validation or invalidation of beliefs is closely related to the qualitative content of the beliefs that clients hold.

The analysis of these cases has also exemplified the potential clinical and evaluative applications of the Personal Construct Model, particularly relating the three validation foci to understanding clients’ experiences in therapeutic situations.

This research is investigating the effects on clients of counsellors’ responses to their disclosures of sexual assault. For the majority of the participants in this research, the disclosures were made at the first meeting. For some, it was made in therapy once trust had been established. Analysis of these cases has provided greater insight into the impact on participants of the counselling interaction in the early stages of contact. Its importance cannot be overstated.

“…fundamental decisions about the relationship are made early in the initial sessions of therapy. The success or failure of the entire therapeutic interaction may be determined in the first two or three sessions. While possibly viewed as
radical, this position can be explained in a manner consistent with PCP.”

(Cummins, 1993: p.85)

In Chapter 10, I will discuss the findings of this research. In the light of the findings from both qualitative and quantitative research methods, I will present a revised personal construct model of the role of validation in reconstruction of the beliefs clients hold about their sexual assault experiences. I will assess the usefulness of the personal construct model, and the usefulness of the VAT and the RAT.
CHAPTER 10

THE FINDINGS

OF THE RESEARCH INTO THE ROLE OF VALIDATION
IN RECONSTRUCTION, WITH COUNSELLORS,
OF THE BELIEFS CLIENTS HOLD
ABOUT THEIR SEXUAL ASSAULT EXPERIENCES

“I had always thought that I was basically just a bitch because I was so unhappy all the time, and because the disclosure has given me a reason for feeling that way, I don’t feel like I’m just being a bitch anymore. So it disconfirmed that part of my identity, but it did confirm parts, like, that there is value there. That I’m worthy of being here.” (“Eliza”, IQ12)
In this chapter I restate briefly the aims and research questions raised in this research on the role of validation in the reconstruction of clients’ beliefs following disclosure to a counsellor. I summarise the findings of the research, and assess the extent to which my proposed personal construct model was supported by the findings. I present a revised personal construct model in response to the findings of the research. I assess the usefulness of my personal construct model, and the usefulness of the Validation Assessment Technique and Reconstruction Assessment Technique, which I devised to test the model.

10.1 A brief restatement of the aims and research questions

The aims of the research were: to identify the extent to which, when clients disclose their experiences of sexual assault or abuse to counsellors, their experiences in disclosure enable and enhance movement towards optimal functioning; to elaborate understanding of the extent to which clients reconstruct their meanings as a result of the validation and invalidation they experience, and of clients’ emotions during disclosure experiences; and to develop and test a personal construct model of validation and reconstruction of clients’ beliefs as a result of their disclosure experiences.

Eight Research Questions addressed the Aims. Two relating to validation asked: what degree of validation and/or invalidation do clients experience as a result of the counsellors’ responses during disclosure; and what are the different foci of clients’ construing which are being validated and invalidated? Research questions relating to reconstruction asked: do clients reconstruct their beliefs about their sexual assault experiences as a result of their disclosure experiences? Do those clients who reconstructed their beliefs differ from those who did not, in the degree to which they...
experienced validation and/or invalidation during disclosure? If there are different foci of clients’ construing which may be validated or invalidated, are these foci experienced differently by clients who reconstructed their beliefs and those who did not?

Research Questions about emotions asked if there is a relationship between clients’ emotional states during disclosure and the extent to which they experience validation and/or invalidation; do clients who reconstructed their beliefs following disclosure have different levels of emotion when relating their disclosure experience, to those who did not reconstruct their beliefs?

The final Question asked in what ways do clients believe that the counsellors’ responses influenced the outcomes they experienced following disclosure?

10.2 My anticipations: A brief review of the proposed personal construct model and the hypotheses tested in this research

The personal construct model, which was presented diagrammatically in Chapter 5 (Figure 4), proposed that there are three foci of clients’ construing that may be influenced during an experience of disclosure of sexual assault. The model proposed, then, that clients would be more likely to begin helpful elaboration, which would enable them to shift in the direction of optimal functioning, if:

Their beliefs about their abuse experiences were invalidated;
Their beliefs about themselves were validated; and
Their construing of themselves as meaning-makers was validated.

This model further proposed that clients who experienced invalidation of any focus of their construing during a disclosure experience would experience more negative
emotion during their disclosure experience than clients who did not experience any invalidation would.

10.3 What I found: the role of validation during disclosure in enabling helpful reconstruction of clients’ beliefs

The results, according to the frequency data, indicated that the validation pattern proposed in my personal construct model was not in fact the most dominant pattern with helpful reconstruction. This pattern was the second most dominant, occurring in 20% of the 35 cases whose data were tabled. The dominant pattern, discussed below, occurred in 37% of the tabled cases. Hypothesis 2 predicted that, if clients’ beliefs about themselves were validated during their disclosure experience, they would be more likely to commence reconstruction of their beliefs about their assault experiences than if their beliefs about themselves were invalidated. Hypothesis 2 was not upheld by the frequency data results, and therefore by affecting one of the three foci, the hypothesised pattern of validation foci most likely to lead to reconstruction of clients’ beliefs about their abuse experiences (Hypothesis 4) was also not fully upheld. The frequency data suggested that clients were actually more likely to revise their beliefs if:

Their beliefs about their sexual assault experiences were invalidated;

Their beliefs about themselves were invalidated; and

Their construing of themselves as meaning-makers was validated.

As mentioned, this pattern was the most dominant, occurring in 37% of the cases whose data were tabled. Invalidation of their unhelpful beliefs about the abuse, and validation of their construing of themselves as meaning-makers, were the two aspects of the
experience that emerged as highly influential in enabling clients to reconstruct their unhelpful beliefs about their abuse experiences.

These findings were supported in the qualitative analysis, in Chapter 9, of the eight case studies. The case analyses elaborated the findings by suggesting that the superordinancy of participants’ beliefs about their sexual assault, and the extent to which those beliefs had affected core role constructs, was important to understanding how invalidation of clients’ beliefs about themselves enhanced their capacity to begin reconstruction. The concept that validation and invalidation are not absolutes, but are more usefully viewed as cumulative processes, of strengthening or weakening of constructs (Button, 1996), was also found to be central to understanding its role in enabling or inhibiting reconstruction. Similarly important was the concept of validation, as understood in personal construct theory, being neither inherently “good” nor “bad”, and that not only may several constructs be tested simultaneously, but the same action, or the same response from another, may be validating one construct while invalidating another (Leitner & Faidley, 1995).

I now discuss the implications of the findings from the frequency data and the case analyses in relation to each of the three foci.

10.3.1 Clients’ beliefs about the sexual assault

The frequency data results suggested that, when clients disclosed their experiences of sexual assault to a counsellor, invalidation of their pre-existing unhelpful interpretations of their experiences was essential to enabling constructive elaboration of their beliefs about their abuse experiences. This finding emphasises the critical importance of this early engagement between clients and counsellors. It suggests that
when clients take the step of disclosing these traumatic experiences to a counsellor, they generally do so when they have the potential to cope with invalidation of their beliefs about them.

Martha’s case, on the other hand, exemplified some of the factors which can inhibit the ability of clients to begin reconstruction of their beliefs at this early stage, even if they have had the helpful experience of validation of their construing of themselves as meaning-makers. According to Martha’s account of her disclosure experience, her counsellor seemed to have provided the optimum environment to enable change, yet Martha experienced virtually no reconstruction of her beliefs about her sexual abuse. Her beliefs about the abuse seemed to have become superordinate core construing. Her abuse experience was severe and prolonged. There is research to suggest that abuse severity affects people’s later functioning (Merrill, Thomsen, Sinclair, Gold & Milner, 2001). People who as children experienced violent, prolonged, or intrusive abuse, or abuse by a primary caretaker, are more likely to experience persistent difficulties in adult life than those who experienced abuse that was infrequent, did not involve intrusive physical violation, and that involved people who were not part of the child’s household. (Beitchman, Zucker & Hood, 1992; Browne & Finkelhor, 1986; Harter, Alexander & Neimeyer, 1988; Herman, 1993). Martha was profoundly damaged by her experiences. The fact that Martha continued to experience abuse until she was twenty-two years old, a young adult, suggests that she was trapped in a situation of subjective powerlessness. It also served to strengthen her belief that she was responsible for the abuse. “…you get told a lot but it still takes a lot of convincing…you have to actually believe” (IQ12). At
the time of the disclosure, Martha still needed considerably more time to allow herself to be convinced.

Martha’s beliefs about her sexual abuse were also quite impermeable. Permeability refers to the degree to which a construct can assimilate new elements within its range of convenience, and generate new implications (Bannister & Fransella, 1986). Participants who were more open to experiencing a greater degree of invalidation of their beliefs were those whose construing was more permeable, such as Joanne, Lyn, Pat and Samantha, as described in Chapter 9. What made their construing about their experiences more permeable than Martha’s? A comparison of Pat and Martha’s experiences may be helpful. Pat was also sexually abused by her father, and also described feeling powerless. However, the abuse ceased when she was still a child, and she knew that at least one of her sisters was also being abused, so unlike Martha her abuse experience was not defined by the element that she was “the only one”. Her father’s behaviour (“I thought it was the only way he could show me affection”, “he took it out on his daughters which were his belongings”) may have been a more influential element in the construct than her own culpability: this is how my father is, rather than there must be something about me that has caused this to be done to me. Pat was able to revise her belief, and begin to accept that her sexual abuse experience was not justifiable in any way, and that her father was wholly responsible.

“All I think is that I felt my father wanted to have sex and my mother wouldn’t give it to him, so he took it out on his daughters which were his belongings. I thought that we were his belongings.” (IQ4)
After her disclosure experience, in which she felt “it was such a relief to say it to someone…it was hard, but then when I started talking and when she started listening, I thought, I’m not going to get in trouble. I wasn’t going to get judged, as if it was my mother or someone” (IQ3):

“Confirmed that it was my father’s fault. Disconfirmed that it wasn’t mine. And they were the two major things. It was his fault, and it wasn’t mine. He took advantage of his daughters and it wasn’t my fault.” (Pat, IQ14)

An optimal experience for clients in a disclosure situation with a counsellor would be a successful completion of an Experience Cycle. The stage of the Experience Cycle which precedes the validation and invalidation stage, is the encounter stage (it follows anticipation and commitment). The encounter stage is conceptualised as “an active knowledge of what one has met which lets that knowledge make a difference” (Epting & Amerikaner, 1980, p.58). A client may have a disclosure experience in which the counsellor is presenting her with evidence that her beliefs about her sexual abuse could do with revision (for example, her abuse was not, after all, her fault). If her construing is insufficiently permeable, if she is unable to let her “active knowledge of what she has met” in the disclosure experience make a difference, her construing will not be invalidated, and she will be unable to move on to constructive revision (stage five).

10.3.2 Clients’ beliefs about themselves

I had hypothesised that invalidation of clients’ beliefs about themselves (either helpful or unhelpful), constituting, as it must have done, considerable threat, would not enhance the prospects of reconstruction. I speculated that if “a broad base of confirmation” was important in enabling clients to feel brave enough to extend their
construing into the unknown, this broad base of confirmation would include confirmation of clients’ beliefs about themselves, even if those beliefs were currently qualitatively unhelpful. However, something I had not expected appeared to be happening. It appears that these women were even more courageous than I had imagined. The findings suggest that despite the fact that they were experiencing considerable threat, they coped with invalidation of their construing about their abuse experiences, as well as invalidation of their beliefs about themselves, and used this dual invalidation to enable helpful elaboration of their beliefs.

It must be acknowledged that, when rating the participants’ transcripts, it was sometimes difficult to distinguish between their beliefs about the abuse and their beliefs about themselves. As was seen in the case studies (Chapter 9), for some clients whose abuse experiences had extensive implications, their constructs about their abuse became highly significant, and influenced their beliefs about themselves to the extent that they seem to have become superordinate core role constructs. Invalidation of unhelpful beliefs about themselves, then, became essential to enable reconstruction, and progress towards optimal functioning. This supports assertions that constructions of the self as worthy are important to reconstruction and recovery from a range of potentially traumatic events (Harter & Neimeyer, 1995; Janoff-Bulman, 1985).

But just how is it that invalidation of clients’ beliefs about themselves is influential in enabling constructive revision of their beliefs about their abuse or assault? What are the influential factors here? The long-term effects that survivors most commonly attribute to their experiences of sexual abuse as children are injuries to the self in relation to others, including lowered self-esteem (Herman, 1993).
“I felt very unworthy and of no value before the disclosure and since the disclosure that has changed a lot. Certainly my sense of self-worth was disconfirmed because at that time I felt like I was not worthy at all. Since then, I am beginning to feel more worthy. That’s what the disclosure has given me.” (Eliza, IQ11).

Eliza’s validation pattern conformed with the dominant pattern: her beliefs about her sexual abuse were invalidated, her (unhelpful) beliefs about herself were invalidated, and her meaning-making was validated. She was a self-assured and articulate woman of thirty-six who had been seeing a therapist for almost a year prior to our interview. When describing her life at the time of the interview, she shared with me: “it’s an interesting time of year for me right now because I have a birthday coming up this weekend, and twelve months ago I actually made a bargain with myself that if I wasn’t feeling any better about my life in twelve months time, that is, at my next birthday, which is the one coming up, that I was going to commit suicide.” (Eliza, IQ1). She went to therapy: “because I was enormously unhappy and I didn’t know why, and I felt like I was a real freak and the things that made other people happy did not make me happy” (IQ4). In describing her disclosure experience:

“I didn’t feel like such an idiot any more…I just felt like a huge weight had been lifted off my shoulders, and one thing I had always feared actually was, um, was dying with the knowledge that I had been on this planet for however many years it would be, without anyone ever really knowing me, without anyone really knowing anything about me. And when I, now, when I think back about that, I think that was like having this huge secret inside that even I didn’t know about,
and I don’t feel that way any more because I feel like, because my counsellor knows about this, that at least one person knows something really important about me and also I guess I know now as well, and I feel like I know myself much, much more.” (IQ5).

“In terms of how I saw myself, in terms of who I was, at the time of the disclosure I would say the disclosure has very strongly confirmed some factors in that, and very strongly disconfirmed some…I had always thought that I was basically just a bitch because I was so unhappy all the time, and because the disclosure has given me a reason for feeling that way, I don’t feel like I’m just being a bitch anymore. So it disconfirmed that part of my identity, but it did confirm parts, like, that there is value there. That I’m worthy of being here.” (IQ12)

Eliza’s description of her life at the time of the interview, a life very different from the life she considered not worth living twelve months previously, sounds very like a person engaging in successive completions of Experience Cycles:

“My life at the moment. I’m finding my life very interesting at the moment, although I would also say that there’s quite a lot of pain I’m still experiencing…What I’m finding interesting is that I’m trying lots of new ways of dealing with that pain. Some are working very well, some aren’t working and that’s an interesting experience. At the same time, along with the pain there’s also lots of incidences of great joy, which is a very new experience for me. I wouldn’t say that I’m someone who has experienced a lot of joy before in my life, so that’s almost a little scary, but it’s also very interesting…”(IQ1)
The process of invalidation of unhelpful beliefs about themselves, such as worthlessness, enabled participants like Eliza, Joanne and Penelope to begin reconstruction of their beliefs. Permeability of their beliefs about themselves, as much as of their beliefs about their abuse, would appear to be integral to enabling revision.

It is not surprising that participants’ descriptions of their sense of self frequently included expressions of feelings of guilt and shame. Firstly, guilt:

“I felt terribly guilty because I’m a very prudish sort of a person.” (Meredith, IQ5)

Guilt, in personal construct theory, is defined as “the awareness of dislodgement of the self from one’s core role structure” (Kelly, 1991/55, p.391). The extent to which clients’ unhelpful beliefs about themselves constituted dislodgement from their core role structure is clearly of importance. Their core role structure is not composed entirely of beliefs of, for example, worthlessness, as exemplified in Eliza’s words. The unhelpful beliefs which have become a part of their system, and have, perhaps, constituted dislodgement, may be open to revision:

“I don’t feel like I’m just being a bitch anymore. So it disconfirmed that part of my identity, but it did confirm parts, like, that there is value there. That I’m worthy of being here.” (IQ12).

And Joanne’s:

“I felt like, I could be someone, or no, I was actually someone…I didn’t know there was another part in me. Once I did disclose, I started seeing the other side of me. You know what I mean, I started seeing the light side of me. And, that side, I wanted to find.” (IQ12)
Again this also exemplifies the experience of one construct being validated while another is invalidated in response to the same event (Leitner & Faidley, 1995).

Shame, as defined in personal construct theory, involves “awareness of dislodgement of the self from another’s construing of your role” (McCoy, 1977).

(After disclosure) “I realised that there shouldn’t be any shame or guilt attached to it on my behalf…and so it made me feel a whole lot better about myself.” (#81, IQ5)

The complication for people who have experienced child sexual abuse is the extent to which their beliefs about their abuse experiences are based on the abuser’s construing system (Cummins, 1992).

“I just envisaged myself as this little tramp, you know, this five year old little tramp, you know, I guess, and that’s what people put onto you.” (#87, IQ13)

It may be that the degree of dislodgement from their core role structure (guilt), and the degree of dislodgement of the self from another’s construing of their role (shame), influences the extent to which clients may experience invalidation of the unhelpful elements of their beliefs about themselves. This again brings us back to the concept of the influence of the permeability of their beliefs.

What seems vital, however, to loosening of constructs sufficiently to enable reconstruction, is validation of participants’ sense of themselves as makers of meaning, as I will now discuss.

10.3.3 Clients’ construing of themselves as meaning-makers (self as subject)

The frequency data and case analyses supported Hypothesis 3, which predicted that if clients’ construing of themselves as meaning-makers was validated during the
disclosure experience, they would be more likely to begin reconstruction of their beliefs about their assault or abuse experiences. Thematic analysis fully supported this finding, with 62% of participants’ responses (from Interview Questions 9 and 15) indicating that validation of meaning-making processes was influential in disclosure outcomes. This finding underscores the critical importance of validation of clients’ construing processes, as I discussed in Chapter 4. It suggests that if their constructions of themselves as makers of meaning is validated, people are able to withstand the threat inherent in experiencing invalidation of their beliefs about traumatic events and in their existing unhelpful beliefs about themselves. Not only that, they are able to use this invalidation constructively to begin revising their beliefs.

One important question that arises, is: how is it that the likelihood of reconstruction is enhanced by invalidation of clients’ beliefs about themselves (self as object), but by validation of their construing of themselves as meaning-makers (self as subject)? In asking the questions in the interview, I distinguished between these two phenomenon by stressing that the question about self as object related to “sense of self”, “identity”, “who you are”. The question about meaning-making (self as subject) related to “your view of yourself as someone who has the ability to make some sense of things, give meaning to things”. Participants often responded to the question about meaning-making by speaking of how empowering it had been to have their sense of confusion validated. The experience confirmed their meaning-making ability, in confirming that they had been making the best sense they could of an experience that was virtually inexplicable:
“I realised when I started the counselling that it was all there, I just needed to sort it all out. I guess it was confirmed that I was confused.” (#81, IQ12)

“…all of a sudden I understood why I was so confused, and why I couldn’t make any sense of it. It was right for me to be confused and that was enormously powerful.” (Eliza, IQ13)

“Most powerfully, what was being confirmed was the, um, it was OK for me to be so unhappy because there was a reason for it and that I should have hope because if there was a reason for it and it was logical to feel that way you can do something with that. You can fix it, hopefully, make it better at least.” (Eliza, IQ14)

It appears that experiencing validation of their meaning-making processes provided clients with a sufficiently secure base to enable them to cope with the invalidation of some of their beliefs about themselves.

When participants were asked about the aspects of their disclosure experience that were most important to them, “being believed” emerged as the most influential factor. I have asserted that “being believed” as a process represents validation of clients’ meaning-making processes by the counsellor. People who have experienced sexual assault or abuse have often maintained the secret because they expect to be disbelieved: they feel that their story will sound incredible. When they have the experience of telling their story and feeling understood, they feel that their story, their reality, is being accepted, is being acknowledged as credible, that their process of interpreting events is being respected and given validity. This underscores the importance of what Kelly referred to
as “the credulous attitude”, whereby “the clinician should maintain a kind of credulous attitude towards whatever the client says.” (Kelly 1955/91, p.241).

“Basically what she did was, she made me feel better as a person, that she believed me, I think that was my biggest problem was belief.” (#87, IQ9)

Kelly saw as fundamentally important the notion of understanding as acknowledgement of another person’s construction processes, and validation of their exploratory attempts to communicate their meanings. Meredith was a 57 year old woman who disclosed to a counsellor who was a minister of religion.

“You might laugh when I tell you this, but the thing that she did that helped me more than anything else, and I’ll never forget it. I was sharing something really absolutely horrific with her and there was a box of tissues on the table and she started crying and she sobbed. And she wiped her eyes and she looked at me and she said, what sort of a counsellor am I?…And I’ve always said, you know, you can counsel, and you can listen and you can have empathy and all this stuff, but the day that somebody cried for me, it changed the whole thing…that’s when I saw God in all his glory.” (IQ9)

For Meredith, who had a very strong Christian faith, the counsellor/minister’s tears mirrored her own processes, and she felt understood at a very deep and profound level. This provided her with a secure base from which to face reconstruction of her beliefs.

“At first, I couldn’t see any meaning in any of it. I couldn’t. You know, it’s the typical case of why did this happen to me, and why did God allow this to happen?...I suddenly started to see that, there’s no justice whatsoever in evil…and I had this sense of God being with me right through all the abuse and
crying for me. And that day when I saw her cry, that made me feel that very much. And so I decided that whatever had happened to me I had to use it for a purpose...as soon as I started to pull myself together, I felt well, I’ll use this. I’m not going to let it destroy me.” (IQ13).

10.4 What else I found: What has been learned about clients’ emotions in relation to their disclosure experiences

Hypothesis 5 predicted that participants were more likely to experience higher levels of threat, anger, depression and helplessness, and lower levels of positive affect, competence and positive emotion when describing their disclosure experiences, than when describing their life at the time of the interview. This finding was upheld for threat (based on Total Anxiety Content Analysis Scale scores), helplessness (Pawn CAS), competence (Origin CAS) and positive emotion (Positive Affect CAS). This tells us that high levels of threat and helplessness were being experienced by participants as they described their feelings during the disclosure experiences. The implication is that their description accurately reflected their feelings at the time of disclosure.

It makes sense that clients would be experiencing threat, if we recollect the personal construct definition of threat, being the awareness of imminent comprehensive change in one’s core structures. “A new client about to undergo therapy is threatened by the prospect that he may really change his outlook” (Kelly, 1955/91, p.362). Clients not only faced the prospect of change in their core constructs, they also experienced considerable fear that they would not be believed. Even though these anticipations were frequently not validated, clients’ expressions of their anticipations revealed a high degree of threat. While participants frequently described feeling the beginnings of
empowerment as a result of their disclosure experiences, these descriptions tended to come in response to my later interview questions, relating to how they felt afterwards, or as a result of the disclosure. Their descriptions of their sexual assault experiences to their counsellors, were more often marked by expressions of powerlessness.

Conversely, contentment as defined in personal construct theory is “awareness that the events with which one is confronted lie within the range of convenience of the construct system” (McCoy, 1977, p.121). Again, these results in relation to emotions support the assertion that clients disclosing sexual assault experiences to counsellors are feeling that the events are outside the range of convenience of their construct systems.

Positive affect, or happiness, is defined in personal construct theory as “awareness of validation of a portion of one’s core structure” (McCoy, 1977, p.121). My revised personal construct model reflects the fact that the majority of clients who had helpful reconstruction outcomes experienced invalidation of their unhelpful self constructions. Regardless of the eventual helpfulness of the outcome, change necessitates feelings of threat and helplessness, and of necessity holds in abeyance feelings of contentment and positive affect.

Hypotheses 6, 7 and 8 related to the degree of negative emotion felt by clients who experienced invalidation (the negative emotion resulting from a perception that their interpretations were deemed to be ineffective, and the awareness of imminent comprehensive change in their core structures) and who subsequently began reconstruction. Statistical significance was not reached as the cells were of insufficient size, so these hypotheses relating to emotion could not be effectively tested.
10.5 The personal construct model revised

In light of the findings, my personal construct model relating to validation and reconstruction was revised. The revised model is shown diagrammatically in Figure 6.
Clients’ beliefs about their sexual assault experiences are impeding their optimal functioning

Disclosure to a counsellor

Beliefs about ASSAULT (assault as object)
- Validated
- Invalidated

Beliefs about SELF (self as object)
- Validated
- Invalidated

Meaning-making (self as subject)
- Validated
- Invalidated

Reconstruct beliefs about assault

Construing of meaning-making
- Secure enough to reconstruct beliefs about assault & self
- No change in beliefs about assault

Impede optimal functioning

Enhance optimal functioning

Figure 6: Revised personal construct model of validation in the reconstruction of clients' beliefs about their sexual assault experiences
The revised model differs from the model tested, in indicating that invalidation rather than validation of clients’ beliefs about themselves was more likely to lead to helpful reconstruction of their beliefs following the disclosure experience.

This aspect of the revised model is evident in Joanne and Penelope’s cases, as I described in Chapter 9. It is also exemplified in Meredith’s story, which I provide in this chapter. Meredith had suspended memories of being sexually abused by her adored father until she discovered, when sorting through some of his belongings after his death, old pornographic photographs of children, including herself. The facts were subsequently confirmed by a cousin, who was also sexually abused by him. Her husband also disclosed to her that she talked about the abuse in her sleep. Despite the evidence:

“I couldn’t believe that my father could have hurt me…I always said my Dad loved me. Mum didn’t love me… my father, he did everything for me. If I was sick, he was the one that sat up with me all night. He took me here, he took me there. It was always me and my father.” (IQ4)

As a result of the disclosure experience she began revising her beliefs:

“I suddenly started to realise that this (her emerging memories of the abuse) was the truth…that was the turning point.” (IQ8)

Her beliefs about herself were invalidated:

“…oh, I was shocking. I was that way that I wouldn’t walk outside this door. I didn’t want to see anyone, or speak to anyone. I was an absolute mess… I didn’t have any feelings of worth. I felt totally worthless. I can remember saying to my husband, how can you live with me, I’m just a bit of second hand garbage. That’s how I felt.” (IQ11)
After disclosing:

“No, I felt that after I’d spoken with someone like that and shared with her, I felt everybody’s a worthwhile person, and I am worthwhile” (IQ11).

“It was definitely confirmed to me that I was a worthwhile person and it was confirmed to me that I don’t have to be dumped on by anybody. I don’t have to just have people just dump on me and make me do this or that or anything. I can make my own mind up and I’ve got the right to decide what I want to do with me, and that was really confirmed to me, that I’m responsible for myself…”(IQ14)

Her construing of herself as meaning-maker was validated, as described in 10.3.3.

10.6 Summary

While the sample size proved to be insufficient to produce generalisable results, frequency results and analysis of eight sampled case studies indicated that the personal construct model proposed was not fully supported. In the light of these findings the model was revised. The new model proposes that clients who have been sexually assaulted are more likely to reconstruct their unhelpful beliefs about those experiences as a result of disclosure to a counsellor if:

Their beliefs about their abuse experiences (abuse as object) were invalidated;

Their beliefs about themselves (self as object) were invalidated; and

Their construing of themselves as meaning-makers (self as subject) was validated.

Validation of their construing about themselves as meaning-makers was found to be highly important to the ability of clients to reconstruct their unhelpful beliefs about their abuse experiences. It was also found that there were other factors influencing clients’
ability to reconstruct which were extremely complex, and reflected the diversity of their experiences and the uniqueness of their individual meaning-making processes.

In relation to hypotheses about emotions, clients experienced higher levels of negative emotions, including threat and helplessness, and lower levels of competence, contentment and positive affect, when describing their disclosure experiences, than they did when describing their lives in the present. Hypotheses relating these emotions to the degrees of validation and invalidation experienced by clients during disclosure, and subsequent reconstruction of their beliefs, could not be effectively tested as insufficient cell sizes meant that statistical significance was not reached.

In this chapter I have discussed the findings of the research into the role of validation in reconstruction of the beliefs clients hold about their sexual assault experiences. In Chapter 11, I will assess the usefulness of the personal construct model as well as the usefulness of the Validation Assessment Technique and Reconstruction Assessment Technique which I used to test the model. I will discuss further the limitations of this research, and propose future research. Finally, I will explore the clinical implications of this research for people who have been sexually assaulted and abused, and for the helping professionals who work with them.
CHAPTER 11

THE IMPLICATIONS OF THE RESEARCH INTO THE ROLE OF VALIDATION IN RECONSTRUCTION, WITH COUNSELLORS, OF THE BELIEFS THAT CLIENTS HOLD ABOUT THEIR SEXUAL ASSAULT EXPERIENCES

“I look now in a different light after the disclosure… I’d say my feelings were validated more than anything… the abuse itself didn’t make sense, but it made sense the sort of person that I’d become… it started to fall into place why I did what I did … but you think – why? Why did it happen? And you don’t get those answers from a counsellor. You can never get them resolved.” (“Anna”, Participant)
In this chapter I first present a summary of the findings of this research into the role of validation in the reconstruction of clients’ beliefs about their sexual assault experiences, as a result of disclosure to counsellors. I evaluate the personal construct model that I developed, and revised as a result of the findings. I also evaluate the Validation Assessment Technique (VAT) and Reconstruction Assessment Technique (RAT) which I developed as one approach to testing my model. I discuss the limitations of the research and make proposals for future research in this area. I explore the clinical implications of this research for the courageous clients who embark upon this perilous but profoundly important journey of making sense of their experiences of sexual assault, and for the counsellors who join them on their journey. Finally I present the conclusions I have drawn, as a result of this research, about the contribution personal construct concepts make to elaborating understandings of the ability of clients to make sense of, and reconstruct, their beliefs about their experiences of sexual assault, and of trauma more generally.

11.1 The findings

This research proposed that when people test their construing, they experience validation or invalidation of three different foci of construing: their beliefs about a particular event (event as object); their beliefs about themselves (self as object); and their construing about their meaning-making (self as subject). The analysis of the data suggested that clients disclosing sexual assault to a counsellor were more likely to reconstruct their unhelpful beliefs about their sexual assault experiences if their beliefs about their sexual assault were invalidated, their beliefs about themselves (as object) were invalidated, and their construing of themselves as meaning-makers (subject) was
validated. This validation pattern was the most dominant, occurring in 37% of the cases whose data were tabled. Invalidation of clients’ unhelpful beliefs about the abuse, and validation of their construing of themselves as meaning-makers were the two aspects of the experience that emerged as most important in enabling clients to reconstruct their beliefs. Analysis of case studies of participants, using purposeful sampling, supported these findings, and elaborated them in several ways. Clients who had experienced more prolonged and extreme abuse were also found to have more difficulty reconstructing their beliefs. It is suggested that these clients were experiencing higher levels of threat at the prospect of invalidation of their beliefs about their sexual assault, and that their beliefs were less permeable, more superordinate, and may have become a core role constructs.

Findings in relation to clients’ emotions found that clients still experienced high levels of threat and helplessness as they described their feelings during the disclosure experiences, and low levels of competence, contentment and positive affect. The implication is that their description accurately reflected their feelings at the time when they disclosed to the counsellors.

11.2 Evaluating the personal construct model

I will evaluate my revised personal construct model first in terms of its integrity as a model, and then in terms of its usefulness.

One of the ways in which this model makes a contribution to personal construct theory is that in its elaboration of the role of validation in reconstruction, it proposes that the process of validation of construing can be seen to have three foci. Previous research has examined the validation experience in a similar way and proposed that it could be seen as being comprised of three different aspects (Concalves, 1995; Walker et al., 2000)
but none has proposed a model of clients’ validation and reconstruction experiences and tested the model by exploring clients’ accounts of their experiences with a specific set of clinical issues. My model has provided a framework, and this research has hopefully opened the way for further exploration of a wider range of clinical experiences.

In evaluating the integrity of the personal construct model I am guided by the standards proposed by Viney (2001) by which personal construct models which are being applied to work with people may be evaluated, as well as the functions a model should meet. Firstly, the functions:

1. Models should prevent counsellors from being overwhelmed by the complexity of the theory and the events with which they, counsellors, deal;

2. Models should make the theory accountable and available;

3. Models should provide new ideas for counsellors;

4. Models should give counsellors better definitions of concepts and variables;

5. Models should give counsellors better tools for checking that their collections of information are appropriate to the theory;

6. Models should enable counsellors to make predictions about their practice.

Viney points out that personal construct theory, with its postulate and corollaries, is subtle and complex. For the first function, using a model, with a finite set of propositions, helps counsellors to focus on the parts of the theory that are relevant, and on the events they encounter (physical, psychological, historical and contextual), without being overwhelmed by them. My model focuses on the aspect of the theory relating to
processes of change in clients’ meaning-making in a specific therapeutic situation (disclosure of sexual assault), and the role of validation in enabling (or inhibiting) that change.

The second function is that models should make the theory accountable and available: my personal construct model directly applies the concepts of the theory to clinical practice. In this way it reveals personal construct theory to be not only elegant, but also practical. The theory can explain the therapeutic process. Even so, there are some aspects of Kelly’s theory that can benefit from development and extension, and the development of my model was in part intended to elaborate the theory in relation to the role of validation in reconstruction as part of the therapeutic process.

Thirdly, models should provide new ideas for counsellors. The introduction of the concept of the three foci of validation provides counsellors with an approach which offers insights into therapeutic processes. The research into the patterns of validation supports assertions that viewing validation/invalidation as a one-dimensional process is not sufficiently comprehensive to understand clients’ meanings and processes. The concept of the three foci of validation provides a means of exploring clients’ meanings and processes more creatively. It implies ways in which counsellors can more effectively work with their clients to enhance their clients’ reconstruction of unhelpful meanings, and move in the direction of optimal functioning.

Viney asserts that the fourth function a model should serve is to give counsellors better definitions of concepts and variables so that they can conduct better assessments and interventions. The intention in developing my model was to enable the integral theoretical concept of validation to be more clearly defined, so that its specific role in
enabling change in therapy can be better understood. The isometric relationship between
the concepts and the variables being investigated can be identified by reviewing the
propositions in the model. For example, Proposition 7 asserts that if clients’
interpretations of their sexual assault experiences are disconfirmed, they will begin to
reconstruct and elaborate their beliefs about their abuse experiences. The relationship
between the theoretical concept of validation/invalidation, and the variable of the client’s
beliefs about their assault experiences are clearly linked in the Model’s Proposition.
Unfortunately, the value of all the propositions cannot be asserted unequivocally because
the size of the sample was insufficient for making any statements regarding the
generalisability of these findings, or for further statistical analyses to be conducted.

Models should give counsellors better tools for checking that any collections of
information are appropriate to the theory. My model, with its propositions relating to the
pattern of foci of validation most likely to lead to helpful reconstruction of beliefs,
indicates to counsellors a way they may develop more effective and fruitful exchanges
with their clients by encouraging responses rich in information about their clients’ beliefs
about their sexual assault experiences, their beliefs about themselves, and which reveal
their processes of meaning-making.

The final function identified by Viney is that models which include clearly
articulated propositions should enable counsellors to make predictions about their
practice. The aim of developing my model was to articulate propositions that counsellors
can use therapeutically, specifically to anticipate the effects that their responses might
have on clients disclosing sexual assault, and more generally to anticipate the effects that
their responses might have in enabling change in therapy. The propositions about
validation and reconstruction, for example, enable counsellors to anticipate that if their responses to clients result in the clients experiencing the validation pattern proposed by my revised model, they optimise the likelihood of the clients revising their unhelpful beliefs. The factors influencing their likelihood of experiencing validation have been explored in the case studies in Chapter 9.

I will now evaluate my model according to Viney’s (2001) proposed standards:

1. Models should be firmly based in the theory from which they emerge;
2. Models should be clearly and concisely described;
3. Models should be internally consistent;
4. Models should be parsimonious;
5. Models need to deal adequately with the psychological events on which they focus.
6. Models should be both comprehensive and specific.

My model is based on the theory and fundamental philosophical assumption underlying personal construct psychology. Viney states that the propositions of such a model need to be consistent with the most crucial philosophical assumption of personal construct psychology, constructive alternativism. The first and most crucial of the propositions of my model is based in constructive alternativism. The model in its entirety is consistent with the fundamental postulate and the eleven corollaries which comprise the theory of personal constructs, as well as the more recent extensions of the theory, for example elaborations on emotions (McCoy, 1977), and on optimal functioning (Epting & Amerikana, 1980; Leitner & Pfenninger, 1994).
The second criterion states that models should be clearly and concisely described. My personal construct model has three general propositions, two propositions relating to validation and invalidation, four addressing validation and reconstruction of construing, and the final three address emotions. The meanings of the propositions are clearly expressed, and unambiguous.

The third criterion relates to the internal consistency of the model, that the assumptions and concepts should not be in conflict. The propositions in my model flow from the first of the general propositions, that people who have been sexually assaulted or abused will later be influenced not so much by the event itself as by their interpretations of it. The propositions that follow all focus on clients’ interpretations or meaning-making processes, and the elements and processes existing in the therapeutic exchange which influence clients’ continuing efforts to elaborate more helpful meanings in relation to their experiences of sexual assault.

The fourth criterion states that models need to be parsimonious, or frugal. Viney states that a model should account for the maximum information with the minimum number of propositions. Each proposition in my model relates to a different aspect of the phenomenon under scrutiny. Aspects of the theory which are not specifically relevant to the subject are not addressed in the model.

The fifth criterion states that models need to deal adequately with the psychological events on which they focus, not only the theory on which they are based. This model is dealing with the psychological event of the effects of a particular trauma, that of sexual assault. It is dealing with clients’ experiences of telling the story of that trauma to a counsellor, and it is dealing with the processes occurring during the
disclosure which facilitate – or not - reconstruction of clients’ beliefs about the experience. Focusing on reconstruction of construing about sexual assault or abuse allows for elaboration of this particular process, but also enables exploration of the crucial question of what enhances change in clients’ construing.

The sixth and final criterion states that models must be both comprehensive and specific. This means that models need to be sufficiently broadly based to include all the relevant events, yet precise enough to make prediction possible. My model, while its propositions relate specifically to the situation of clients’ disclosure of sexual assault or abuse to a counsellor, is based in an exploration of the processes at work when clients and counsellors interact in a therapeutic situation. The concepts underlying the propositions were broad enough to be generalised to the processes operating in a wide range of therapeutic situations. At the same time, the propositions of the model are sufficiently specific to be tested in relation to the sexual abuse disclosure situation.

In terms of the conceptual integrity of my model, there was one aspect of it which aroused in me some disquiet, and which caused me to re-evaluate it critically. I wondered whether the phenomena of invalidation of clients’ beliefs about their abuse during disclosure, and reconstruction of their beliefs about the abuse as a result of the experience, were truly independent of each other. However, on re-evaluation, I concluded that while it is logical that the incidence of reconstruction will be high amongst clients who experienced invalidation of their beliefs, it is not a foregone conclusion. Further, the ratings for each were not based on the same participant responses. An example of a rating of invalidation of beliefs is: “I felt I deserved it and I was to blame for it, and after I disclosed I felt like I had power to not let it rule my life…I
could move, shift...now I know I’m not at fault” {69}. An example of text rated for reconstruction is: “It would have to be 5. It changed everything” {38} in response to the interview question which asked to what extent did you feel there was change in your view of your assault/abuse experience?

A valuable outcome of this research is its facilitation of the women’s stories being heard and understood. The model provided me with a conceptual way of hearing the participants’ stories, and coming to understand their meanings and their meaning-making processes.

11.3 Evaluating the Validation Assessment Technique (VAT) and Reconstruction Assessment Technique (RAT)

The Assessment Techniques which I developed to test the model need further work. They are essentially qualitative methods, although the VAT in particular utilises numerical devices to evaluate what may be viewed as abstract concepts. I will discuss the VAT and the RAT in terms of their feasibility, consistency and credibility.

11.3.1 Feasibility

Including references to “scales” in the interview questions (“To what extent was the sense you had made of the assault confirmed, or the opposite, disconfirmed? Where on a scale of one to five, if five is confirmed and one is disconfirmed?” IQ8) was ultimately of limited assistance to raters when it came to analysing the transcripts. It did seem to provide some participants with an additional means by which to express their validation experiences, and raters made use of their responses, however participants sometimes interpreted the use of the ratings differently to the way the question intended.
The assessment and rating process proved more complex and difficult than I had envisaged. The raters found themselves challenged at times by the need to make a definitive judgement using the numerical devices. The rating techniques were originally intended to give a definitive, or categorical judgement about whether a belief was validated or invalidated, but it may be more useful to explore degrees of validation/invalidation and reconstruction: to more clearly acknowledge the cumulative quality of validation. Ultimately the Techniques were perhaps indicative, rather than definitive. Rating using the VAT and the RAT took longer than I had anticipated, and it is a time consuming method of analysis. In this sense, however, it is no different from much qualitative analysis.

11.3.2 Consistency

The major consideration in regard to consistency with these Techniques is inter-judge (inter-rater) consistency. As described in Chapter 7, the process of double coding was used to analyse the transcripts in order to ensure consistency (Boyatzis, 1998; Miles & Huberman, 1994). As described in Chapter 7, two of the three raters examined a random selection of fourteen transcripts, and two of the three examined a further eleven transcripts independently. They made their judgements without interacting with each other, and following the completion of the judgements the two raters compared their results, then discussed each rating until agreement was reached (Boyatzis, 1998). This procedure met the standards for inter-judge reliability within this research.

The Assessment Techniques relate directly to the model they were designed to test. They have provided a framework for identifying in the data those phenomenon they were designed to identify, and analysing those concepts and foci they were designed to
analyse. However, because of the limitations discussed above, it is difficult to state with confidence that the results of this research would be replicable.

11.3.3 Credibility

Credibility, in relation to evaluation of qualitative research methods, is similar to the positivist evaluative criteria of internal validity (Guba, 1981; Guba & Lincoln, 1989; Lincoln & Guba, 1985). Credible conclusions are those that arise from analysis which accurately reflects the data, in that it represents the beliefs and feelings of the participants, rather than those of the researcher (Miles & Hubernan, 1994; Nagy & Viney, 1994).

Credibility may be threatened by the influence or intrusion of the researcher’s expectations into the analysis process, so they influence interpretation of the data from the participants. Personal construct theory acknowledges the potential influence of researchers’ beliefs and expectations, given that they are as psychologically influenced by their anticipations as are their participants (Kelly, 1955/1991; Nagy & Viney, 1994). One way to address this problem is for epistemological assumptions to be declared prior to data gathering and analysis (Guba, 1981). In this research, this issue was addressed in two ways: firstly, I developed my model and presented it in a number of public forums prior to commencement of data collection; secondly, I employed the data analysis method of double coding, as previously described, so that data were analysed and coded by more than one researcher. In addition, the findings of the research did not fully support my proposed model, and the model was revised in the light of the findings. This outcome would not have been possible, had openness to the findings from the data analysis been absent.
Credibility is also threatened by the risk of researchers becoming unduly influenced by participants’ meanings and explanations, and thereby losing sight of the original assumptions of the research, with the result that the study is diverted from its purpose. This problem can be reduced by having a range of participants representing different aspects of the phenomena under study (Miles & Huberman, 1994). In this study, as exemplified in the case analyses (Chapter 9), a diverse range of participant experiences was explored. Participants whose experiences did not comply with the proposed model were analysed, and differences explored.

Guba (1981) asserts that the single most important credibility check is for participants to be asked to confirm the interpretations made by the researcher, both during the analysis phase and after the final report is completed. In this research, participants’ meanings were checked during the process of data collection, however it was not feasible with this participant population to request them to return for confirmation of interpretations during analysis and reporting stage. It is difficult to know to what extent such a process would have substantiated the credibility of the findings.

11.4 Limitations of the research

The generalisations from the findings of the research were limited by the small size of the sample. Using the data obtained by applying the VAT and the RAT, analysis was undertaken to test the hypotheses relating to validation and reconstruction of clients’ beliefs, as well as the hypotheses about emotions and validation, and emotions and reconstruction. However, as I acknowledged in Chapter 8, the sample was too small to conduct statistical analysis, given that an expected frequency of 5 for each cell could not be achieved.
The sample size was smaller than intended, and this was the result of the unexpected difficulties experienced in recruiting participants. As described in Chapter 7, too much time was spent attempting to attract participants through referrals from community agencies. This strategy had, in principle, the full support of all of the agency counsellors, but ultimately only 21% of referrals came from this source. The limited success of this method of recruitment could in its own right make an interesting research study. My discussions with counsellors indicated that they were very supportive of the research and had good intentions about referring their clients. The primary reasons for their failure to do so fell primarily into three categories. The first was workload: “I get so busy it goes out of my mind”. The second, preoccupation with the clients’ concerns in sessions: “I just never think of it when I’m there with the client”. Thirdly, and, I suspect, predominantly, they feared endangering their therapeutic relationship with their clients by introducing such a request. Counsellors worried about exploiting their clients’ sense of gratitude or implying the existence of an obligation on the part of their clients, and with a client group who were likely to have already experienced significant exploitation, this was a risk they were not prepared to take. In retrospect, my judgement is that the counsellors were probably being over-protective of their clients, and possibly underestimating their clients’ courage and capacity to be pro-active. The clients who participated in the study impressed me as feeling very positive about their decision to do so, despite their apprehension and discomfort in reviving painful memories. Participants frequently stated that it was worth it, if it might benefit others who had suffered similar trauma. Some participants saw ways in which the experience of talking with me had moved them on in their own journey.
“It’s no use going through any experience and wasting it. Because there must be a purpose for it and that’s why I’m talking to you.” (Meredith, IQ13)

The most effective recruitment strategy was advertising through newspaper feature articles (53% of sample). It was time-consuming because the lack of a “filtering” referral process necessitated my spending considerable time culling potential participants, and ensuring the physical and psychological safety of all the volunteers, participants and non-participants alike. Nevertheless, it was the strategy that attracted the most participants and would be my recommended strategy for any future research.

It should also be recognised that there are limits to the size of sample to which a sole researcher can do justice, when undertaking qualitative research. While I had assistance with the second rating of data, and a proportion of the interview transcribing, there was otherwise only one researcher taking responsibility for research design, recruitment, interviewing, data analysis, and follow-up with participants. It would not have been possible with a larger sample for one researcher to undertake the depth of qualitative research undertaken in this study.

The potential limitations caused by self-selection of participants must be acknowledged. It is difficult to know the effect on any generalisations of the fact that all the participants were volunteers, or to what extent I may therefore generalise from the results of this study to the general population of people who have disclosed sexual assault to a counsellor. As I reported in Chapter 7, in descriptive terms the sample is sufficiently representative of the population of women who have disclosed such experiences to helping professionals. The literature suggests that the stories about their sexual assault experiences told to me by participants conform to familiar patterns, however there is
insufficient data to assert that their disclosure experiences are representative of the larger population of people who have disclosed sexual assault. As data from males was excluded, no conclusions can be drawn about the experiences of males who have been sexually assaulted and disclosed, or about potential gender differences.

I also believe the interview protocol could be improved. I felt compelled to limit the number of pilot interviews I could undertake while testing and revising the interview protocol, because it was becoming clear that the potential pool of participants was limited. At least two more pilot interviews may have ironed out the limitations of the protocol and interview procedure. The interview did yield rich data that was subsequently evaluated both qualitatively and quantitatively. However, the interview questions were designed with the aim of eliciting responses which would enable analysis using content analysis scales and the VAT and RAT, and this influenced the choice of words and administration. I was trying to retain consistency across the interviews in my presentation of the interview questions, with analysis of the scales in mind. I felt constrained to present the questions in the same way to each participant, with the minimum of spontaneous elaboration or prompting. At the time of developing the protocol and conducting the interviews, I had not been planning to also use case studies to elaborate my analysis of the data. Had I planned to use this additional method of qualitative analysis from the outset, I would have felt less need for restraint during the interviews, trusting that the data would be there if the participants were encouraged simply to elaborate in their own way. In addition, some of the participants struggled with some of the more conceptual interview questions. In some cases this was constructive and creative (“I’ve never thought of it in that way before”), but for some, perhaps,
intimidating (“these are hard questions”). To anyone wishing to undertake similar research I would recommend that they include tight, specific questions where necessary to collect factual or quantitative information, but otherwise not be afraid of loosening their questions and relaxing their interview protocol, to allow for maximum qualitative exploration of participants’ meanings.

There were no restrictions on the kinds of sexual assault or sexual abuse that potential participants had experienced, and this may have been another limitation. The participants’ experiences of validation and reconstruction may have been less challenging to assess if I had limited the sample either to people who had been sexually assaulted as children or as adults. I had believed that as the research was focussed on evaluating what was occurring for clients during their disclosure experience, a degree of range in their assault experiences would not be highly relevant. On the contrary, it appears that the differences in their sexual assault experiences had a significant influence on the ways in which, and the degree to which, clients were able to reconstruct their beliefs. The question perhaps remains open whether limiting the recruitment to a narrower range of sexual assault experiences would have been helpful by making analysis easier, or whether it would have simply restricted the richness of the data. It should also be kept in mind that the sample size was already smaller than I wished. Restricting the type of sexual assault experience of participants could have reduced the sample even further.

The potential impact of retrospectivity on the participants’ recall of their experiences should be acknowledged. It is likely that between the time of disclosure and the time of our interview, their memories and interpretations of their experiences had been influenced by subsequent events. While this potential influence is acknowledged, it
should also be remembered that this research was focusing on the clients’ current interpretations of their experiences, and the effect of these on their functioning, which may make the accuracy of their recall less relevant.

The potential effect of retrospectivity is more important in regard to the analysis of participants’ emotions. Hypothesis 5 predicted that participants were more likely to experience higher levels of threat, anger and helplessness, and lower levels of positive affect, competence and contentment when describing their disclosure experience, than when describing their life in the present. The application of content analysis scales to participants’ speech made a comparison of their emotions in the present, while describing their life now, with their emotions in the present, while describing a disclosure interaction that had occurred in the past. The analyses, therefore, while being primarily based on participants’ retrospective recall of their emotions at the time of the disclosure (“I felt scared because I was telling a secret I wasn’t supposed to tell” {72}, “There was a lot of disgust with describing this event” {92}), are also influenced by their emotions in the present (during the interview), as they are remembering (“I cried the whole time like I’m doing now” {87}). It is unlikely that this had a major effect on the data, however, as there was significant difference in the emotions expressed (the results for all scales except hostility reached statistical significance). If it were possible to record clients contemporaneously, as they are in the process of disclosing, this would be invaluable data for analysis of emotions as well as for evaluation of their experiences of validation or invalidation. Clearly, however, there would be major impediments to research involving such a strategy.
11.5 Suggestions for future research

As my results were statistically unsupported because of the size of my sample, clearly future similar research with people who have experienced sexual assault would benefit from being conducted with a larger but still representative sample. Given the recruitment difficulties experienced in this research, to attract more participants researchers would be advised not to rely on optional referral from community service providers, but to employ a range of recruitment strategies from the outset. As mentioned, feature articles in local newspapers proved the most successful strategy in this research. A larger sample would necessitate the involvement of more than one researcher, both for data collection and for data analysis.

The existence of threat was assessed by using the Total Anxiety Content Analysis Scale (CAS) (Gottschalk & Gleser, 1969). It would be very interesting to assess further the sub-scales. Although it was the aim of this research to investigate this, the data from the results of the analysis of this scale indicated far lower scores for death anxiety than for the guilt and shame sub-scales. There may be much more to be learned from more extensive analysis of these results.

Further, comparison of measures of threat, as assessed by using the Total Anxiety CAS, within individual participants between Condition 1 and Condition 2 may enrich qualitative analysis of individual cases.

In addition to threat, it would also be of interest to analyse the participants’ experience of anxiety, as defined in personal construct theory, by using the Cognitive Anxiety Scale (Viney & Westbrook, 1976). The relationship between high levels of
anxiety during disclosure could then be compared with an outcome of reconstructed beliefs, to test the personal construct concept that anxiety is a precursor to revision.

The method of purposeful sampling to analyse individual cases in detail was, as is most qualitative research, extremely time consuming, but immensely rewarding. My experience of immersing myself in selected participants’ stories, identifying patterns and exceptions among their meanings, guided and directed by a model, has reinforced to me the richness of qualitative research. If time permits, I would consider it a valuable element in any future research which aims to explore the nuances and implications of people’s beliefs and processes of meaning-making.

There is far more to be learned about the factors which affect the ability of people to reconstruct the beliefs that are impeding their functioning. Future research based on this personal construct model could elaborate the model by testing the superordinacy of clients’ constructs about their sexual assault experiences. The results of this research suggested that clients are most likely to revise their beliefs in a helpful direction if their (unhelpful) beliefs about themselves are invalidated. I have further suggested that their sense of self may, prior to disclosure, have been influenced by the superordinacy of their (unhelpful) beliefs about their sexual assault experiences. It would be valuable to test this assertion to assess the extent to which these beliefs have become superordinate core role constructs.

Further conceptual development of my model should take into consideration the ideas of other personal construct researchers and theorists, those in existence but not addressed in this research. Since my model was devised and tested, Walker (2002) has used the term nonvalidation to refer to instances of noncompletion of the ideal
validational process, the opposite pole to validation as a process. This concept warrants further consideration in future research.

This personal construct model is a model of therapeutic change, and is not necessarily applicable only to the therapeutic processes of clients who are disclosing sexual assault. The model could be tested with clients who have had different experiences.

I revised my model because my research results suggested that clients who had been sexually assaulted appeared more likely to revise their unhelpful beliefs about their abuse experiences if their beliefs about themselves were invalidated. The reason for this was that their beliefs about themselves were primarily not conducive to optimal functioning. It would be very interesting to test the model with a different client group, for instance clients who are dealing with the effects of other less “personal” forms of traumatic experience. The possibility exists that my proposed model, rather than the revised model, may yet stand up with a client group whose sense of self is not damaged at such a superordinate level.

11.6 Clinical implications of the research for people who have been sexually assaulted, and for the counsellors who work with them

Clients who have experienced sexual assault usually come to counselling when the impact of their assault experiences has become intolerable, and/or their need to make sense of their current existence has become urgent. Their processes have become blocked. What has become evident in this research is the complexity, subtlety and sophistication of clients’ beliefs and meaning-making process in relation to their assault
experiences – despite the disarray they may be experiencing in their construct systems – and therefore the crucial importance of their disclosure experiences. Participants in this research have revealed that validation of their meaning-making processes was most important in enabling change. They expressed clearly that “being believed”, having their reality accepted, was the crucial first step (among many) on the journey of change, as were feeling they were being listened to, and being understood. Clients’ stories also emphasised that despite certain commonality, their experiences and meanings were unique and diverse, and by inference, how careful the listening must be if they were to be heard.

By conceptualising their construing as having three foci, clients can come to recognise that their meanings are not global, such as *it is all hopeless, everything about me is hopeless*. While they may have unhelpful constructions of themselves in relation to their assault experiences, meanings which are now ready for further elaboration, they have employed meaning-making processes that have contributed to their survival, and have therefore been helpful, adaptive and courageous.

The psycho-psychological and social impacts, and the needs of people who have experienced sexual assault, have been well documented (see Chapter 2). There are a number of effective approaches clinicians can take to working with clients who have experienced this trauma. This research highlights the integral role that validation of clients’ meaning-making processes plays in enabling them to reconstruct their unhelpful beliefs and move in the direction of optimal functioning. Unhelpful beliefs that are impeding clients’ optimal functioning need to be invalidated, as do their beliefs about themselves, if these beliefs are inhibiting optimal functioning. However, as I have
asserted, validation of their belief that they are effective meaning-makers can affirm to clients that while their beliefs may be currently unhelpful, these beliefs are evidence of their previous efforts to make sense of experiences which were often otherwise inexplicable. In this model, clients’ previous efforts at meaning-making are confirmed as not being faulty or maladaptive: they were interpretations which made sense in their context.

What clients have taught me in this research, is that the approach that will be effective for them in this therapeutic situation, is what personal construct therapists do: credulous listening, provision of invalidating evidence for beliefs that are unhelpful, and validation of their meaning-making processes.

11.7 Has the purpose of the research been achieved?

My overall purpose in undertaking this research was to extend existing understandings of the experiences of people disclosing sexual assault to counsellors; to elaborate understandings of the extent to which clients’ experiences when disclosing, affected their ability to make sense of their sexual assault experiences. In particular, my intention was to extend understanding of the factors involved in enhancing or impeding this process. I argued that making some sense of their sexual assault experiences, and the effect on them of their sexual assault experiences, was integral to enabling clients to progress in the direction of optimal functioning. I suspected that the personal construct concepts of validation and invalidation played a crucial role in reconstruction of the beliefs which may be impeding clients’ progress, but that existing definitions/understandings of these concepts would benefit from elaboration.
The Aims of the research were: to identify the extent to which, when clients disclose their experiences of sexual assault or abuse to counsellors, their experiences enable and enhance movement towards optimal functioning; to elaborate understanding of the extent to which clients reconstruct their meanings as a result of the validation and invalidation they experience, and of clients’ emotions during disclosure experiences; and to develop and test a personal construct model of validation and reconstruction of clients’ beliefs as a result of their disclosure experiences.

As I showed in Chapter 10, all the aims and research questions were addressed. Answers to all the questions were not found, largely because of the limitations resulting from the small sample size. Nevertheless, the findings were convincing enough to warrant revision of my personal construct model, which I believe constitutes a contribution to personal construct theory, and has important practical implications for counsellors. For these reasons, I believe the overall purpose of the research has been achieved.

11.8 Conclusions

This research, the development and testing of my personal construct model, has been an exploratory process. The extent to which it will make a contribution to enhancing therapeutic practice for this particularly courageous population of clients remains to be seen. It has confirmed some predictions, but did not confirm others, and so has challenged my assumptions about the therapeutic precursors to reconstruction of clients’ beliefs following disclosure of sexual assault. The model was revised to take into
account these findings. The usefulness of the model could be extended if it proves to be applicable to other forms of trauma.

The extraordinary diversity of the participants’ experiences, the sophistication of their processes of making meanings, and the depth and subtleties of their relating with their counsellors, has reconfirmed for me the value in applying personal construct concepts to therapeutic practice. Central of these is constructive alternativism, the fundamental postulate of personal construct theory, which recognises and honours each individual’s uniqueness, and their courageous efforts to make meaning of even the most painful of experiences.

“The study of trauma survivors offers a unique opportunity to study human change processes and the challenges of constructing a self in a world we cannot ultimately control. The complexity of human construing continues to challenge our questions and our methodologies. Our own vulnerability to the traumas we study tempts us to retreat into the comfort of established professional paradigms and cultural assumptions, rather than opening our constructions to subsume those of survivors. Thus, our clients and our research participants can be our greatest teachers.” (Harter & Neimeyer, 1995: p.262)
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APPENDIX A

COUNSELLING SERVICES IN THE ILLAWARRA REGION FOR PEOPLE WHO HAVE EXPERIENCED SEXUAL ASSAULT AND ABUSE: ACCESS AND SERVICE QUALITY

A REPORT
Counselling Services in the Illawarra for People Who Have Experienced Sexual Assault and Abuse:

Report on Access and Service Quality

Carole Carter
Department of Psychology
University of Wollongong
October 1997

Introduction
In Wollongong there are two counselling services dedicated to the provision of counselling to people who have experienced sexual assault or abuse. Other community services, both government and non-government, also provide counselling to this client population, as part of their generalist counselling services. This research has investigated access to and quality of services for this client population.

Background
This project was launched in June 1994 as a collaborative effort between the Department of Psychology, University of Wollongong, and the Wollongong Counselling Interagency. The community service providers perceived a gap in counselling services for people in the Illawarra region, and saw a need for research into the availability and service quality of counselling services for people who had experienced sexual assault or abuse. The university staff also identified the opportunity to make a contribution to the development of Personal Construct Theory. The conceptual study, focusing on the experiences of clients disclosing sexual assault to counsellors, will form Part 2 of the research, which is not reported here. The researcher was enlisted with the assistance of a Industry/ARC Scholarship funded through the Department of Education, Employment and Training. A Project Steering Group was formed, comprised of the researcher, the University supervisors, and representatives from the Wollongong Counselling Interagency.

Aim and Research Questions
Aim
To determine to what extent the counselling needs of people in the Illawarra region are being met by counselling services.

Research Questions
1. Do people who have been sexually assaulted have difficulty making use of counselling services in the Illawarra region?
2. If so, what is the nature of the difficulties they experience?
Method

Ethical Requirements
Ethics approval for the research was obtained from the University of Wollongong’s Human Research Ethics Committee.

The Sample
Fifty-three participants completed the survey between July 1996 and April 1997. The sample was drawn from people who had approached any service or agency providing counselling services or other support to people who had been sexually assaulted in adulthood or sexually abused in childhood. The specified criteria for inclusion in the study were: achieved the age of 15 years or older; having had one or more experience/s of sexual assault or abuse; having disclosed the experience/s to a helping professional.

The Instrument
An 11 page questionnaire was developed. It contained questions designed to obtain demographic data from the participants, basic information about their experiences of sexual assault or abuse, and descriptive data about their experiences of gaining access to and receiving counselling, and disclosing to a counsellor.

Data Collection
Once contact with volunteers had been established and the appropriateness of their participation established, the questionnaire was either posted or handed personally to participants. After completion, it was collected by the researcher. A sub-group of the sample proceeded to the recorded interview, which constituted data collection for Part 2 of the research.

Data Analysis
Statistical analysis of the data was undertaken using The Statistical Package for the Social Sciences (SPSS) 9.05 (Norusis, 1998).

Results

The Sample

Recruitment
The most productive recruitment source was self referral from two articles in The Advertiser weekly newspaper (53%). Overall, self referrals from 5 sources accounted for 75% of participants. Community agencies and a self help group referred 25%.
### Table P1.1  Participant Referral Source

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responded to newspaper articles</td>
<td>28</td>
<td>53</td>
</tr>
<tr>
<td>Referred from community agencies</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Responded to article in Women's Centre Newsletter</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Word of mouth self referrals</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Responded to flyer placed in agency waiting rooms</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Referred from incest survivors self help group</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Responded to radio interviews</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

All percentages are rounded to the nearest percent.

**Age of Participants**

The age of participants is relatively evenly distributed with the majority (66%) being between 26 and 45.

### Table P1.2  Age of Participants

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-25</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>26-35</td>
<td>17</td>
<td>32</td>
</tr>
<tr>
<td>36-45</td>
<td>18</td>
<td>34</td>
</tr>
<tr>
<td>46-59</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
The age of participants is relatively evenly distributed with the majority (66%) being between 26 and 45.

_Disability_

Eight participants (16%) reported that they had a disability.

Table P1.3 Disability

<table>
<thead>
<tr>
<th>Disability</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Visual</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hearing</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

_Residence of Participants_

Ninety six percent of participants reported their current residence within the Illawarra region.

Table P1.4 Residence of participants

<table>
<thead>
<tr>
<th>Location</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wollongong</td>
<td>29</td>
<td>55</td>
</tr>
<tr>
<td>Illawarra</td>
<td>22</td>
<td>41</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
**Occupation**

Most participants had employment outside the home (38%) or were enrolled in a course (38%).

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking care home &amp; family</td>
<td>20</td>
<td>38</td>
</tr>
<tr>
<td>Casual work outside home</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>P/T work outside home</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>F/T work outside home</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Course of study</td>
<td>20</td>
<td>38</td>
</tr>
<tr>
<td>Paid work from home</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>78</strong></td>
<td><strong>148</strong>*</td>
</tr>
</tbody>
</table>

*Percentage total exceeds 100 because participants could indicate participation in more than one category

**Educational Background**

Approximately half the participants undertook some post secondary or tertiary education (53%), 11% completed high school and the remainder undertook some years of secondary school.
Table P1.6  Educational level attained

<table>
<thead>
<tr>
<th>Education level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>School up to Year 8</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>School up to Year 10</td>
<td>14</td>
<td>26</td>
</tr>
<tr>
<td>School up to Year 12</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Certificate/Assoc Diploma</td>
<td>12</td>
<td>23</td>
</tr>
<tr>
<td>Degree or Diploma</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>Postgraduate Degree</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Missing response</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>100</td>
</tr>
</tbody>
</table>

**Sexual Assault and Abuse Experience**

*Nature of sexual assault or abuse*
Participants described their experiences of assault or abuse. Their descriptions fell into seven broad categories. Most participants (79%) reported repeated incidents of abuse over time as opposed to only 8% who reported that they experienced one incident of assault.

The largest group (43%) reported multiple incidents and kinds of abuse/assault over time, and 28% reported more than one incident of molestation. Nine percent did not specify what kind of abuse/assault they experienced and 4% did not respond. (Participants were assured they need not be specific.)
Table P1.7  Nature of Sexual Assault or Abuse

<table>
<thead>
<tr>
<th>Nature of abuse</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed rape one incident</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Completed rape more than once</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Molestation one incident</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Molestation more than once</td>
<td>15</td>
<td>28</td>
</tr>
<tr>
<td>Ritual abuse</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Multiple incidents and kinds of abuse/assault</td>
<td>23</td>
<td>43</td>
</tr>
<tr>
<td>Non specified abuse/assault</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Response missing</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Age when first assaulted or abused
The great majority of participants (89%) reported that they were first abused or assaulted between the ages of 1 and 12 inclusive. The largest concentration (43%) was from 5 to 9 years. None reported first being abused between 13 and 17. Nine percent were first assaulted at 18 or older.

Most recent experience of assault or abuse
Most participants (60%) were aged 17 or younger when they most recently experienced assault or abuse. Five percent reported that they have experienced an assault within the past 5 years.

Profile of Perpetrators
Male relatives accounted for 70% of offenders. Only 7% of offenders cited were strangers. The offender most frequently cited was father (22% of offenders) followed by one brother (12%), then family friend (9.5%).

All but two participants reported being abused or assaulted by males only: the two reported being abused by both males and females. No participants reported being abused by female/s only.
Table P1.8  Relationship of Perpetrator to Participant

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>Brother</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Family friend</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Uncle</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Stranger</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Grandfather</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Other relative</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Stepfather</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Spouse/partner/lover</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>More than one brother</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>95*</td>
<td>97**</td>
</tr>
</tbody>
</table>

* Participants were able to indicate more than one perpetrator, hence totals are greater than N.
**Percentages are rounded to the nearest percent.

Counselling Experiences

Thirty four percent of participants reported that they were currently seeing a counsellor, and 2% were on a waiting list. Fifty five percent had received counselling in the past but were not currently in counselling. Of the latter group, 34% reported that counselling ceased because they and their counsellor agreed it was time to terminate, and 21% stated that it ceased because they decided they did not want to continue. Although they were provided this alternative, none reported that they ceased because the agency had a time limit on length of counselling.
One on one counselling in person was by far the most common form of counselling experienced (71%), with telephone counselling constituting only 6%. Group counselling constituted 13%, and family counselling 3%.

**Length of time after assault or abuse participants first received counselling assistance**
The majority of participants (66%) first received counselling assistance more than 10 years after the assault or abuse.

<table>
<thead>
<tr>
<th>Table P1.9</th>
<th>Counselling - Time Lapse After Assault or Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Time</td>
<td>Frequency</td>
</tr>
<tr>
<td>Same day</td>
<td>0</td>
</tr>
<tr>
<td>Next day</td>
<td>1</td>
</tr>
<tr>
<td>Up to 1 week later</td>
<td>2</td>
</tr>
<tr>
<td>Between 1 week and 1 mth</td>
<td>1</td>
</tr>
<tr>
<td>Between 1 mth and 6 mths</td>
<td>0</td>
</tr>
<tr>
<td>Between 6 mths and 1 year</td>
<td>1</td>
</tr>
<tr>
<td>1 to 5 years</td>
<td>7</td>
</tr>
<tr>
<td>5 to 10 years</td>
<td>6</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
</tr>
</tbody>
</table>

**Relative priority of assault/abuse issues in counselling**
Fifty three percent of respondents reported that when they first talked to a helping professional their abuse issues had top or high priority, compared to 32% who reported they were low priority or not recognised as a problem at that time.

Forty five percent reported that now in counselling their abuse issues had high priority, and only 12% reported they now have low priority or are not felt to be a problem. (For 36% of participants the latter was not applicable - presumably they are not currently in counselling.)
Table P1.10  Relative priority of abuse/assault issues in counselling

<table>
<thead>
<tr>
<th></th>
<th>Top</th>
<th></th>
<th></th>
<th></th>
<th>Not a</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>When first saw counsellor</td>
<td>19</td>
<td>36</td>
<td>9</td>
<td>17</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Now in counselling</td>
<td>15</td>
<td>28</td>
<td>9</td>
<td>17</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>

Help Needed But Not Being Received
Participants were asked if there was any help they felt they needed but were not receiving. Fifty five percent of participants responded to this question. Their responses fell into the following major categories:

Table P1.11  Help Still Needed

<table>
<thead>
<tr>
<th>Help Still Needed</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free or inexpensive specialist counselling</td>
<td>4</td>
<td>7.5</td>
</tr>
<tr>
<td>Assurance present counselling can continue</td>
<td>4</td>
<td>7.5</td>
</tr>
<tr>
<td>Support group</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Follow up counselling</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Telephone counselling service</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Support while going through Court procedure</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>No response</td>
<td>24</td>
<td>45</td>
</tr>
</tbody>
</table>

Total                                               | 53        | 100       |
Referral networks

Sixty four percent of participants had received assistance from some other agency or organisation apart from the primary one.

The greatest number of participants reported that they referred themselves to their primary counselling agency.

Table P1.12  Referral to Primary Counselling Agency

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self referral</td>
<td>12</td>
<td>23</td>
</tr>
<tr>
<td>Doctor</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Hospital</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Another agency</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Family or friends</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Most participants reported that referral on to multiple agencies was not a major problem for them: 40% disagreed or strongly disagreed with the statement "I was referred to too many different agencies after I had first approached someone for help". Forty one percent rated this question as not applicable. Thirteen percent agreed/strongly agreed that they were referred to too many different agencies.

Twenty-five participants (47%) responded to a subsequent question, of whom 60% reported that being referred on to more than one agency did make a difference to how they coped with the experience of being sexually assaulted. Twenty four percent reported that it did not make a difference.
Access to counselling

Waiting Time
The most commonly reported length of time spent waiting for an appointment was 1 to 2 weeks at both primary counselling agency (30% of participants) and secondary agencies (13%). Thirty two percent waited more than two weeks (up to 6 months) at their primary agency and 24% at secondary agencies.

Seventeen percent of participants reported that they were seen "straight away" at the primary agency, and 8% at secondary agencies. (Note that in the community generic agencies greatly outnumber dedicated sexual assault services.)

Table P1.13 Waiting Time at Primary Counselling Agencies

<table>
<thead>
<tr>
<th>Length of Time Waiting for a Counselling Appointment</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seen straight away</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>Less than 1 week</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>1 to 2 weeks</td>
<td>16</td>
<td>30</td>
</tr>
<tr>
<td>2 to 4 weeks</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>4 to 8 weeks</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>8 to 12 weeks</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 months to 6 months</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>100</td>
</tr>
</tbody>
</table>
Table P1.14  
Waiting Time at Secondary Counselling Agencies

<table>
<thead>
<tr>
<th>Length of Time Waiting for a Counselling Appointment</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seen straight away</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Less than 1 week</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>1 to 2 weeks</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>2 to 4 weeks</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>4 to 8 weeks</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>8 to 12 weeks</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3 months to 6 months</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Not applicable</td>
<td>22</td>
<td>42</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>100</td>
</tr>
</tbody>
</table>

General views on access

24% of participants agreed/strongly agreed that "I had to spend too much time waiting to see a counsellor once I had approached an agency for help", but 43% disagreed/strongly disagreed. Nineteen percent reported that they neither agreed nor disagreed and 13% felt the question was not applicable to them.

Forty nine percent of participants agreed/strongly agreed that "getting access to counselling help when I needed it was easy". 49% said "I didn't seek help immediately because I didn't know how to" and 45% agreed that "I didn't seek help immediately because I wasn't ready".

Excessive travel to counselling was not felt to make it more difficult by 43% of participants, 26% felt that it did, and 22% felt the issue was not relevant to them.
Are participants getting the help they need?
More participants believe that they have received (43%) or are receiving now (41%) the counselling help they need to recover from their experience of sexual assault, than believe they haven't (30% haven't in the past, 19% say they are not receiving it now).

How many others may need help?
Eighty one percent of participants reported that they knew other people who would benefit from sexual assault counselling but had not sought professional help.

They suggested a number of probable reasons, the most frequent of which was that they were not yet ready to disclose to a helping professional (15%), insufficient services available (8%) and fear of being judged negatively (8%).

Seventy five percent agreed that the survivors they know would seek help if counselling services were advertised more widely, 57% if there were more staff in services so they could be seen more quickly, and 38% if more counselling services were available.

Table P1.15 Why other survivors have not sought help

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient services available</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Fear (eg of reprisals)</td>
<td>4</td>
<td>7.5</td>
</tr>
<tr>
<td>Fear being judged</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Not ready to disclose to a helping professional</td>
<td>17</td>
<td>32</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>7.5</td>
</tr>
<tr>
<td>No response</td>
<td>12</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Table P1.16 Factors which may assist other survivors to seek help

<table>
<thead>
<tr>
<th>Factors</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>If services were advertised more widely</td>
<td>40</td>
<td>75</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>If there were more staff so could be seen more quickly</td>
<td>30</td>
<td>57</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>If more counselling services were available</td>
<td>20</td>
<td>38</td>
<td>11</td>
<td>21</td>
</tr>
</tbody>
</table>

Disclosure of Sexual Assault or Abuse Experience to a Helping Professional

The type of helping professional to whom most participants first disclosed their sexual assault or abuse experience was a counsellor in a non government service (38%). A counsellor in one of the number of services run by the Department of Health was the next most disclosed to (26%), followed by a counsellor or psychotherapist in private practice (11%) and a counsellor in an educational institution (9%) (school, post secondary or tertiary).

Less than half the participants disclosed the first time they spoke to that helping professional. An equal number disclosed in the third to the tenth meeting (36% for each). Very few disclosed in the second meeting (6%).

Disclosure was difficult for most participants: 68% disagreed/strongly disagreed with the statement "I found it quite easy the first time I told a counsellor about my experience of being sexually abused/assaulted". Twenty-three percent agreed/strongly agreed with the statement.
Table P1.17  Referral and Access

<table>
<thead>
<tr>
<th></th>
<th>strongly agree</th>
<th>agree</th>
<th>neither agree or disagree</th>
<th>disagree</th>
<th>strongly disagree</th>
<th>n/a</th>
<th>missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was referred to too many different agencies after I had first approached someone for help</td>
<td>3 (6%)</td>
<td>4 (7%)</td>
<td>3 (6%)</td>
<td>10 (19%)</td>
<td>11 (21%)</td>
<td>22  (41%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Being referred on to more than one agency or counsellor did not make any difference to how I coped with the experience of being sexually assaulted</td>
<td>4 (7%)</td>
<td>2 (4%)</td>
<td>4 (7%)</td>
<td>8 (15%)</td>
<td>7 (13%)</td>
<td>28  (53%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>I had to spend too much time waiting to see a counsellor once I had approached an agency for help</td>
<td>5 (9%)</td>
<td>8 (15%)</td>
<td>10 (19%)</td>
<td>16 (30%)</td>
<td>7 (13%)</td>
<td>7   (13%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Getting access to counselling help when I needed it was easy</td>
<td>7 (13%)</td>
<td>19 (36%)</td>
<td>7 (13%)</td>
<td>0 (0%)</td>
<td>9 (17%)</td>
<td>10  (19%)</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Getting access to a safe place after I had been assaulted/abused was very difficult</td>
<td>13 (24%)</td>
<td>5 (9%)</td>
<td>5 (9%)</td>
<td>0 (0%)</td>
<td>2 (4%)</td>
<td>3   (6%)</td>
<td>25 (47%)</td>
</tr>
<tr>
<td>The distance I had to travel from home to see a counsellor made it more difficult for me to get counselling help</td>
<td>5 (9%)</td>
<td>9 (17%)</td>
<td>4 (7%)</td>
<td>18 (34%)</td>
<td>5 (9%)</td>
<td>12  (22%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>
Table P1.17  Referral and Access continued

<table>
<thead>
<tr>
<th></th>
<th>strongly agree</th>
<th>agree</th>
<th>neither agree or disagree</th>
<th>disagree</th>
<th>strongly disagree</th>
<th>n/a</th>
<th>missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe I am now getting the counselling help I need to work on recovery from my experience of sexual assault</td>
<td>15 (28%)</td>
<td>7 (13%)</td>
<td>3 (6%)</td>
<td>7 (13%)</td>
<td>3 (6%)</td>
<td>18 (34%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>I believe I have in the past had the counselling help I needed to recover from my experience of sexual assault (I don't need any at the moment)</td>
<td>15 (28%)</td>
<td>8 (15%)</td>
<td>4 (7%)</td>
<td>10 (19%)</td>
<td>6 (11%)</td>
<td>10 (19%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>From my experience of finding counselling help for sexual assault, I believe that there are adequate counselling services available in the Illawarra</td>
<td>1 (2%)</td>
<td>4 (7%)</td>
<td>14 (26%)</td>
<td>10 (19%)</td>
<td>19 (36%)</td>
<td>5 (9%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>I found it quite easy the first time I told a counsellor or other helper about my experience of being sexually abused/assaulted</td>
<td>3 (6%)</td>
<td>9 (17%)</td>
<td>3 (6%)</td>
<td>12 (23%)</td>
<td>24 (45%)</td>
<td>2 (4%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>I didn't seek help immediately because I wasn't ready</td>
<td>13 (24%)</td>
<td>11 (21%)</td>
<td>7 (13%)</td>
<td>4 (7%)</td>
<td>5 (9%)</td>
<td>13 (24%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>I didn't seek help immediately because I didn't know how to</td>
<td>16 (30%)</td>
<td>10 (19%)</td>
<td>6 (11%)</td>
<td>7 (13%)</td>
<td>4 (7%)</td>
<td>10 (19%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>
Conclusions

1 Participants were generally representative of the general population of people who have approached support services for assistance with sexual assault or abuse issues (reported in detail separately).

2 Most participants reported that access to counselling services in the Illawarra Region is neither sufficient nor timely for people who have experienced sexual assault or abuse.

3 Participants generally reported favourably on the counselling services they were receiving or had received, and judged counselling assistance to have been of great importance to their recovery from the effects of their abusive experiences.

4 The profile of participants’ experiences of disclosing sexual assault and abuse to helping professionals will be reported separately.

Recommendations

1 That a working group be formed, drawn from representatives of community service providers, under the auspices of the Wollongong Counselling Interagency.

2 That the working group prepare submissions to local government, state government and federal governments, including this Report, making a case for increased resources in the Illawarra Region to provide access to counselling services for people who have experienced sexual assault and abuse.

References

APPENDIX E

RESPONSE SHEET FOR ASSESSORS
Response Sheet for Assessor

Assessment of participant's experience of disclosing to a helping professional

Question 0.

0.1 To what extent was this participant's expectation of the disclosure experience confirmed or disconfirmed?

<table>
<thead>
<tr>
<th>Confirmed</th>
<th>Disconfirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
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</tbody>
</table>

0.2 Was it, overall, a positive or negative experience? (Circle one)

- Positive
- Negative
- Not particularly either

0.3 If disconfirmed, can the experience be said to have been more helpful than they expected, or less helpful than they expected? (circle one)

- More helpful
- Less helpful
- N/A
1.1.1 REVISION

A lot of change No change at all
4 3 2 1

1.1.2

A lot of change No change at all
4 3 2 1

1.1.3

A lot of change No change at all
4 3 2 1

1.1.4

If the response to Question 8 did not yield any relevant data, tick here............. and move on to 1.2

A lot of change No change at all
4 3 2 1

1.2

More helpful Less helpful Neither more nor less helpful No change at all
1 2 3 4

If "no change at all", was the following also true?

No change at the time, but participant retrospectively judges that the experience was helpful in overall change for the better.

Circle YES or NO or UNCERTAIN
### 2. CONSTRUING ABOUT ABUSE - VALIDATION

<table>
<thead>
<tr>
<th>Confirmed</th>
<th>Disconfirmed</th>
</tr>
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<tbody>
<tr>
<td>4</td>
<td>3</td>
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<tr>
<td>2</td>
<td>1</td>
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</tbody>
</table>

### 3. CONSTRUING ABOUT SELF - VALIDATION

<table>
<thead>
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<th>Confirmed</th>
<th>Disconfirmed</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
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<tr>
<td>2</td>
<td>1</td>
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</tbody>
</table>

### 4. PROCESS - VALIDATION

<table>
<thead>
<tr>
<th>Confirmed</th>
<th>Disconfirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
5. Revision of construing about sexual assault/abuse

5.1 Based on her/his responses during the entire interview, is this participant reporting that this experience of disclosing to this helping professional resulted in a move towards revision of her/his construing about her/his sexual assault/abuse experience? (circle relevant number)

1. Revision clearly beginning.
2. Some indications of revision.
3. Content of revision not stated, but doubt beginning about existing construing.
4. No revision evident and clear confirmation of existing construing.

5.2 Does revision appear to be in the direction of optimal functioning (becoming more helpful) or away from optimal functioning (becoming less helpful)? (circle relevant number)

1. Towards optimal functioning (more helpful)
2. No revision evident
3. Away from optimal functioning (less helpful)
6. **Mapping the fit: this participant and the model.**

If, coming into the disclosure experience, you judge the participant's construing about the sexual abuse experience was *helpful*, exclude her/his pattern.

If, going into the disclosure experience, the participant's construing about the sexual assault is *unhelpful*, indicate which of the following patterns the participant most fits.

<table>
<thead>
<tr>
<th>Construing</th>
<th>Abuse Processes</th>
<th>Construing-Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construing - Abuse</td>
<td>Invalidated</td>
<td>Construing - Abuse</td>
</tr>
<tr>
<td>Construing - Abuse</td>
<td>Validated</td>
<td>Construing - Abuse</td>
</tr>
<tr>
<td>Construing - Self</td>
<td>Invalidated</td>
<td>Construing - Self</td>
</tr>
<tr>
<td>Construing - Self</td>
<td>Validated</td>
<td>Construing - Self</td>
</tr>
<tr>
<td>Construing - Abuse</td>
<td>Invalidated</td>
<td>Construing - Abuse</td>
</tr>
<tr>
<td>Construing - Abuse</td>
<td>Validated</td>
<td>Construing - Abuse</td>
</tr>
<tr>
<td>Construing - Self</td>
<td>Invalidated</td>
<td>Construing - Self</td>
</tr>
<tr>
<td>Construing - Self</td>
<td>Validated</td>
<td>Construing - Self</td>
</tr>
<tr>
<td>Construing - Abuse</td>
<td>Validated</td>
<td>Construing - Abuse</td>
</tr>
<tr>
<td>Construing - Abuse</td>
<td>Invalidated</td>
<td>Construing - Abuse</td>
</tr>
<tr>
<td>Construing - Self</td>
<td>Validated</td>
<td>Construing - Self</td>
</tr>
</tbody>
</table>
APPENDIX F

INSTRUCTIONS TO ASSESSORS
FOR RATING PARTICIPANTS’ RESPONSES
Assessment of participants’ experience of disclosing to a helping professional

Instructions to Assessor for Rating Responses

The assessor’s role is to assess the participant’s responses to interview questions and rate them according to the rating criteria. The following categories are being assessed:


2. *Validation of construing* - sexual abuse/assault as element

3. *Validation of construing* – self as the element

4. *Validation of construing process* – self as construer (sense/meaning-making)

5. General helpfulness of the disclosure experience.

6. Mapping the pattern: determining the pattern of this participant’s experience of validation/invalidation, and identifying it on a map of options.

Instructions

- Please feel free to make explanatory/clarifying notes or comments anywhere on the response sheet or on a separate page.

- In the following step by step instructions, directions are given as to which interview question responses you should focus upon to make a judgement. You need not feel confined or limited by these suggestions. If the suggested response yields insufficient relevant data, you can explore responses to other interview questions.

- If the participant’s responses to different interview questions do not seem to be conveying consistent data, make a note of this, and explain what sense you make of this.
0. Participant’s expectations.

*This response relates to the participant’s expectations of the disclosure experience.*

Base your rating on the response to Interview Question 3.

Record your rating on the response sheet, questions 0.1, 0.2, and 0.3
1. Revision of construing about sexual abuse/assault: this addresses the research question: “To what extent does a client revise her/his construing about her/his sexual assault or abuse experience as a result of the disclosure experience with the counsellor?”

1.1 To what extent was there change in this participant’s construing from the time just before the disclosure experience to the time just after the disclosure experience? Use your Response Sheet for Assessor to record your rating.

1.1.1 Base this score on participant’s response to interview question 2:

<table>
<thead>
<tr>
<th>A lot of change</th>
<th>No change at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Examples of responses which would be scored *A lot of change:*

“…just sort of sparked a whole new turning point in my counselling with him…he really opened up my eyes and lifted a lot of the blame.” 043

“…I felt like I was being heard in the counselling and…that enabled me to open my heart up and let it come out…I felt something positive, and it was just so good to know from someone else that it was wrong, it wasn’t just me being crazy. I felt like I was valuable, that I wasn’t crazy, that something had happened that was wrong.” 017

Examples of responses which would be scored *No change at all:*

“The sexual abuse was never dealt with. When I told him, it was never suggested that it may have had anything to do with all the turmoil and problems I’d been having. It was just passed over. It was a non-issue, really.” 022

“…you tell someone the biggest secret of your life and it’s invalidated, it’s dismissed, and it seems as if it’s rightly so…” 043
1.1.2 Base this score on participant’s response to interview questions 4 and 5:

<table>
<thead>
<tr>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot of change</td>
<td>No change at all</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examples of responses which would be scored A lot of change:

*Before:* “…it made me operate in my relationships – not only with other people but myself, I treated myself pretty badly, and made wrong choices for my life because of all the shame that I felt inside, it was an unworthiness… and a lack of feeling that I had a right to be here… I basically felt… that I deserved bad things… and I used to just go through life not expecting much because of that… I’d been treated like I was someone to abuse so I learned that very well… everything came out of that… base, that foundation.”

*After:* “… I look now in a different light after the disclosure. The feeling is just as strong… the sorrow and sadness that I felt is still there, but there’s hope in that now… and I feel like I can move on… I think before it was something I would always carry with me. And that would be my burden in life… I felt directionless. I felt the abuse was taking me where I needed to go and yet I feel after disclosure that I have a choice…” 017

Examples of responses which would be scored No change at all:

*Before:* “… ‘useless’ is a sort of a good word for how it’s made me feel…”

*After:* “Immediately after, nothing. I felt the same about myself immediately after.” 036

*Before:* “… that there was something wrong with me… that I actually probably set up the pattern of… sexually inappropriate behaviour that I was locked into from a very early age… seeing myself as some kind of bad girl, with just aberrant sexuality…”

*After:* “… because it wasn’t seen as relevant, the sexuality issue, immediately after… I felt I had to try and solve my problems without any change in this view of myself… so the problems with my husband were still somehow my own fault…” 043
1.1.3 Base this score on participant’s response to interview question 6:

A lot of change No change at all

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Examples of responses which would be scored A lot of change:

“it would have to be 5. It changed everything.” 038

“Five I’d say. A lot of change.” 043

Examples of responses which would be scored No change at all:

“There wasn’t any, yeah there wasn’t any change. That was a One.” 036

“I still felt it was my own doing, definitely. No, “one”…”

1.1.4 Base this score on participant’s response to interview question 8:

Response to Question 8 may not contain any relevant data. Tick in the box on your response sheet if this is your finding. Otherwise, rate as indicated.

A lot of change No change at all

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Examples of responses which would be scored A lot of change:

“I felt I deserved it and I was to blame for it and after I disclosed I felt like I had power to not let it rule my life and not let everything...like I could move, shift….but now I know I’m not at fault.”(069)

Examples of responses which would be scored No change at all:

“…that was the message that I got from him, that it wasn’t something that I needed to deal with…it was a bad experience just like…falling over and breaking your leg, it mends itself, and then you’re over it…And that validated what I’d been thinking for so long, not recognizing that the sexual abuse had had such a devastating effect on my life. He validated that.” 022

“After I left, after that first time, nothing had changed…she hadn’t disconfirmed my view of it.” 036

1.2 If you judge there was some change in the participant’s construing about the abuse, indicate on the response sheet whether the change was helpful.
2. **Validation of content of construing about sexual abuse/assault:** this relates to the research question

“What aspects of the client’s construing are being validated and what invalidated in the interaction? Content of construing with self as the element (structure), content of construing with the abuse as the element, or process (self as construer)?”

To what extent was their construing about their sexual abuse/assault confirmed or disconfirmed during the disclosure experience?

Base this score on participant’s response to interview question 8:

<table>
<thead>
<tr>
<th>Confirmed</th>
<th>Disconfirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

**Examples of responses which would be scored Confirmed:**

“I thought that it was my fault and when I came away I still felt that way – nothing had really changed.”

“I knew that something bad had happened to me and she confirmed that.”

**Example of response which is judged confirmed, even though it’s “fuzzy”:**

“I’d say my feelings were validated more than anything…the abuse itself didn’t make sense, but it made sense the…sort of person that I’d become…it started to fall into place why I did what I did…but you think why? Why did it happen? And you don’t get those answers from a counsellor. You can never get them resolved. That part wasn’t confirmed. I’d say, oh in between? Number three?” 047 Rated “confirmed” because the construct that there’s no sense to be made of the abuse was confirmed.

**Example of response which would be scored Disconfirmed:**

“I felt I deserved it and I was to blame for it and after I disclosed I felt like I had power to not let it rule my life and not let everything…like I could move, shift….but now I know I’m not at fault.”(069)
3. **Validation of construing about self**: this also relates to the research question “What aspects of the client’s construing are being validated and what invalidated in the interaction? content of construing with self as the element(structure), content of construing with the abuse as the element, or process (self as construer)?”.

To what extent was this participant’s construing about self confirmed or disconfirmed?

**Base this score on participant’s response to interview question 12:**

<table>
<thead>
<tr>
<th>Confirmed</th>
<th>Disconfirmed</th>
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<tbody>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**Examples of responses which would be scored Confirmed:**

“I’ve never had a sense of identity. I’ve always been somebody’s daughter or somebody’s wife. I’ve never been me…I guess I’m having a conflict here because I’ve always wanted to be just me, and I guess she confirmed that I was somebody’s mother and I was somebody’s wife. But I didn’t at that stage I didn’t feel life “me”…So she confirmed who I thought I was – what my sense of identity was at that time, yeah…” 036

**Example of response which is judged confirmed, even though it’s “fuzzy”:**

“I had a sense of myself as a failure…I thought I was a big loser…but also feeling sorry for myself, sort of thinking there’s got to be someone withinside me, capable of being normal. (Q. confirmed or disconfirmed?) I’d say confirmed in a sense. I understood why I’d been doing what I’d done…it all sort of fell into place…and when I did disclose this was the big piece that sort of would make up the main picture…and in a way it was disconfirmed, because it was brought back to me that I didn’t have to feel like that.” 047

Rated **confirmed** because both her sense of self as a failure but with valid reason for feeling that way, and her sense that there was someone inside who was capable of being different were both confirmed (despite the fact that she uses the word “disconfirmed”).

**Example of response which is rated 3:**

“It made no difference to my sense of self at all. I’m a very strong woman and I had a strong sense of my identity. I was just in great distress at the time.”

Rated **3** because it doesn’t actively confirm, but is closer to confirm than disconfirm as it clearly does nothing to disconfirm.

**Example of response which is judged disconfirmed:**

“I didn’t have any sense of self. I thought I was no-one, that there was no-one there. I didn’t know who I was. But she made me feel that maybe I was someone after all, that maybe I was someone worthwhile.”
4. **Construing process: this also relates to the research question**

“What aspects of the client’s construing are being validated and what invalidated in the interaction? content of construing with self as the element(structure), content of construing with the abuse as the element, or process (self as construer)?”. 

To what extent do you judge that this participant’s construing process (self as construer/meaning-maker/sense-maker) was confirmed or disconfirmed?

Base this score on participant’s response to interview question 13:

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<thead>
<tr>
<th>Confirmed</th>
<th>Disconfirmed</th>
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<tbody>
<tr>
<td>4  3  2  1</td>
<td></td>
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</tbody>
</table>

Examples of responses which would be scored **Confirmed:**

“I felt that I had good reason to be the way I was, that it was no wonder that I couldn’t make sense of it and that I’d lived the way I had.”

“Disconfirmed, because I’d believed it was my fault and then I began to see that it wasn’t my fault. Though I could see why I thought that it was.”

Rated “confirmed” although she uses the word “disconfirmed” because the process is being confirmed, and it is the content that is being disconfirmed.

Example of response which is scored “3” even though it is fuzzy.

“I wasn’t a person who had the ability to make sense of anything…my life was full of big disasters…and it confirmed for me why I wasn’t able to make sense of anything.” 047

Example of response which would be scored **Disconfirmed:**

“She kind of implied that lots of women go through these experiences, and you just put it behind you and get on with it. I felt stupid, as though I was making a fuss about something that was unimportant.”

**Questions 5 and 6:** Follow directions on your response sheet
APPENDIX G

ADAM’S STORY

“It was like I went from a world of blackness to a world of colour. It was real. You weren’t silenced any more.” (“Adam”, i06)
ADAM’S STORY

“Adam” largely tells his own story here. I am including it for several reasons. He was the only male participant to complete the interview process, and his data was excluded from the data analysis, and his case study excluded from the case study analysis, for reasons of consistency. His story was ultimately one of resilience and optimism, and I wanted to honour his courage in coming forward and telling it to me.

1 Background

Adam was thirty-eight years old, enrolled in postgraduate study, engaged in part-time employment, and finding both fulfilling. He was currently “falling in love again, which is lovely. He’s a wonderful man and I really enjoy him, and he’s just gorgeous” (IQ1). He described himself as a survivor of satanic ritual abuse, which included repeated sexual abuse from the age of approximately two until adulthood, by multiple perpetrators, male and female, all members of the cult to which his father and other family members belonged. At the age of thirty he joined a therapy group for child sexual abuse survivors. He had known the counsellor for four years, through the group therapy, before he sought individual counselling and disclosed details of the satanic ritual abuse. It was this experience, disclosing the ritual abuse to his counsellor, which he described to me in his interview.

2 Major themes

Adam considered it of the utmost importance that he had a pre-existing relationship of trust with his counsellor prior to disclosing the details of his ritual abuse experience.
“I think it was because I’d been working with him for a long time and I was able to develop that sense that he had faith in me as a man survivor, wasn’t critical of me being a man survivor and…I felt some sense of rapport with him. It was good.” (IQ2)

Without this, believing that ritual abuse was not well understood by many helping professionals at that time (“I don’t think they believed that RA existed at that point in (nineteen) ninety-two, it’s different now…” {IQ11}) he would not have felt confident to disclose.

“It would have been really difficult. It would have been horrendous, was the word that comes into mind. If I hadn’t developed four years of knowing him, there’s no way I would have walked in and say, I’m a ritual abuse survivor…specially for ritual abuse survivors because we just get such brain washing and such threats that its just really hard to talk about this stuff, so, um, it took that long.” (IQ3)

Adam believed that his counsellor, prior to his disclosure, did not know what ritual abuse was. “He didn’t know what I was talking about. He didn’t understand at all, he didn’t even know what ritual abuse was. This was 1992. But he was keen to understand what it was.” (IQ2) Despite his ignorance about ritual abuse, his counsellor believed him, without question, and this experience was very empowering for Adam.

3 The validation analysis

Adam’s beliefs about his abuse and about himself were already heading in a helpful direction prior to his disclosure experience. He was judged by both raters to have
experienced validation of his (helpful) beliefs about the abuse, validation of his (helpful) beliefs about himself, and validation of his construing of himself as a meaning-maker.

3.1 Adam’s beliefs about the abuse

Adam’s beliefs about his experiences of ritual abuse involved conviction that he had been a victim of satanic ritual abuse, and that he had not been responsible. These beliefs were confirmed in the disclosure experience, and this was a helpful experience for him.

“It was confirmed… I had an article on ritual abuse, and he sort of like, he was going to go and photocopy it. There wasn’t much information like that around at that time. And yes, he was going to make a photocopy of it to understand it, do you know what I mean? So he was actually confirming it, even though he didn’t know what it was. (He was confirming your view of it?) Yeah.” (IQ8)

Adam had entered the disclosure experience with an understanding of what he had experienced, but with a secret he badly needed to stop keeping. After telling his secret and having his beliefs validated:

“I just felt such relief. Like, that was four years ago, like, I’ve got tears in my eyes now, just thinking about it.” (IQ5)

3.2 Adam’s beliefs about himself

“My self worth was very good at that time because I think what I’d done, because I was putting myself in the situation where I knew that I could trust people well. And I think that was because I’d been in therapy for four years at that stage.” (IQ11)

His sense of himself was validated by the therapist:
“Well it was confirmed by that therapist in that situation…” (IQ11)

“It was made more concrete. Yeah. It was made, yeah, it was good in that sense of it…I want to add all the time, though, that I had to really choose who the therapist I was going to talk to.” (IQ12)

3.3 Adam’s construing of himself as meaning maker

Despite his lack of prior knowledge about ritual abuse, the counsellor clearly validated Adam’s meaning-making: “…he was a person that would accept your belief of the world.” (IQ8)

In response to a question about his view of himself as someone who could make sense of things, and the degree to which this was confirmed, Adam made a direct link between his meaning-making, and being believed by the counsellor.

“Quite confirmed by this person. It was good. Like I said, he didn’t know what RA was and he still believed it, and that’s fucking amazing.” (IQ13)

“What was confirmed was my ability to remember and to believe this horrific thing, and also in a sense I didn’t want to, but for my sanity it was important to remember and to disclose and to get on with my life. To go on, to rebuild myself. I was believed. That was the beautiful thing.” (IQ14)

4 Adam: A summary

Adam felt that he had been very damaged by his abuse experience, but was on a positive path. He was carefully protecting himself from further injury. Despite the urgency of his need to break his silence, he chose his time and his counsellor with care. The importance to him of validation of his meaning-making processes was very evident.
Adam’s final words about the importance to him of disclosing:

“…if I hadn’t told I would be either in a psych ward or on medication… disclosing is my passport to freedom – there is nothing better.” (QQ7.1)
APPENDIX H

THE INTERVIEW PROTOCOL
Appendix

Interview Schedule

July 1996

Question 1:
I'd like you to talk to me for a few minutes about your life at the moment - the good things and the bad - what it's like for you. Once you have started I shall be here listening to you, but I'd rather not reply to any questions you may have until a five minute period is over. Do you have any questions you would like to ask now, before we start?

Question 2:
Remind participant of the one specific disclosure experience with a helping professional that she/he chose and was agreed upon prior to the interview commencing. Think about the experience of disclosing to that counsellor/helping professional. Can you describe to me that disclosure experience? How did you decide to disclose, and how did you feel? (maximum 5 minutes)

Question 3:
Before you disclosed to that counsellor/helping professional that time, can you tell me what you expected that experience of disclosing to a counsellor/helping professional would be like? To what extent was your expectation confirmed?

Question 4:
Think about the time you first disclosed to that counsellor/helping professional. Just before that first disclosure, can you describe what meaning your assault experience had for you? What might have been your ideas, thoughts, feelings and beliefs about the assault/abuse experience and its impact/influence/effect on your life?

Question 5:
Just after disclosure to that helping professional, what meaning did your assault experience have for you? What might have been your ideas, thoughts, feelings and beliefs about the assault/abuse experience?

Question 6:
To what extent did you feel there was change in your view of your assault experience? Can you tell me by rating it on a scale of 1 to 5, with 5 being a lot of change, and 1 being no change at all?

Question 7:
If you believe there was change in the way you viewed the abuse/assault, would you say your view of it had become more helpful or less helpful or neither?

Question 8:
I want to ask in a slightly different way: To what extent was the sense you had made of the abuse/assault confirmed or the opposite (disconfirmed)? Where on a scale of 1 to 5, if 5 is confirmed and 1 is disconfirmed?
Question 9:
Can you say what that counsellor/helping professional did or didn't do that may have led to the way you thought and felt about your abuse experience immediately after the disclosure?

Preamble to next 4 questions:
I am wanting to understand more about what actually was being confirmed and what was being disconfirmed for you during this experience of disclosing. As well as your thinking, feeling and ideas about your abuse/assault experience, I'm interested in your thinking feeling and ideas about yourself more generally, at the time of the disclosure.

Question 10:
Immediately before the disclosure experience, what was your sense of your ability to trust people? To what extent do you believe your sense of your ability to trust was affected by this disclosure experience? To what extent was it confirmed, or the opposite (disconfirmed)?

Question 11:
Can you say what your sense of self worth was just before that disclosure experience? (at one extreme we may have, for example "very worthwhile", at the other we may have "worthless"). To what extent was your sense of self worth confirmed or disconfirmed during the disclosure experience? (confirm or disconfirm worthwhile, or confirm or disconfirm worthless?)

Question 12:
Pre-empt with clarification by asking: What do you understand by the term "sense of self"? Link with Identity. "Who you are". Clarify an agreed definition. See if you can imagine or remember your sense of self at the time of this disclosure experience: to what extent do you believe your sense of self was confirmed or disconfirmed as a result of this disclosure experience?

Question 13:
At the time of that disclosure experience, how did you view yourself as a person who has the ability to make some sense of things that happen in life? Give meaning to things? To what extent did you feel that was being confirmed or disconfirmed during the disclosure experience? (elaborate if necessary)

Question 14:
As a general comment, during that disclosure experience, can you say what may have been confirmed and what was being disconfirmed for you?

Question 15:
From your experience of disclosing your experience of sexual abuse to that counsellor/helping professional, what do you feel were the most important aspects of that disclosure interaction?
Table J.1: Participants’ ages when most recently assaulted/abused

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
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<td>7</td>
</tr>
<tr>
<td>5</td>
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<td>2</td>
</tr>
<tr>
<td>8</td>
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</tr>
<tr>
<td>9</td>
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<tr>
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<td>2</td>
</tr>
<tr>
<td>40</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Total 40 100
Results of Thematic Analysis

Themes identified once only in Responses to Interview Question 9, which asked participants to identify what they felt the counsellors did or did not do that led to the way they thought and felt about their sexual assault experience after the disclosure

Table J.3

<table>
<thead>
<tr>
<th>Themes identified once only, helpful disclosure experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engendered trust</td>
</tr>
<tr>
<td>Was calm</td>
</tr>
<tr>
<td>Took me seriously</td>
</tr>
<tr>
<td>Worked with feelings (body) instead of head</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Themes identified once only, unhelpful disclosure experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn’t validate my anger</td>
</tr>
<tr>
<td>Seemed to be on Dad’s side <em>(disclosed as a child)</em></td>
</tr>
<tr>
<td>I didn’t respect helper’s expertise</td>
</tr>
</tbody>
</table>
Results of Thematic Analysis

Themes identified once only in participants’ responses to Interview Question 15, which asked participants to identify what they felt were the most important aspects of their disclosure experience.

Table J.4

<table>
<thead>
<tr>
<th>Themes identified once only, helpful disclosure experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pressure</td>
</tr>
<tr>
<td>Therapist trying to help me make sense of everything</td>
</tr>
<tr>
<td>Not my fault</td>
</tr>
<tr>
<td>Finding the right person</td>
</tr>
<tr>
<td>Dealing with the emotions that came with disclosure</td>
</tr>
<tr>
<td>Confirmed that my process was sound</td>
</tr>
<tr>
<td>To know that I wasn’t insane</td>
</tr>
<tr>
<td>Confirmed that I can do my own healing</td>
</tr>
<tr>
<td>Didn’t make light of it</td>
</tr>
<tr>
<td>Had belief in the helper</td>
</tr>
<tr>
<td>Feeling understood</td>
</tr>
<tr>
<td>Learned how to be cared for with no strings attached</td>
</tr>
<tr>
<td>Confirmed that it was abuse</td>
</tr>
<tr>
<td>Helper wasn’t scary</td>
</tr>
<tr>
<td>Right person, right time, right place</td>
</tr>
</tbody>
</table>

Themes identified once only, unhelpful disclosure experience

Burden of holding it all inside was lifted. (No other benefit.)
No aspects of it were important (ie nothing helpful)
He didn’t do his job
He didn’t allow me to let it out – didn’t let me feel what I was feeling
Focused on other things, eg me being dysfunctional