

SURVIVOR TO THRIVER



**Manual and Workbook for
Adult survivors of child Abuse
Who want to move-on with life**



*for healing
from
child abuse*

THE MORRIS CENTER
for healing from child abuse

1537 Franklin Street #307
San Francisco . CA . 94109

phone: **415 . 928 . 4576**
e-mail: **tmc_asca@dnai.com**
website: **www.ascasupport.org**

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for healing from child abuse

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The information and program contained herein are
not intended to be psychotherapy or to substitute
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health professional. Application of the
contents is at the reader's sole discretion.

TABLE OF CONTENTS

About THE MORRIS CENTER	5
Chapter One: The ASCA StepWork Program	
Introduction	7
StepWork, ASCA-Style	8
Responsible Recovery, Responsible Therapy	11
Chapter Two: Safety First!	
Introduction	17
Safety Checklist	19
Suicide/Harmful Behavior Checklist	20
Creating Your Plan For Safety First!	21
Awareness_Assessment_Action	21
Building Your Support System	24
Identifying Your Support Network	24
ASCA Colleagues	25
Resolving Abusive Relationships First	25
Personal Relationships Checklist	26
Stabilizing Your Life	27
Crisis "Hot Spots" Checklist	28
Self-Soothing Activities	31
Living Safety First! _ A Final Note	33
Chapter Three: Assessing Child Abuse	
Introduction	35
What Is Child Abuse?	36
Physical Abuse	36
Sexual Abuse	39
Emotional Abuse	42
What Are The Adult Repercussions of Child Abuse?	47
Relationship Problems	48
Low Self-Esteem	49
Self-Sabotage	51
Sexual Problems	53
Symptoms of Trauma	55
Physical Ailments	57
Social Alientation	59
Handling Feelings	60
Conclusion	63

TABLE OF CONTENTS

Chapter Four: Stage One — Remembering	
Stage One: Remembering	65
Step One	66
Step Two	69
Step Three	72
Step Four	75
Step Five	77
Step Six	79
Step Seven	82
Chapter Five: Stage Two — Mourning	
Stage Two: Mourning	85
Step Eight	86
Step Nine	88
Step Ten	90
Step Eleven	92
Step Twelve	94
Step Thirteen	97
Step Fourteen	99
Chapter Six: Stage Three — Healing	
Stage Three: Healing	101
Step Fifteen	102
Step Sixteen	103
Step Seventeen	105
Step Eighteen	107
Step Nineteen	110
Step Twenty	111
Step Twenty-One	114
ASCA Stages & Steps	115

ABOUT THE MORRIS CENTER

A non-profit 501(c)(3) public benefit corporation, THE MORRIS CENTER was founded in 1991 (as the Adult Survivors of Incest Foundation) to provide individual and group sliding scale psychotherapy and low-cost educational and self-help programs for adult survivors of sexual abuse. In November 1993 the name of the organization was changed to The Norma J. Morris Center *for healing from child abuse*. This change reflected the fact that its programs had expanded to serve survivors of physical and emotional, as well as sexual, abuse, and to honor the organization's co-founder and principal benefactor, Norma Morris.

In 1994, perceiving an increased need for cost-effective, easily replicable programs, THE MORRIS CENTER shifted its primary focus to our ASCA support program and discontinued its psychotherapy program. ASCA began to take shape in January, 1993, when George J. Bilotta, Ph.D., THE MORRIS CENTER's Executive Director, asked J. Patrick Gannon, Ph.D., to develop his ideas for a "second generation" self-help group for adult survivors of child abuse. This edition of the *Survivor to Thriver* manual is an updated and expanded edition of Dr. Gannon's book: *Soul Survivors: A New Beginning for Adults Abused as Children* along with additional material from our unpublished manual *The ASCA Workbook*.

In February, 1993, the ASCA Leadership Council, composed of volunteers interested in developing the new program, started to create the Stage One meeting format, program guidelines and Co-Secretary responsibilities. The first ASCA meeting was held in May 1993, in San Francisco. ASCA has continued to evolve and has become a powerful and effective support program for adult survivors of child abuse.

In September 1999, THE MORRIS CENTER began to promote the ASCA program nationally through the World Wide Web. It is our desire and hope that through this efficient and cost effective avenue, ASCA will become available to survivors of child abuse throughout the country.

Chapter One

ASCA StepWork Program

INTRODUCTION

Welcome to our *Survivor to Thriver* manual! The Norma J. Morris Center for Healing from Child Abuse (or THE MORRIS CENTER), in collaboration with J. Patrick Gannon, Ph.D., THE MORRIS CENTER's former Clinical Consultant, has created this manual as part of its program of services for adult survivors of physical, sexual and emotional child abuse. Virtually since ASCA began in 1993, participants have asked for a workbook or manual to be used as part of their recovery process. In his 1989 book *SOUL SURVIVORS: A New Beginning for Adults Abused as Children*, Dr. Gannon outlined a three-stage alternative recovery model that was the blueprint for ASCA, but that book is no longer in print. Consequently, THE MORRIS CENTER has taken portions of Dr. Gannon's earlier writings, revised and updated them to reflect the ASCA program as it operates today and added significant explanatory material. The result is before you.

This manual is designed to complement your ASCA meeting participation. Use it individually, but as a supplement to regular ASCA meeting attendance. Of course, you are welcome to bring your manual to meetings with you, but you will not find any exercises or sections that are specifically keyed to meeting participation. You will first find a chapter entitled Safety First!, designed to help you evaluate your present level of safety and stability and establish a firm footing on which to begin your recovery journey. This is followed by a lengthy chapter on the types of child abuse and some of the ways the consequences of child abuse can affect your adult life. Chapters Three, Four and Five correspond to Stages One, Two and Three of the ASCA program, respectively. Each chapter contains a section on each of the seven steps that make up that particular stage. Each section includes a discussion of the step and its role in recovery and some exercises, survival tips and resource material to help you work through the issues. It is our

hope that you will use the questions, exercises and suggestions included with each of the steps as a framework for your ASCA participation. Using the contents of the manual in this way will bring an immediacy and concreteness to your ASCA shares, one that will help both you and your fellow survivors to achieve some clarity about the particular step and what role it plays in your recovery.

There are good reasons for encouraging you to use this manual in conjunction with attending meetings or participating in our online meeting at www.ascasupport.org. One of the benefits of attending ASCA meetings is experiencing the sense of community that develops between survivors who are discovering that they are not alone in their abuse experiences and recovery efforts. The carefully structured ASCA meeting formats make it easier to share experiences and to start to trust others both key parts of breaking out of the isolation that characterizes most survivors' lives. The skills that you practice and observe in ASCA meetings often, if not always, will prove valuable in your interactions in the larger world. While there is much to be gained from using the manual individually, your recovery will be more balanced and, we believe, more rewarding if you also take advantage of the group experience afforded by ASCA meetings. For these reasons we encourage you to use this manual as an adjunct to attending ASCA meetings and individual or group psychotherapy (if you have these).

ASCA is a support program with an individual and group component. It is not professional psychotherapy, nor is it intended to take the place of individual or group therapy. Unlike some other self-help programs, though, ASCA does not hold an anti-therapy or anti-professional stance. In fact, THE MORRIS CENTER believes that ASCA works most effectively in conjunction with individual or group therapy, and we encourage survivors to combine professional consultation and ASCA if at all possible. The last section of this chapter talks a little more about the role of therapy, finding a good therapist and the recovery process in general.

ASCA-STYLE

What is ASCA?

As you probably know if you are attending ASCA meetings, ASCA is a support program with several unique features. First, it is psychologically-based and was created expressly to address the particular needs of adult survivors of child abuse. To our knowledge, it is the only program that provides a

psychological framework for the complex process of healing from child abuse and moving on with life. ASCA combines elements drawn from the recovery movement (programs such as Alcoholics Anonymous) with a theoretical approach that emphasizes recognizing and resolving past pain, identifying maladaptive coping behaviors and developing new skills that foster self-esteem and healthy relationships.

Second, ASCA meetings, which follow carefully scripted meeting formats, are run by lay facilitators, themselves survivors, who have received training to help them handle the problems that may arise in meetings and to provide a safe, structured environment for fellow survivors. Third, ASCA meetings are open to survivors of all types of child abuse: physical, sexual and emotional. And fourth, ASCA is the fruit of a collaborative effort between THE MORRIS CENTER, survivors, volunteers, professionals, community agencies and the community at large. As such, it benefits from a broad range of experience and skills.

The purpose of ASCA meetings is to allow survivors to share their abuse and recovery experiences; to receive support and affirmation for their recovery efforts; to try out new, more adaptive behaviors and, in so doing, to better understand themselves and their recovery process. As survivors come to terms with their abuse histories and develop healthier behaviors and relationship patterns, they are able to test out some of those new patterns. The increased confidence, mastery and sense of responsibility that survivors build as a result of participating in ASCA meetings are skills that transfer to the larger world.

ASCA and 12-Step Programs

As mentioned above, ASCA is a recovery program based on psychological concepts of recovery. While many ideas represented in 12-Step programs may be valuable for survivors of child abuse, some are not. In particular, many survivors have difficulty with the idea of "surrendering to a higher power." The challenge for many survivors is to find the power to change within oneself, not in an outside source. This is related to the fact that, for most survivors, the source of power and control was always located outside of themselves, in their parent or other abuser. To find the power to change from within is to break old, persistent patterns.

Some survivors also have problems with some 12-Step programs' recurring themes of forgiveness, blame and misplaced responsibility. 12-Step programs start with the belief that the individual has committed wrongs, is responsible for those wrongs and must make amends to others for those wrongs. These beliefs are not particularly applicable to survivors of child abuse. Adult survivors were abused as

children. As children, they had no control or choice over the abuse, and it was not their fault that the abuse occurred. The abuse was the doing of another person (or persons), and many adult survivors do not feel that they should make amends for behavior that was not their responsibility and over which they had no control. It is for these reasons, among others, that THE MORRIS CENTER believes that ASCA's psychological approach is more suitable for recovery from child abuse.

However, this does not mean that ASCA is opposed to 12-Step programs. One of ASCA's principles is a policy of "addition, not competition," with respect to 12-Step programs, and we do not compete with 12-Step programs for your participation. We believe that 12-Step groups are extremely useful and appropriate for persons facing addictions and attempting to live clean and sober lives. ASCA is deeply grateful to Alcoholics Anonymous and other 12-Step programs as the godparents of the recovery movement. Without them, there would be no ASCA — but we view ourselves as a separate program for a separate problem.

How Does ASCA StepWork Work?

StepWork is a process whereby you concentrate on one particular step at a time in a given recovery program. It is really an organizing tool to focus your work on one issue at a time so that you do not become overwhelmed by the number and enormity of the tasks that comprise a recovery journey. The idea is to explore in a focused manner the issues presented by a particular step, without confusing these issues with other issues related to other steps.

ASCA's 21 Steps are a statement of the tasks and issues that most adult survivors face during their recovery from child abuse. Think of them as signposts or landmarks along the road of recovery. Unlike some self-help programs, ASCA does not require that participants work the steps — although you may choose to do so — or that the steps be worked in a linear order. Survivors often spiral through several steps simultaneously and may return to earlier steps after they have reached closure on later ones, or as new material surfaces in their recovery process. Your concept of StepWork may be to emphasize a particular step in your shares in ASCA meetings, or in your individual or group therapy sessions.

The steps of Stage One are concerned with the memories of your childhood abuse. You must acknowledge what happened in the past before you can move forward in recovery. This becomes the foundation upon which you build your recovery. Stage Two focuses on examining your adult behavior, connecting your present strengths and weaknesses to the abuse you suffered and the coping

mechanisms you adopted, and allowing the child within you to grieve the aspects of childhood that never existed for you. Stage Three involves consolidating your new, healthier feelings and behaviors, your feelings about the abuse and your adult goals into a new sense of self and then going out and "practicing" this new self in the world.

Remember that not all of the 21 Steps are going to have equal relevance to your life and your abuse history. Depending on your personal experience, some steps will have a more profound significance for you, and these are the steps where you might want to concentrate your focus. You might work on one issue at a particular time because it is the issue that is most relevant to your life at this time. You might work on several steps simultaneously, and you might even feel that some steps have no relevance to your particular experience. You are the ultimate judge of which steps to work and when to work them.

RESPONSIBLE RECOVERY, RESPONSIBLE THERAPY

False Memories, Real Memories

Child abuse, recovered and repressed memories and "false memory syndrome" are very sensitive topics and are currently highly controversial subjects in our society. Research into the process of memory encoding, storage and retrieval is still in its infancy, but there is substantial evidence that indicates that memories are not stored intact. Instead, different elements of what is considered "a memory" may be stored in different parts of the brain and then "reassembled." This fragmentation of memory storage may be even more pronounced if the event(s) was traumatic and occurred very early in life. One of the reasons posited for this is that the portion of the brain responsible for coalescing memory fragments into a single whole does not develop until sometime between the ages of 2 and 4 years. This, together with the passage of time, means that there can be distortion and fragmentation of the details of a given memory.

However, abuse survivors usually remember at the very least that their abuse occurred, even if they do not remember exact details of their abuse or confuse the details with other material. In fact, most studies estimate that at least

50% of persons enter therapy with all or part of their abuse memories intact. The remaining group may have been so traumatized by their abuse that they have literally blocked the memories until such time as it is safe for them to remember. This protective process, called repression, is a standard concept in most psychotherapeutic disciplines, and is not unique to the area of child abuse and recovered memories. It is the psyche's means of protecting the individual from excessive trauma — whatever the nature — until such time as the person is ready to address the memories.

THE MORRIS CENTER believes that the vast majority of survivors who come forth to deal with their abuse histories were in fact abused to some extent and may well have repressed some or all of their memories of the abuse, only to have them surface later due to some kind of external trigger or their own readiness to deal with the issues. However, this does not mean that there are not valid cases in which memories have been fabricated, suggested or even "implanted" and are therefore not legitimate. Actions of unethical therapists can cause this, but so can exaggerated media reports, sensational "talk show" banter, and individual imagination. We believe that some, if not all, of the persons who have recovered memories and then recanted their stories are telling the truth. We also believe that the number of these "false memory" cases is minuscule and statistically irrelevant when compared to the actual incidence of child abuse and the number of persons who enter therapy with at least some of their memories intact. Nevertheless, we encourage you to be careful with this aspect of your recovery. Only you can be the true judge as to whether you were abused as a child. There may be corroborating evidence — a doctor's report, a friend or neighbor who "knew" but didn't say anything — but in the end, you must be truthful with yourself about what happened to you.

The Role of Professional Therapy

As mentioned earlier, ASCA is not anti-therapy or anti-professionals. In fact, ASCA is designed to work in conjunction with individual or group psychotherapy. We believe that professional help can be of tremendous value to survivors attempting to overcome the negative effects of their abuse. Some people try to do this on their own or by attending support and self-help groups only, but recovery usually proceeds more quickly and more safely if you are working with a skilled professional. If you are debating whether to seek professional help, a key question to ask yourself is, "Am I able to face the abuse on my own and resolve it to the extent that my symptoms and problems in adult living go away?" If the answer is "No," then you may want to consider professional help.

For many survivors, a professional individual or group therapy relationship is the cornerstone of their recovery, without which other changes would be hard to come by. In a relationship with an ethical and clinically appropriate professional, the client experiences safety, respect for boundaries, sensitivity to needs and validation of both the abuse that occurred and the role of recovery in creating a happy and meaningful life.

If you are unable or unwilling to enter therapy, though, do not despair! You can still use this manual and other ASCA material found on our web site www.ascasupport.org to help you in your recovery journey. If you are in this position, you will want to take special care in selecting and building your support network, as these people — friends, supportive family members, clergy members, teachers, and others — will serve some of the functions of a therapist for you. You will want to pay special attention to the section in Chapter Two, "Building Your Support System," for help with this task. And, of course, ASCA meetings will probably assume a greater role in your recovery if you are unable to be in therapy.

Choosing a Therapist

As in any profession, there are therapists who demonstrate greater and lesser amounts of responsibility in their practices. Neither ASCA NOR THE MORRIS CENTER is in the business of evaluating individual practitioners. However, we encourage ASCA participants who are interested in individual and/or group professional therapy to select their therapist(s) carefully. Do be an informed consumer. Do ask questions about the therapist's training, experience and licensure. If you feel comfortable doing so, ask about the therapist's theoretical orientation and what kinds of techniques or practices s/he uses in therapy. To the extent possible, trust your senses.

The current debate about child abuse, memories and recovery often mentions "repressed memory therapy." As a point of clarification, there is no such identified discipline. There are various therapeutic techniques — some more reputable than others — that therapists may use in working with clients. Therapists may use these same techniques with clients who have no abuse issues as with clients who either know or suspect that they may have been abused. The real key to competent therapy lies not in techniques but in the expertise and ethical stance of the therapist.

Once you have entered into a therapeutic relationship with a professional, if you feel yourself being pushed too fast or encouraged too much, or you are

uncomfortable with suggested therapeutic methods, try to discuss your concerns with your therapist. If the therapist's suggestions don't feel right or aren't compatible with your memories, feelings or beliefs about your abuse, then try to discuss this as well. You should be comfortable with the pace of your therapy and be able to discuss your progress openly with your therapist. An ethical therapist will never force you to engage in an activity or recovery technique about which you are truly uncomfortable. Ultimately, you are the authority on your own experiences. Although your therapist is a professional and may possess knowledge and skills that you do not, you bear the responsibility of being an active participant in your recovery.

This isn't to say that therapy won't, at times, be painful and difficult, especially when working on deep-seated issues around child abuse. But there is a difference between your natural resistance to looking at and dealing with painful memories, and the discomfort that arises when you feel that something is being suggested to you that is instinctively wrong or uncomfortable. If this happens, and if you and your therapist cannot come to a mutually agreeable solution, then perhaps it's time to consider changing therapists.

What About Confronting My Abusers?

This is a very difficult question, and one that only you can answer for yourself. Step 18 of ASCA reads: "I have resolved the abuse with my offenders to the extent that is acceptable to me." For some survivors, this means an internal coming to terms with the abuse and the abuser(s) but does not involve direct confrontation. For others, it means direct confrontation, either face-to-face or by letter or phone. For still others it may mean writing articles, stories, newspaper op-ed pieces or by speaking out in public gatherings. And for still others it may mean pursuing legal action to gain restitution for the abuse suffered. Every survivor is different in his/her need to confront the abuser(s). Neither ASCA nor THE MORRIS CENTER has a policy or position on confrontation. Instead, we believe that each survivor must make this choice individually. We do, however, encourage survivors to think carefully about their options and the consequences of their choices.

Confrontation of any sort, and especially legal action, can be very disruptive to life in general and the recovery process in particular. The legal system is inherently adversarial in nature. The objective, evidence-based standards of proof required for either a civil judgment or a criminal conviction are not easily met by testimony relating to memory, memory retrieval or psychotherapeutic techniques and interpretations. Perhaps most importantly,

though, suing your abuser brings all of the old feelings of hurt, shame, guilt, antagonism, anger and sadness that accompanied the abuse to the forefront of your conscience. You are likely in effect to relive your abuse experiences in court. For these reasons we encourage survivors to think about, and get information on, the possible consequences of various courses of action and to weigh whether they are sufficiently grounded in their recovery to withstand the pressures and stress that almost always accompany a decision to pursue legal action.

Chapter Two

Safety First!

INTRODUCTION

We have included this chapter at the beginning of this manual because feeling safe in your recovery should ALWAYS come first. Whether you are working on Step One or Step Twenty-one, you need a framework of physical and emotional safety in order to progress in your recovery, because child abuse — at its core — is about being and feeling unsafe. People can change only from a position of safety. If you don't feel safe, then you won't progress in your recovery. You want a strong foundation upon which to build your new self, and safety is the core of that foundation.

Safety is something that you want to incorporate seamlessly into your daily life, something you approach with the same dedication as you would a spiritual or moral practice. Safety is something that you must consider no matter where you are — at home, with friends and lovers, at work or play and especially at ASCA meetings. Recovery entails facing horrible memories, painful feelings, powerful bodily sensations and potentially self-destructive impulses and behaviors. To withstand these reactions, you need to feel safe and strong as much of the time as possible.

There are several steps involved in evaluating your current level of safety before you proceed with creating a plan for your recovery. The remainder of this section will focus on helping you assess your strengths and weaker points so that you can move through the ASCA program from as strong a place as possible.

Assessing and Facing Risks

Facing your abuse and your reactions to it brings with it risk: risk that you will feel overwhelmed, out of control, unable to make the right decision in any number of situations. You can't grow without taking risks, but you won't recover if you take risks that you are not prepared for. So, as part of approaching recovery from a position of safety and strength, you need to learn to distinguish between healthy and harmful risks.

Think of safety as an inverted U curve, with the left end of the inverted U representing total safety but no risk and the right end of the U representing no safety and total risk.

The optimum growth point is to the right of the middle of the curve — where high safety is combined with low risk. You always want to be conservative in balancing safety and risk because you want to avoid setbacks that may occur when the level of risk outweighs the level of safety you feel you need. Considering that many survivors have histories of self-sabotage or of being re-victimized as adults, SAFETY FIRST! means learning to take fewer risks while you create more safety for yourself.

Besides helping you to avoid setbacks, the idea of SAFETY FIRST! is to maximize your chances of success when you do decide to take appropriate risks, so that you begin to build success and mastery into your life. By mastering challenges that contain some risks, you will begin to develop confidence in yourself, which in turn will enhance your self-esteem. In other words, you want to be *s t r e t c h e d* by your recovery but never broken.

Timing is Everything

Recovery occurs in small, steady steps taken one after another. Each step you take needs to be reviewed, evaluated and experienced so that you can derive maximum benefit from your hard work. Try not to get ahead of yourself. Many survivors feel impatient with the pace of their recovery, especially if they have spent years feeling stuck. You may want to jump ahead and go for the "big success" out of a sense of wanting to finally put the past to rest. But remember, when you jump ahead before you are really ready, you sacrifice safety and risk a setback that can leave you feeling dispirited and hopeless. Try to reassure yourself that your abuse occurred over a long period of time — important formative years — and so full recovery is also likely to take time.

It is very important that YOU set the structure and pace of your recovery. Many survivors anxious to proceed with and "finish" their recovery often find themselves exploring recovery techniques that threaten them or make them feel re-victimized and violated. Often these survivors had some sense that they were not yet ready to explore their abuse issues at that particular level, but failed to trust their intuition cautioning them to move slowly. Although it is difficult to resist a path that promises to lead to healing and recovery, we strongly encourage you to trust your own inner sense about your readiness. If you are not sure yourself whether you are ready to explore your abuse issues using particular techniques or at a different pace, see if you can get some help from a trusted friend or therapist. Ultimately, though, you must be the judge of whether you are ready for a certain recovery experience.

If you have a therapist, she or he may suggest certain techniques to help you in your recovery. If you have established a consistent level of trust with your therapist, you should be able to tell him or her that you do not feel ready to try a particular technique, or that you feel the therapy is moving too fast (or too slowly). An ethical therapist will never force you to do anything about which you are unsure, and will respect your sense of appropriate timing.

Assessing Your Current Safety Level

Before you move on to the next section of this chapter — Creating Your Plan for SAFETY FIRST! — we suggest that you take some time with the following two self-assessment scales: the Safety Checklist and the Suicide/Harmful Behavior Checklist. These will help you determine your current level of safety. After each checklist and the scoring information, there are some recommendations which are designed to help you determine whether you are ready to progress with a recovery program.

Safety Checklist

Check "Yes" or "No" to answer each question:

1. Do you have impulses to harm yourself? Y:___ N:___
2. Do you find yourself in unsafe situations? Y:___ N:___
3. Do you easily feel overwhelmed by feelings, thoughts, memories or bodily sensations? Y:___ N:___

4. Do you currently feel threatened by someone close to you? Y:___ N:___
5. Have you ever attempted suicide? Y:___ N:___
6. Have you ever "lost time" or lost sense of being yourself? Y:___ N:___
7. Do you use alcohol or drugs to excess? Y:___ N:___
8. Is there a firearm or other potentially dangerous weapon at your residence? Y:___ N:___
9. Have you been victimized by someone within the last three years? Y:___ N:___
10. Is someone close to you involved in illegal activities? Y:___ N:___

SCORING: If you checked "YES" to more than three questions, your current risk level is HIGH.

RECOMMENDATIONS: Let this checklist tell you what you must do to lower your risk level and create more safety in your life. Some of the situations, such as that posed in question eight, concerning firearms or dangerous weapons, can be resolved easily: remove the firearm or weapon from your residence. With other situations, such as past victimization (question nine), there is little you can do except to make every effort to prevent a recurrence. In most of the other questions, the issues are somewhat complicated but not unsolvable. You can (and should) seek professional help if you lose sense of time or of your self or have impulses to harm yourself. If you are being threatened or abused by someone close to you, you need to take steps to protect yourself and to make the threats or abuse stop — even if this means ending the relationship. If you are unsure as to how to address any of these questions, then you may need help to figure out how to create SAFETY FIRST!

Suicide/Harmful Behavior Checklist

Check "Yes" or "No" to answer each question:

1. Do you feel chronically depressed? Y:___ N:___
2. Do you have recurring thoughts of killing Y:___ N:___

yourself?

3. Do you have a specific plan to kill yourself? Y:___ N:___
4. Have you acquired the means to kill yourself, such as a supply of pills or a gun? Y:___ N:___
5. Do you intend to carry out this plan to kill yourself within a specified time frame? Y:___ N:___
6. Do you have thoughts of actually killing or harming others? Y:___ N:___
7. If yes, have you made specific plans or arrangements for this to occur? Y:___ N:___

SCORING: If you answered "YES" to ANY of the above questions, your suicide/harmful behavior risk level is HIGH.

RECOMMENDATIONS: Get professional help IMMEDIATELY. If you do not have access to names of private therapists, you should call your county mental health services. ASCA Co-Secretaries may have a list of selected resources for their meeting's particular area, and you can ask for some names and telephone numbers. You need to first lower your suicide/harmful behavior risk before attempting to initiate or continue recovery from your child abuse. The two are probably connected, but it is very important that you concentrate first on stabilizing yourself before delving deeper into your abuse issues. Discuss your answers to these questions with your therapist, so that he or she can make your personal safety and the safety of others the primary focus in your therapy until you have stabilized yourself and feel you are ready to commence or continue recovery efforts.

You should know that your therapist has certain legal and ethical obligations to warn potential victims and, in some cases, to notify the police if s/he reasonably believes that you are suicidal or homicidal, or likely to harm another person. Although this may mean breaking the confidential relationship between the two of you, your therapist is mandated by law to do this and cannot be sanctioned for doing so. This is discussed in greater detail in Chapter Five, in connection with Step Fourteen.

CREATING YOUR PLAN FOR SAFETY FIRST!

Awareness — Assessment — Action

Your SAFETY FIRST! plan starts with three parts — *Awareness*, *Assessment* and *Action*. Ensuring your safety first requires that you be *Aware* of situations that present danger or risk - both to yourself (in terms of the degree of risk you can tolerate) and to others (in the event that you have thoughts of killing or harming another person), and that you take appropriate steps to protect both yourself and others. Once you have identified dangers and risks and recognize the signals that your body and mind send out in response to these stimuli, you need to *Assess* why these signals are being triggered. What in your current environment is bringing these responses to the foreground? After connecting the cause (the triggering event, sign or behavior) with the effect (the signal or response), you will need to take *Action* in a way that restores a sense of safety both for you and for others around you.

Having this structure in mind and readily accessible as you live your daily life is essential to understanding and interrupting the destructive patterns of the past and replacing them with more healthy patterns. Remember that breaking the old habits based on unconscious scripts linked to your abuse means overcoming the tendency to do the same old (familiar) thing. At first it takes more energy to change, but it gets easier with practice and success.

Awareness

Write down as many physical, emotional or intuitive signs as you can that tell you that your safety might be in question. (For example, your heart beats faster or you sense a clutching sensation in the throat.)

1. _____
2. _____
3. _____
4. _____
5. _____

If you need more space, use additional sheets of paper and keep them with your manual.

Assessment

Write down what you think might typically trigger these reactions to certain situations. For example, triggers can be either internal (for example, unconscious memories, dreams or fears) or external (for example, interactions with certain people or particular types of activities or experiences). Remember that EVERYONE has difficulty with certain kinds of situations, though the nature of the situations varies with each individual. If you can, you should try to focus on the types of situations that you perceive to be related to your abuse or abusers.

1. _____
2. _____
3. _____
4. _____
5. _____

If you need more space, use additional sheets of paper and keep them with your manual.

Action

Write down all of the actions you can think of to help you restabilize yourself after feeling unsafe. Some of these actions will be obvious and practical, such as simply leaving the environment that is causing the danger. Other actions must be tailored to your unique needs, based on the type of abuse you suffered. Try to develop a range of options that will serve you in a variety of situations.

1. _____
2. _____
3. _____

4. _____

5. _____

Building Your Support System

Many survivors feel that they have few people they can talk to or get support from regarding their recovery. It is important not to try to recover in a vacuum. You do need help from like-minded and empathetic survivors and trained professionals. The ASCA program encourages combined use of professional therapy and self-help for optimum recovery; we do not share the anti-professional stance of some self-help programs. Learning to trust others and to turn to them for support is a crucial step in recovery. Doing so challenges one of the basic notions that arises from a history of abuse: namely, that people are dangerous.

Identifying Your Support Network

In the space below, list everyone you can think of whom you can call for support during times of need.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Now take a thoughtful look at your list. Is it adequate for your everyday needs? Can you identify those people you could call for a routine check-in or cup of coffee and those you could rely on in an emergency situation? If you came up with only one or two names in all, then perhaps you need to expand your support system. If the only person you wrote down is your therapist, then consider getting more involved with ASCA or other survivor-oriented activities. Co-workers and fellow students may prove to be valuable allies in your recovery; just remember that, by their nature, work and school settings place more restraints on the type of contact you can have with others. If you have a particular interest, such as a sports activity, you may find kindred souls who can be of help in times of need. And finally, if you attend different ASCA meetings, use the weekly phone list from each meeting to expand your support network.

ASCA Colleagues

Use the space below to write down the names and telephone numbers of ASCA participants whom you would feel comfortable calling for support.

1. _____
2. _____
3. _____
4. _____
5. _____

Resolving Abusive Relationships First

Many adult survivors find themselves in relationships that in some way parallel or resemble their childhood abuse scenarios. In some cases, these relationships are actually abusive — if not physically or sexually, then emotionally. Spousal or partner abuse is another behavior linked to childhood abuse. The psychological or emotional impact of spousal abuse on the survivor can be every bit as devastating as the physical harm because it reinforces and reinstates the sense of fear, threat and personal devaluation that the childhood abuse originally created. Many survivors are inclined to deny the abusive nature of their adult relationships, much as they once denied their childhood abuse.

If you have never acknowledged or resolved your childhood abuse, you stand a surprisingly high chance of unconsciously repeating it — fully or partially — with a partner, spouse or friend. Research tells us that abuse survivors are subject to as much as five times the risk of future victimization as are persons who were not abused. In addition to creating problems in your current relationships, and even presenting the threat of physical harm, this denial can seriously undermine your recovery.

Part of your SAFETY FIRST! plan is to assess whether your current personal relationships are abusive. If you determine that your personal relationships are abusive, then you will need to resolve them before initiating your recovery. This issue can be very complicated because, in some cases, your expectations for relationships (which are shaped in part by your childhood abuse), can affect your perceptions of how people treat you. In other words, what you expect to happen to you in your relationships can play as important a part in your perceptions as what actually happens to you in your relationships. Depending on the specifics of your situation and personality, you may need help in distinguishing what is really happening to you now and what is a perception based on your childhood experiences and memories.

Whatever the case, your interactions with others need to support your overall recovery goals, not to destroy your current efforts or reinforce past childhood abuse patterns. Remember that the whole idea behind SAFETY FIRST! is to be able to work on your recovery from a position of strength that results from having eliminated the fears associated with the abuse. Since recovery is a most challenging task, you need all the help and support you can get, and this includes making sure that your personal relationships do not replicate old abuse patterns.

Following is a Personal Relationships Checklist. Use it to assess the degree of support and safety provided by your personal relationships. You can also use the checklist for work relationships, although these tend not to have as much impact on your sense of safety, in part because of the more structured and (usually) restricted nature of the workplace.

Personal Relationships Checklist

Check "Yes" or "No" to each question that applies:

1. Does your partner or spouse ever hit you? Y:___ N:___

2. Does your partner ever force you to have sex? Y:___ N:___
3. Does your partner verbally abuse or disrespect you by calling you names, belittling you or threatening you? Y:___ N:___
4. Does your partner try to restrict whom you spend time with or limit other choices in your life? Y:___ N:___
5. Does your partner consistently assign unfounded malicious intent to your actions and opinions? Y:___ N:___
6. Do you find yourself afraid of disagreeing with or opposing your partner? Y:___ N:___
7. Does this relationship make you feel the way you did as a child? Y:___ N:___
8. Do you feel dominated or controlled by your partner? Y:___ N:___

SCORING: If you answered "YES" to any of the above questions, you will need to determine whether your childhood abuse history is shaping your perceptions of your current relationship(s) or whether the relationship is, in fact, abusive in some way.

RECOMMENDATIONS: If you are being hit, forced to have sex, or criticized or verbally abused, you must take steps to stop this very real and potentially dangerous pattern. If you are being dominated in one or more destructive ways, you should seek professional help to figure out how to rectify or leave the relationship or insist that your partner get help to eliminate the abusive behavior. In more subtle instances, where you are unclear as to whether your perceptions of abuse are based on the past or on the present, you may also need professional help to understand fully the interpersonal dynamics that are being played out in your relationship(s). Again, your ASCA meeting Co-Secretaries might have local resource lists to help you find the assistance you need.

Stabilizing Your Life

Before recovery, many survivors live lives characterized by constant crisis. Job disappointments, relocations, failed relationships and financial setbacks are among the hallmarks that may result from unresolved childhood abuse issues. Of

course, these things can be caused by other life stresses and problems as well. The reasons for this are complex, but for many survivors it comes down to an inability to build regularity, predictability and consistency into one's life because of the ongoing internal chaos associated with a history of abuse. Many survivors find themselves functioning in "crisis mode," responding with stopgap measures that do nothing to resolve the underlying issues. As a result, each new crisis consumes precious energy and attention, and the task of resolving the underlying issues is ignored. Living life in "crisis mode" is truly exhausting and dispiriting. After years, it can lead to discouragement, helplessness and hopelessness.

Trying to initiate and proceed with recovery when your daily life is so unstable is a setup for failure. Recovery really is possible, but unlikely to occur until the various crises raging in your life have been settled. So, a key component of your SAFETY FIRST! plan will be to identify and start to stabilize the problem areas in your life before embarking on your recovery. It is not necessary to fully resolve these problems — that will come as you work through recovery — but successful recovery depends on your taking steps to bring some order to your life. In so doing, you will reduce the frequency of crises and thereby increase the amount of time and energy you can devote to your recovery. The following checklist will help you identify and rank the issues that may be diverting energy from your recovery efforts.

Crisis "Hot Spots" Checklist

Check "Yes" or "No" for each area of your life and then rate the level of the problem on a scale from one (not a problem) to ten (very much a problem) for any YES answers:

		LEVEL
1.	Relationships	Y:___ N:___ _____
2.	Finances	Y:___ N:___ _____
3.	Parenting	Y:___ N:___ _____
4.	Job	Y:___ N:___ _____
5.	Housing	Y:___ N:___ _____
6.	Psychological or Emotional State	Y:___ N:___ _____

- 7. Family Relations Y:___ N:___ _____
- 8. Addictions Y:___ N:___ _____
- 9. Health Problems Y:___ N:___ _____
- 10. Legal Problems Y:___ N:___ _____

SCORING: Count the number of YES answers and then rank them from highest (most problematic) to lowest (least problematic) score.

RECOMMENDATIONS: Your long-term goal is to stabilize as many of your problem areas as you can, but you should start with the three highest-ranking problems on the checklist, or those you believe cause the greatest instability in your life. Focus on each one of these three key problem areas and try to determine how you might stabilize each over the long term. It may take some time and thought to come up with truly valuable ideas but, unless you start this process, you are likely to delay your recovery and continue to operate in "crisis mode."

Priority "Hot Spots" in My Life

Hot Spot #1 _____

Things I Can Try: _____

Hot Spot #2: _____

Things I Can Try: _____

Hot Spot #3: _____

Things I Can Try: _____

If you find that you have high scores in more than three problem areas, try to identify the "top three" and focus your efforts on these areas first. If you try to tackle them all at once, it is easy to get overwhelmed by the volume and scope of the problem areas. If you can isolate three key areas and focus on how to go about resolving them, you will gain a sense of accomplishment and mastery that will help you to identify the next group of "hot spots," and so on until you have been able to address all of the issues that are of concern to you.

If you can't do these exercises or find that you can't implement them in your life, then you need some help to focus your efforts. Think about seeing a therapist or talking to someone who you believe has resolved the issue(s) in her/his own life. Try to grasp what it is that holds you back from making the necessary changes to stabilize your life.

Self-Soothing Activities

One of the most important skills for survivors to learn is how to soothe themselves emotionally. Most survivors never learn to self-soothe in childhood because parents who abuse are also often poor at soothing themselves and, consequently, at teaching their children to self-soothe. However, it is essential to your recovery that you develop some capacity for self-soothing early on in your recovery journey. You will need this skill as you proceed through the various stages of recovery.

Soothing is what good parents do when their children are upset. It often involves soothing touch that is warm and comforting. It can involve words that are reassuring, empathic and hopeful. It may involve activities that are physically, intellectually or sensorially nourishing, such as taking a walk, reading a favorite book or sharing a special meal. It can also involve daily practices that are spiritually uplifting and inspiring, such as meditation. When you can perform this type of caring for yourself — whatever your chosen activities may be — then you have learned to self-soothe.

You probably have your own list of self-soothing strategies. Some may be healthier than others. You will need to evaluate how you soothe yourself, so you can retain the healthy practices and try to eliminate or control the less healthy ones. Then you will need to add some new strategies that can provide extra comfort during your most emotionally challenging times in recovery.

The Ways I Soothe Myself Today

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

8. _____
9. _____
10. _____

New Ways I Might Soothe Myself

1. Exercise
2. Practice meditation, guided imagery or deep relaxation
3. Write in my journal
4. Do a spiritual practice
5. Take a warm bath
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

LIVING SAFETY FIRST! — A FINAL NOTE

The goal of this chapter is to encourage you to develop a daily practice of living SAFETY FIRST! In any situation, with any people, facing all kinds of choices or decisions, you always want to start with your SAFETY FIRST! plan, both to evaluate potential dangers and to identify useful and appropriate coping mechanisms for the situation. The more you can incorporate your SAFETY FIRST! plan into your life, the more you will eliminate the kinds of setbacks that plague so many survivors (and that probably plagued you as well). You can then focus your energy on creative recovery efforts and reduce self-sabotaging behavior. In so doing, you will begin to experience the stability that is so essential for healthy functioning.

You can also carry elements of your SAFETY FIRST! plan into your involvement with ASCA. Should you ever feel overwhelmed or triggered by what you hear in a meeting, you will have a range of options at your disposal. Instead of listening to what is being said, you can direct your focus to your personal reaction and determine why you are having that particular reaction. If your feelings are overwhelming, you can always leave the meeting. You can raise your hand and ask the Co-Secretaries to ask for volunteers to go outside and sit or talk with you. You can decide not to attend meetings on days you feel especially vulnerable. You can discuss your reactions to meetings or shares with other ASCA participants or even the Co-Secretaries. And, of course, you can discuss your reactions with members of your support network to determine if it is still helpful for you to attend ASCA meetings. Any or all of these strategies might be part of your SAFETY FIRST! plan, along with many other options you have identified for yourself.

Whatever your SAFETY FIRST! plan, it is important that you adopt it as part of your daily life. The more you do this, the more you will internalize a sense of safety that non-survivors take for granted. From this foundation of SAFETY FIRST!, your recovery can proceed, bringing with it the development of a new self capable of creating the kind of life that you long for.

Chapter Three

Assessing Child Abuse

INTRODUCTION

The next step in your recovery journey is learning some general definitions and statistics about the three types of child abuse. It is important to know this in order to compare your own experience with what is generally known about child abuse. A critical part of recovering from child abuse is learning to distinguish what really happened to you and whether it constituted child abuse. In this next section, we will be facing the reality of child abuse frankly. The purpose of this review is not to deny the past but to illuminate it; not to indict your parents/abusers, but to hold them responsible; and finally, not to blame yourself, but to develop a new understanding of your experience. Your ability to understand the complexity of factors involved in your abuse will serve you well in making the past less overwhelming and threatening.

Reading this may be painful for you, and you may not want to proceed until you feel prepared to experience whatever feelings may surface. You may want to read this chapter in sections, allowing yourself plenty of time to digest each one before moving on. You can read it with a friend and discuss your reactions with members of your support network ASCA or therapist. Remember that you are an adult now, but the feelings that come up may be those of a child.

The section on child abuse is followed by a general discussion of some of the ways in which child abuse can impact survivors' adult lives. You probably will recognize many of the behavioral patterns described in this section, since you are already involved in the recovery process. Meant to highlight some of the key problem areas, the discussion is far from comprehensive, and you should remember that persons who were not abused may have the same behaviors and

problems. In other words, difficulties in adult living can be caused by a number of environmental and social factors, only one of which is child abuse.

WHAT IS CHILD ABUSE?

Child abuse is generally defined as any act of omission or commission that endangers or impairs a child's physical or emotional health and development, and is usually broken into three subcategories: physical, sexual and emotional.

Physical Abuse

Physical abuse is defined as any physical act committed against a child, which results in a non-accidental injury. Examples of physical abuse include severe hitting, slapping, biting, cutting, pushing, poking, burning, twisting, shaking, choking, punching, pinching, squeezing, whipping, kicking, pulling of the hair, legs or arms and dunking in water.

Bodily signs that may indicate physical abuse include bruises, burns, bites, marks, welts, skin punctures, cuts, abrasions, bleeding, broken bones, spiral fractures, tearing of the skin, internal hemorrhaging, and loss of hair. Most, if not all, of these physical signs may also be the result of other natural causes not related to child abuse. It is extremely important that you keep this in mind, both while assessing what happened to you and in any instance in which you observe such bodily signs on another person — child or adult.

Behavioral signs that may indicate physical abuse include extreme vigilance, fearfulness, scanning the environment for perceived threats, flinching in a self-protective way, either avoidance or unusually quick attachment to people, hostile or aggressive behavior, self-destructive behavior (such as walking in front of cars or falling out of windows), and other-directed destructive behavior such as setting fires and maiming or killing animals. While we believe that persons exhibiting any of these behavioral signs is likely to have some history of abuse, we again caution you not to assume automatically that child abuse is the cause of such behaviors.

The assault, abandonment and killing of children has been going on since the dawn of civilization, and has only recently become a punishable crime in most, if not all, states. What was once referred to in previous centuries as "soul murder" became defined in 1962 as "battered child syndrome;" now, in recognition that there are other types of child abuse, it is referred to as physical abuse. In 1985, the American Humane Society reported that 22% of all reported cases of abuse involved physical abuse, making it second only to neglect. Physical abuse occurs in all ethnic, occupational and socioeconomic groups, although it may be more pronounced in families living in poverty. Economic hardship, racism and unemployment are stress factors that may prompt family violence. Physical abuse also occurs outside the home in schools, daycare centers, after-school recreation programs and in community youth groups and organizations.

Between the ages of 2 and 12, boys are more frequently physically abused than girls because boys are more likely at this age to present behavior or discipline problems. At this age boys generally have higher activity levels than girls. This can irritate parents or caretakers and lead to abusive corporal punishment. In adolescence, girls become more of a target for physical violence than boys because they are physically more vulnerable. Social roles encourage girls to adopt a more passive approach to the world; as a result, they often find themselves in jeopardy of being dominated by others.

Physical neglect tends to precede actual physical abuse because most children hate being ignored or neglected and will escalate their attention-seeking behavior to engage, as well as enrage, their parents. Parents or other adults who physically abuse were usually treated in a similar manner as children; thus do abused children often become abusers themselves. The chances of abuse increase if the children remind their parents/abusers of someone whom they do not like or about whom they have unresolved or ambivalent feelings. Children with special needs or disabilities are at greater risk of being abused because they demand more from their parents.

Physical abuse often begins under the guise of punishment and ends as punishment gone awry. What starts out as corporal punishment intended to be purposeful and restrained can often become excessive. It is often an expression of the parents'/abusers' own personal conflicts. In some cases, physical abuse takes the form of extreme punishing behavior that the parent imposes on the child for seemingly arbitrary reasons. Corporal punishment that is sudden, arbitrary or not explained as a consequence of some particular behavior on the part of the child is generally considered abuse. Hitting a child in sensitive areas of the body such as the face, stomach or genitals is severe punishment and is reportable as child abuse.

Punishment that is meted out to prevent some future behavior before that behavior has actually been initiated by the child — for example, burning a child's hand as a way of teaching him/her not to touch the stove — is generally considered abusive. Physically disciplining young children before they are able to understand the connection between the behavior and the punishment is generally considered abusive. Any requirement or demand that calls for the child to do something that he or she cannot physically or developmentally accomplish, such as toilet training prior to the age of one or taking responsibility for the care of younger siblings, is generally considered abusive.

Journal Questions

1. Did your parents punish you by hitting you with a hand or some implement until you were bruised or injured?

2. Were you slapped in the face and left with a black eye, bloody nose or bruised cheek?

3. Were you ever punched, kicked or thrown against the wall?

4. Were you forced to assume a physically uncomfortable position such as squatting or kneeling for extended periods of time?

5. Were you ever locked in a closet or basement for several hours?

Sexual Abuse

Sexual abuse is defined as any sexual act directed at a child involving sexual contact, assault or exploitation. Sexual abuse is divided into two categories: contact and non-contact. Acts of contact child sexual abuse include fondling, rape, incest, sodomy, lewd or lascivious acts, oral copulation, intercourse and penetration of a genital or anal opening by a foreign object. Examples of non-contact sexual abuse include exhibitionism, presentation of pornographic pictures, telling of sexual stories, allowing the child to witness adult sexual relations, treating the child in a sexually provocative way or promoting prostitution in minors.

Physical signs that may suggest sexual abuse of children include sexually transmitted diseases; genital discharge or infection; physical injury or irritation of the oral, anal or genital areas; pain when urinating or defecating; difficulty walking or sitting due to genital or anal pain; and stomachaches, headaches or other psychosomatic symptoms. Again, most, if not all, of these symptoms can result from other, non-abuse related causes or conditions. Please keep this in mind as you evaluate your own history.

Behavioral signs that may result from sexual abuse include age-inappropriate sexual behavior with peers or toys; excessive curiosity about sexual matters; overly advanced understanding of sexual behavior (especially in younger children); compulsive masturbation, prostitution or promiscuity; and incontinence (in the case of anal intercourse). Once again, these symptoms may be the result of other occurrences, and you should be wary of jumping to any conclusions.

Concern about and awareness of sexual abuse have grown dramatically in recent years as numerous public surveys have reported its pervasiveness. It is currently estimated that up to one third of all women and up to one seventh of all men over the age of 21 have been sexually abused as children. Sexual abuse may be the final skeleton in the family closet, one that has been obscured for years or even generations behind a veil of secrecy and denial. Thanks to the emergence of the adult survivor movement, men and women who have suffered from childhood sexual abuse for years as children are now breaking their silence about their secret.

Sometimes abused children think that if they couldn't stop the abuse, then they were at least partially responsible for it. Trends in state laws challenge this kind of thinking. For example, in California, if the child victim is under the age of 14, any sexual contact with an adult is presumed to be sexual abuse, even if the child has purportedly consented. In the case of child victims over the age of 14 who may have consented to the sexual contact, the issue is determined by looking

at a number of factors including the age of the adult, the nature of the relationship, and the emotional maturity of the child. Some teenagers under the age of 18 may not have sufficient psychological maturity to consent to a relationship with someone much older, while others may be deemed to have consented. The determination will vary in each situation.

There are many factors that place children at risk for sexual abuse, especially in an era of high divorce rates and blended families. Children are most likely to be sexually abused between the ages of 8-12. Girls are more at risk for sexual abuse than boys (statistics show one out of every three girls compared to one out of every seven boys). Girls who are abused are more likely to live in a blended family or with a single mother who is employed outside the home. When a natural father is the abuser, the girl's mother is often absent or uninvolved for some reason. She may be disabled, ill, working outside of the home or alcoholic. Factors such as these may result in less than adequate care-giving and a lack of parental authority. The parents' marital relationship may be in discord, and the parents may be avoiding dealing with each other. Ever so gradually, the father may begin to place the girl in the role of wife.

Sexual abuse also happens to boys, although not to the extent reported for girls. Boys are more likely to be abused by adult males, teenage siblings and other older boys known to the victim. Some male victims might later point to this sexual abuse as the cause of confusion about their sexual identity. When the molester is female, boys are confused about how to interpret the experience. Is it sexual abuse or sexual opportunity? Because boys are socialized to want sex, cultural norms often cloud their perceptions of the experience. Because boys are supposed to be "tough" and able to defend themselves, they may be disinclined to speak up about having been taken advantage of. In many cases, it may be a more convenient psychologically for them to interpret their abuse as a "conquest" rather than a victimization. But the conflicts do not go away just because the abuse is cast in a positive light.

Incest between mother and son is every bit as harmful as father-daughter incest. Mother-son incest is usually the outgrowth of a long-established seductive relationship that may then evolve into overt sexual relations when the boy reaches puberty and begins experiencing his own sexual awakening. This is an important dynamic that touches on issues of emotional abuse as well. Although some children may feel responsible, the responsibility always rests with the parent to set appropriate standards of behavior. In cases of mother-son incest, the mother is almost always incapacitated as a parent due to addictions, severe emotional problems or her own unresolved childhood sexual abuse.

There are many factors that can influence the degree of impact of sexual abuse on a child. A child who has been abused by more than one offender is likely to be more traumatized because the repetition of the abuse reinforces the child's attitude that s/he is somehow responsible. The type of sexual contact can also be significant. Intercourse can have more serious consequences than fondling or exposure to pornography. When aggression or violence is used to force sex, the impact is even more negative because the child feels fear and greater loss of control, as compared to more seductive molestation in which persuasion and manipulation are employed.

When children participate to some degree in the sexual contact or are unable (as is usually the case) to find a way to prevent the abuse from happening, the guilt and shame over their involvement often causes severe consequences. If there were some pleasurable sensations from the contact (common when the abuse involves fondling), children often interpret their feelings as evidence of their culpability and responsibility. Children do not usually understand that the responsibility for preventing sexual expression of affection lies with the parent or adult.

In cases where the sexual abuse occurs outside of the home, the reaction of the family is paramount in shaping the degree of impact on the child. When the family is supportive, gets immediate help for the child and avoids any blaming or stigmatization, the long-term effects can be lessened. However, when the family does not understand, blames the child for the sexual abuse or is unable to accept that the child was victimized, the impact can be truly devastating because the family's reaction confirms the child's worst fears: that s/he did something wrong or did not do enough to prevent the sexual abuse. In these cases, the family members become co-conspirators in the abuse because, in failing to give the child what s/he needs during a time of tragedy, they may do far more damage to the child than did the abuser. It is no surprise that children will feel stigmatized by the sexual abuse if their families treat them with disdain and disgust.

Sexual abuse outside the family may have actually increased during the last twenty years because more children are being cared for in daycare centers, after-school programs and juvenile institutions. There has been a rash of stories of sexual molestation in daycare centers across the country, although proving guilt in these cases has often been unsuccessful. There are even three "pro-pedophilia" organizations operating in North America, all dedicated to finding and maintaining sexual relationships with young girls and boys.

With the explosion of the adult film industry, there is evidence that child pornography rings are proliferating. It is estimated that upwards of half a million

isolating, terrorizing, ignoring and corrupting. Emotional abuse involves the use of "words as weapons." The scars left may be more psychological than physical, which makes emotional abuse harder to identify. Physical signs of emotional abuse may include malnourishment, small physical stature, poor grooming and inappropriate attire for the season or circumstances. Behavioral signs that may suggest emotional abuse include constant approval-seeking; self-criticism; letting oneself be taken advantage of; excessive timidity or quiet aggression; indecisiveness; fear of rejection from others; and verbally hostile, provocative or abusive behavior. Because these signs can result from other social and environmental causes, we again encourage you to take care in assessing your own personal experiences.

Because much emotional abuse consists of words, and because the use and meaning of words are highly subjective, it is harder to quantify and clarify examples of emotional abuse. What is heard as abusive language by one child may be the norm for another, although it still may be abusive, even if it is not so classified by the community. Similarly, much emotional abuse consists of acts of omission, rather than commission, and so there may not be a sign or symptom to point to as evidence. For these and other reasons it is difficult to generate accurate statistics on the occurrence of emotional abuse.

Emotional abuse, more than physical or sexual abuse, must be measured in terms of severity. It is deemed mild when the acts are isolated incidents; moderate when the pattern is more established and generalized; and severe when acts are frequent, absolute and categorical. All parents are emotionally abusive to their children at certain times. Parents are not perfect, and they too are subject to stresses and strains of daily living that may cause them to lash out at others. It is especially important to determine whether there is an established pattern of verbal abuse or mental cruelty in order to label the behavior emotional abuse. Emotional abuse is the least understood, and perhaps the most controversial of the three types of abuse because of the confusion about how to define and describe it. It was psychologist James Garbarino who defined emotional abuse in terms of the five behavioral clusters described below.

Rejecting: Rejecting involves the adult's refusal to acknowledge the child's worth and the legitimacy of the child's needs. Children experience rejection and abandonment when parents act in ways that minimize the child's importance or value. During infancy, this may involve not returning the infant's smiles or misinterpreting crying as manipulation. In later years, it may include refusing to hug the child, placing the child away from the family, "scapegoating" the child for family problems and subjecting the child to verbal humiliation and excessive criticism. The child begins to think, "If my parents don't think I matter, then I

must not be very worthwhile. If I'm not very worthwhile, maybe they will abandon me."

Terrorizing: Terrorizing includes verbally assaulting, bullying or frightening the child, thereby creating a climate of fear that the child generalizes to the world at large. Terrorizing usually involves threatening the child with some kind of extreme punishment or dire outcome, one that is clearly beyond the child's ability to respond or protect him/herself. The end result is that the child experiences profound fear and is left to her/his own psychological imaginings. Examples of terrorizing vary according to the child's age. During infancy, the parent may deliberately violate the child's tolerance for change or intense stimuli by teasing, scaring or engaging in unpredictable behavior. As the child grows older, the terrorizing may take the form of verbal intimidation: forcing the child to make unreasonable decisions (such as choosing between competing parents), constant raging at the child or threatening to expose or humiliate the child in public. In families that practice strict religions (fundamentalist and other sects), children can be terrorized by parents who "put the fear of God" in them or threaten them with the devil's wrath, should they not behave.

Ignoring: Ignoring entails depriving the child of essential stimulation and responsiveness, thereby stifling emotional growth and intellectual development. Ignoring refers to the condition in which, due to excessive preoccupation with their own issues, the parents are emotionally unavailable to the child. In contrast to rejecting, which is actively abusive, ignoring is passive and neglectful. Ignoring behaviors include not responding to the child's talk, not recognizing the child's developing abilities, leaving the child without appropriate adult supervision, not protecting the child from physical or emotional assault by siblings or friends, not showing interest in the child's school progress and focusing on other relationships (such as a new lover) to the point that the child feels displaced. Emotional neglect may be the most common type of abuse, but it may also be the least reported.

Isolating: Isolating involves the adults' cutting the child off from normal social experiences, thereby preventing the child from forming friendships and reinforcing the child's belief that s/he is alone in the world. Isolating the child from normal opportunities for social relations is another form of emotional abuse because it impedes the social development of the child. Included here are efforts by the parents to put the child at odds with friends, presenting "outsiders" as the object of suspicion, reinforcing the child's concerns about peer acceptance and thwarting the child's attempts to be industrious and self-sufficient. Specific behaviors that tend to result in isolation are preventing children from seeing family or friends, preventing receipt of appropriate medical care, punishing the child's social overtures, rewarding the child for avoiding social situations, prohibiting the

child from inviting other children home, withdrawing the child from school and preventing the child from joining clubs or dating. Because children tend to become more socially active as they get older, it is far easier to seclude a young child than an older one.

Families that are members of strict or closed religious groups may be especially prone to isolation and have been known to keep their children out of school because the "outside world" so conflicts with their personal beliefs and values. However, there are certain religions which de-emphasize, and even prohibit, certain contacts with the "outside world," especially those involving doctors and medical procedures. In these contexts the isolating behavior does not necessarily constitute abuse. If you grew up in this kind of atmosphere, there may be an explanation for why your family engaged in isolating behaviors.

Isolation is also common in families where father-daughter incest exists. In these cases the father wants to keep the child at home to preserve his access to her and to limit the possibility that she will tell someone about the incest. Many times incest comes to light only after several years when the girl, now a teenager, tells somebody in her peer group what has been going on at home.

Corrupting: Corrupting involves encouraging the child to engage in antisocial behavior that reinforces deviant social attitudes. Most frequently the corruption has to do with suggesting inappropriate ways of handling aggression, sexuality or substance abuse. By encouraging antisocial values and behaviors and discouraging the learning of positive social attitudes and skills, the parents hinder the child's social development. Sometimes a child evolves an identity that puts him/her at odds with the conventions and standards of society. Some examples of corrupting behavior include reinforcing the child for sexual behavior; condoning drug use; rewarding aggressive behavior; exposing the child to pornography; and involving the child in criminal activities such as prostitution, drug dealing or insurance fraud. Another example is parents who force their racist or exclusionary attitudes on their children and encourage them to act on these beliefs in ways that cause problems for them with peers, at school and even with the law.

Journal Questions

11. Did your parents frequently rant and rave about what a horrible, stupid or ugly child you were?

12. Did they involve you in some illegal activity?
13. Did your parents prevent you from having friends?
14. Did they refuse to take you to the doctor when you were sick (absent religious constraints)?
15. Would they frequently ignore you by refusing to speak or listen to you?
16. Were you left alone for extended periods of time before the age of ten?
17. Did your parents make you stay home from school to take care of brother(s) or sister(s)?
18. Would they threaten to leave you or kill you if you did not do what they said?
19. Did they often make disparaging comments about men or women and predict that you would grow up to be just as bad?

20. Would your parents sabotage your efforts to succeed at school, sports, work or relationships with friends?

After reading this section, you have some guidelines as to what constitutes physical, sexual and emotional abuse. Now you can use this knowledge as a standard to determine what actually happened to you. If you have some memories that you determine were abusive, write them down in your journal. See if you can add the fine details to give a more complete rendering of the experience. Jot down all thoughts, feelings, associations and images that are evoked by this memory. If you have no or few memories from the past, you may still need more time to remember. Or, you may not have been abused. If you weren't in fact abused, you don't want to get caught up in the feeling that you must have been. If this is the case, consider yourself fortunate!

WHAT ARE THE ADULT REPERCUSSIONS OF CHILD ABUSE?

If survivors of child abuse share many common experiences as children, it should be no surprise that they also share many of the long-term effects of child abuse. These problems often have a pervasive impact on all areas of a survivor's life. Following is a discussion of some of the most frequently cited problems experienced by adult survivors, and some journal questions to help you in determining whether each issue is problematic for you. Not everyone shares all the different types of symptoms, nor do all survivors experience the same degree of intensity of the problems. You will have to determine which of the following problems are primary and which are secondary in your life. Recognize what seems to apply to you, make note of it, and leave the rest. Use the journal questions as a framework, and remember that the fact that you experience any (or all) of these problems does not prove that you were abused as a child or that the abuse you suffered is the cause of your current problems. These self-perceptions and problems can stem from a variety of other sources, both internal and external.

Relationship Problems

Adult survivors often have a difficult time initiating, maintaining and enjoying relationships. Any kind of relationship, ranging from collegial relationships at work, to personal friendships, to parent-child relationships, to intimate, romantic relationships, may be problematic. Relationships for survivors may reflect the all-or-nothing syndrome: either too few or too many relationships that seem to come and go like people through a revolving door. In some relationships, the survivor may assume a particular role and proceed to play out a replication of the past abuse. Given that child abuse most often occurs in the context of family relationships, the possibility of your repeating old patterns in personal adult relationships should not be underestimated.

Relationships can be difficult because they call upon personal characteristics and emotional capabilities that are often new to adult survivors, such as trust, assertiveness, intimacy, self-confidence, good communication skills, the ability to give and receive affection, self-awareness and empathy for others, and acceptance of one's own feelings and needs. Many adult survivors find their personal relationships characterized by fighting, feeling misunderstood, projecting blame on each other, and feeling overwhelmed by powerful moods. Frequently, adult survivors anticipate rejection or non-acceptance and protect themselves by withdrawing or by becoming overly aggressive. These behaviors, and others, are probably ones you adopted as a child to help defend yourself against the abuse, but they may not be productive or healthy in adult relationships.

After years of not feeling their feelings or expressing them to others, many survivors feel limited in their daily dialogue with a loved one. Making changes in your relationships begins with developing awareness about which modes of communication work and which don't. Discuss with your partner when and how best to talk to each other.

Journal Questions

21. Do you find it hard to maintain close, trusting relationships?

22. Do you have a habit of choosing relationships that don't work?

23. Do you notice choosing friends or lovers because of their similarity or dissimilarity to your abuser?
24. Do you find it difficult to give and receive affection?
25. Do you see a pattern of clinging to or distancing yourself from people?
26. Do you find yourself testing others' commitment to you?
27. Do you expect to be left or rejected by your relationships?
28. Do you get anxious or scared when someone gets too close?
29. Do you often feel used or taken advantage of?
30. Do you often fight with little hope of resolving differences?

Low Self-Esteem

If there is one quality most survivors share, it is low self-esteem. Chronic feelings of being bad or unworthy are intricately connected to all the other "self" words that are used to describe the adult survivor: self-effacing, self-deprecating, self-conscious, self-blaming, and so on. Low self-esteem causes survivors to

become their own worst enemies by turning against themselves in a damaging reenactment of their own abuse.

There are many abuse-related factors that contribute to low self-esteem. The way your parents/abusers treated you, the message they conveyed about your personal value and worth, the amount of power they granted you and the degree of control you had over your own life are a few examples. Of course, there is also a host of non-abuse-related factors that can lead to low self-esteem. Concerns about your physical appearance (especially during adolescence), your progress in school, your social standing among your peers and your family's financial or social position may all contribute to feelings of low self-esteem.

While self-esteem stays relatively constant over the years, it is still a learned behavior and, as such, can be changed by rethinking and reworking old attitudes and perceptions. The first step in reversing low self-esteem is recognizing how you feel about yourself. Then you must learn to see how your shame, sense of unworthiness and anger turned inward pervade your life and cause you to make bad decisions. Building self-esteem is a major task for adult survivors and is specifically addressed in Step Sixteen.

Journal Questions

31. Do you feel bad, unworthy, ashamed or dirty?

32. Do you feel unable to stand up for yourself?

33. Do you feel stigmatized or tainted by your childhood?

34. Are you endlessly critical of yourself?

35. Do you wish you were someone else?

36. Is it difficult to ever feel good about yourself?
37. Is it hard to feel entitled to success or good fortune?
38. Do you believe that others are more right than you?
39. Do you compare yourself to images of perfection?
40. Are other people's needs more important than yours?

Self-Sabotage

Where low self-esteem is the primary feeling of the adult survivor, self-sabotage is the corresponding behavior pattern in the external world. Self-sabotage is any kind of conscious or unconscious behavior that undermines your successful functioning in the world. Self-sabotage may range from buying a "lemon" of a used car to losing one's checkbook to becoming involved with an alcoholic partner to engaging in life-threatening activities. You may allow yourself to be exploited by a boss or engage in physically harmful or potentially dangerous activities such as cutting yourself or engaging in unsafe sex. Typically, one's pattern of self-sabotage is closely related to one's personal issues and family history. Survivors who grew up in addictive families may self-sabotage by driving while drunk or getting caught with illegal drugs. Survivors from violent families may tend to get themselves beaten or injured. Survivors from wealthy families often find themselves losing money, getting swindled or making bad investments. Studies have shown that survivors of child sexual abuse are more likely to be assaulted as adults.

Self-sabotage is linked to the survivor's instinct to become re-victimized in a way that continues or replicates the past abuse. Sometimes the self-sabotage is not directed against the survivor, but rather against someone the survivor loves. For example, the adult survivor of family-perpetrated sexual abuse who is now a mother may be surprised to find that her daughter is being molested by her husband or a friend of the family. In this case, the self-sabotaging behavior is the mother's inability or failure to see what is happening and to protect her child.

Reversing self-sabotage begins with building awareness of everything you do in your daily existence that sacrifices your happiness, satisfaction and productivity. This will be discussed in more detail in Step Nine.

Journal Questions

41. Have you ever thought about or attempted suicide?
42. Do you engage in life-threatening behavior?
43. Do you ever put yourself in dangerous situations?
44. Do you ever purposely harm your body?
45. Do you ever feel that you are your own worst enemy?
46. Do you have frequent accidents involving bodily injury?
47. Do you pick the wrong kind of people as friends or lovers?

48. Do you undermine yourself at work?

49. Do you often lose things such as money, credit cards and other valuables?

50. Do you make decisions without thinking them out?

Sexual Problems

A variety of sexual problems are associated with childhood sexual abuse, although there is also evidence to suggest that physical and emotional abuse can affect the survivor's sex life as well. Survivors of sexual abuse often mistrust their partners, experience anxiety over the demands of intimacy and feel uncomfortable with their bodies.

During young adulthood, many survivors of sexual abuse tend either to avoid sex entirely or to engage in compulsive sexual activity. Either choice creates problems for adult survivors, particularly if they are still in denial about what happened to them as children. Where there is a history of sexual abuse, adult sexual activity and identification are colored by past associations, memories and conflicts. These may impair the development of a healthy sexual identity and lifestyle.

Survivors with sexual problems stemming from childhood abuse often consent to sex when they really don't feel like being intimate, and then experience the encounter as another episode of abuse. It is not uncommon for survivors to have flashbacks during sexual contact, in which a memory of the past abuse is triggered by a familiar touch, smell or position. If the sexual abuse included the use of violence or force, survivors may mix up sexual and aggressive urges. A history of sexual abuse can add confusion about a survivor's sexual preference.

How can you deal with sexual problems? You can start by confiding in a trusted friend or lover about your sexual feelings, reactions and associations. Sharing your personal reactions with a loved one can provide understanding and

support. If you have specific symptoms or flashbacks, you may want to avoid sexual contact until you can resolve your feelings. If you are in therapy, you can discuss these issues with your therapist, although some sexual problems require the services of specialists. This is discussed in more detail in Step Eight.

Journal Questions

51. Do you ever have flashbacks of your abuse while having sex?
52. Do you ever experience numbness, cold or pain during sex?
53. Do you avoid sex completely or engage in promiscuous sex?
54. Do you frequently have problems with erections or orgasms?
55. Is it hard to say no to sex, or do you use it to avoid intimacy?
56. Is your sexual arousal dependent on violent or abusive fantasies left over from the past?
57. Do you often feel dirty during or after sex?
58. Have you ever been sexually abusive toward another person?
59. Do you need to control sex in order for it to feel safe?

60. Do you have difficulty separating your adult sexual activities from images of your childhood abuse?

Symptoms of Trauma

Psychic trauma is a psychological condition caused by overwhelming stress that cannot be controlled by normal coping mechanisms. It can result from a number of situations in addition to child abuse, including war or battlefield experience, natural disasters, being held hostage and being in the middle of a bombing, hijacking or shootout. Perhaps the most common symptom of such traumatic exposure is panic attacks involving hyperventilation and severe anxiety. These can be triggered by anything your senses associate with your past abuse. Insomnia, sleepwalking, nightmares and night terrors (a more extreme type of nightmare occurring during non-dreaming sleep cycles) are other signs of unresolved trauma of some sort.

Many adult survivors don't show signs of psychic trauma until years after the abuse ends. When they do show signs, survivors often report feelings of extreme anxiety, panic, general fearfulness and disorientation. In the most extreme cases, survivors may evidence dissociation (splitting of mind and body), numbing of the body and intrusive, repetitive thoughts and flashbacks to the abuse episode(s). The appearance of these symptoms lets you know that your psyche is still trying to resolve conflicts associated with your past abuse. There is growing evidence that survivors of extreme and prolonged child abuse are susceptible to developing multiple personalities as a means of self-protection and that child abuse may be the major cause of multiple personality disorders.

When any signs of trauma are noticed, the best suggestion is to get immediate help. Turn to members of your support network, trusted family and friends and your therapist, if you have one. If you experience any of the more severe trauma symptoms such as dissociation, we strongly encourage you to seek professional help. If you feel totally unable to function, you may need medication or hospitalization to control the anxiety. The goal during this time is to make sure you are safe and protected and to minimize the possibility of your hurting yourself.

Journal Questions

61. Do you have frequent panic attacks?

62. Do you have trouble sleeping or experience terrifying nightmares or sleepwalking?

63. Do you have sudden flashbacks of images or thoughts that are connected to the abuse?

64. Do you sometimes feel like you are somebody else?

65. Do you have partial amnesia or blackouts?

66. Do you fantasize a lot or feel disconnected from your body?

67. Do you have overwhelming anxiety that seems connected to a particular situation or stage of your life?

68. Do you have trouble concentrating or remembering?

69. Do you have periods of overwhelming grief or terror?

70. Do you often feel agitated and ill at ease?

Physical Ailments

Adult survivors of physical and sexual abuse frequently complain of a host of illnesses and psychosomatic problems during their adult lives. The most common generalized effects include stomach problems, difficulty in breathing, muscular tension and pain, migraine headaches, incontinence and heightened susceptibility to illness and infection. In addition, skin disorders, back pain ulcers and asthma are common ailments that are stress-related and may signify unresolved childhood abuse issues. In cases of sexual abuse, the breasts, buttocks, anus and genitals may be the site of discomfort, chronic pain and otherwise unsubstantiated sensations. If the survivor was forced to have oral sex, s/he may experience episodes of nausea, vomiting and choking that are unrelated to a physical or systemic cause. Incontinence has been found in survivors who have been sodomized. Again, we remind you that any or all of these problems may be caused by non-abuse-related factors or conditions as well.

In particular, sexual abuse has been linked with gastrointestinal functioning, while leftover feelings of anger may be related to migraine headaches. Some research indicates that eating disorders such as anorexia and bulimia are more frequently found in women who have survived prolonged sexual abuse. The bingeing and purging behavior that characterizes eating disorders offers survivors a sense of control over their bodies when they lack such control over their feelings. Phobias, such as claustrophobia, although not technically physical symptoms, may be directly related to the circumstances of the abuse, as in the case of a child being locked in a closet for hours on end. Sudden weight gain and obesity can also be related to childhood abuse, and are sometimes related to the survivor's need to feel more insulated from his/her body or to present a safer, non-sexual appearance to the world.

Depending on one's childhood experience and type of personality, illness can have different meanings for the survivor. Being sick can offer an opportunity to be taken care of either by yourself or someone else. For some survivors, the best care they ever received from their parents may have been when they were sick. Being sick may be one of the few instances in which survivors will care for themselves. In many cases, however, illness may be the body's message that all is not well emotionally. When strong feelings are repressed, the unexpressed psychic energy can cross the mind/body threshold and establish its presence in the form of bodily symptoms and illness.

Journal Questions

71. Do you have a history of stomachaches or headaches?
72. Do you have any eating disorders such as anorexia or bulimia?
73. Do you have any loss of bodily functioning that cannot be accounted for by medical reasons?
74. Do you have any psychosomatic ailments such as skin disorders, asthma or lower back pain that are not due to physical or systemic causes?
75. Do you have a susceptibility to infectious illnesses?
76. Do you have many health-related absences from work?
77. Do you have constant worries about your health?
78. Do you have significant fluctuations in your weight?
79. Do you have frequent fatigue and body aches?
80. Do you have negative attitudes about your body?

Social Alienation

Because of their abuse experiences, most adult survivors feel stigmatized and experience people as dangerous and not to be trusted. Attending parties or other social gatherings can evoke anxiety, insecurities and concerns over not being "good enough." Fear of rejection is also a common concern for survivors. And, because they were usually harmed by adults whom they trusted, survivors tend to carry their fear of being harmed by others into the present.

Many survivors end up living in isolation because it feels safer and less threatening to them. The role of the recluse, employed during childhood to avoid the abuse, becomes in adult life a means of protecting oneself against hurt. Sometimes the threat is real; other times it is imagined. When survivors do venture out into the world and attempt to establish contact with others, they may be tremendously sensitive about how they are treated. Survivors may experience joking or teasing — intended as lighthearted banter appropriate to the social situation — as critical or hostile and at their expense.

Much of survivors' difficulties in social situations have to do with never having learned how to communicate. Others may have ignored or invalidated survivors' childhood opinions and perceptions, and left them wondering how to relate to people. If you expect rejection, criticism and humiliation, it is hard to learn to speak with conviction, listen with interest and telegraph your receptivity to others via body language and non-verbal cues.

Journal Questions

81. Do you often feel uncomfortable in groups of people?
82. Do you feel tongue-tied, nervous or self-conscious?
83. Do you try to avoid social situations?
84. Do you feel that others may not accept you?
85. Do you feel different than, in the sense of "worse than," other people?

86. Do you often feel misunderstood, blamed or ignored by other people?
87. Do you either avoid conflict or attract it seemingly endlessly?
88. Do you assume a typical role that is not really you in social situations?
89. Do you lack trust in your judgment of social expectations?
90. Do you feel that your experience of life is somehow not right or not as good as others?

Handling Feelings

All adults carry feelings that are rooted in their childhood developmental experiences. Adult survivors, however, may have particularly powerful feelings that are left over from their abuse. These feelings can be triggered by circumstances that are somehow reminiscent of the abuse and, in the context of being a survivor, may have particular importance. **Anxiety** is the result of not having known what to expect or how to act in social or family situations. **Fear** and **anger** are both natural responses to the threat or act of assault. **Sadness** results from recognizing that your parents or another trusted adult could abuse you. **Shame** and **guilt** tell you that you still hold yourself responsible for what happened.

Rage is the built-up reservoir of the anger that could never be safely expressed within your family. **Frustration** is the feeling you are left with when nothing seems to go your way. **Confusion** is a sign that you don't know why

something has happened or what you can do about it. **Alienation** from others is the result of too many disappointments. **Helplessness, hopelessness** and **powerlessness** are the feelings that tell you that you are resigned to life as it is and may have temporarily given up on it ever being better. Your feelings always tell you something important about yourself, even if sometimes the message is frightening, troubling or saddening.

Survivors often use a number of mechanisms to numb themselves when the feelings get too strong. Some may adopt a "workaholic" lifestyle in order to avoid the feelings. Others may try to "stuff" the feelings by compulsive eating or to anesthetize them by drinking or using drugs. Certain feelings such as anger and rage may be so strong that they dominate a survivor's internal life and overshadow the other feelings that may also be there.

Learning to regulate the intensity of these feelings will be an important part of your recovery. For the time being, develop the habit of asking yourself what you are feeling at different times of the day. Run through a laundry list of common feelings and notice if and when you are feeling something in particular. Make a note of the feeling and try to identify what may have triggered it.

Journal Questions

91. Do you have strong feelings of anxiety, fear, depression and anger that threaten to overwhelm you?
92. Do you need to withdraw periodically from the world in order to regain control of yourself?
93. Do you have difficulty recognizing and expressing your feelings?
94. Do you tend to have an "all or nothing" experience of feelings?
95. Do powerful feelings trigger the desire to eat, drink, take drugs or engage in other compulsive activities?

96. Do strong feelings leave you feeling disconnected, numb or afraid that you are going crazy?
97. Have you learned to disconnect yourself from your feelings by refusing to pay attention to them?
98. Have you ever lost control of your anger and abused someone else?
99. Do you often feel confused by what you feel?
100. Are you inclined to feel a certain feeling more often than others, particularly anger or depression?

CONCLUSION

Reading the information in this chapter may have stirred up many feelings in you. Recognizing that child abuse may continue to impact you past your childhood is a necessary step in your recovery. The tendency to sabotage yourself in various aspects of your life does not mean that you are a bad person; it means that you are a wounded person. Identifying the wounds and acknowledging the difficulties that grow out of them is an essential part of healing. Facing the anger that you have turned against yourself (and possibly against others) represents a cleansing of these wounds. As with the treatment of any wound — physical or psychic — the process will cause some pain. This may lead you to question whether the process of recovery is really good for you. Because you have become so used to pain in all of its myriad forms for so many years, you may wonder whether recovery can have positive effects.

When these doubts begin to surface, remember that you have survived the torment as a child, and that this is the worst part of the abuse. As an adult, you have new capabilities, new choices and a great deal more control over your life. Be open to new understandings of what you experienced. Allow yourself to draw inspiration from the positive elements in your life: your friends who support your recovery, empathetic family members, your children (if you have them), your spouse or lover who accepts you as a special person or your therapist, who is committed to helping you find your true self. There are many people like you who came back from total despair and confusion about their lives and recovered from their abuse. Others, such as your ASCA co-participants, are on the journey with you as well. We all can find our inner strengths and use them to turn our lives around.

Chapter Four

Stage One: Remembering

As explained in Chapter One, the 21 Steps of recovery that you are about to embark on are designed to be adapted to your particular situation and needs. In Stage One recovery, your main task will be to acknowledge one of the reasons your life may be unsatisfying or even harmful to you — your childhood abuse — and then begin to regain some self-control and stability by identifying the trauma symptoms that may be left over from your past. Out of this new awareness of the long-term impact of the abuse is born a commitment to recovery. The steps in Stage One will help you begin to heal the wounds inside and thus pave the way for changes to be made later on in Stage Two and Stage Three.

As you begin to reclaim your childhood, you will also need to identify and then moderate the self-destructive behaviors and maladaptive patterns that may currently plague your adult life. If your life consists of one calamity after another, as is often the case with adult survivors, it will be very hard to work the steps. Therefore you must establish some level of calm before you begin to face your abuse.

Stage One, like Stages Two and Three, can take anywhere from one to three years to complete, depending on how severely you were abused as a child, how much of your abuse history you remember and the extent of the emotional wounding incurred. Sometimes the first stage takes the longest and the remaining two stages take less time because you can use the skills and insight developed while resolving the challenging early steps to work through the later steps. Remember that recovery is an individual process, the pace of which only you can determine. It is essential that you not race through the steps. Find a rhythm that feels right to you. You want your healing and the changes that grow out of it to last a lifetime and to provide a stable foundation for your new sense of self.

How do you know when you are finished with one step and ready to move on to the next? Listen to the voice of your newly developing self — that fair, honest and objective sense inside you — that is growing stronger day by day. Listen to this voice and cultivate its developing wisdom. This voice will signal

when you have resolved the task or issue presented by each step. The step is accomplished if you can demonstrate the task in action with another person — your therapist, partner or ASCA members — and thus begin to integrate it into your new self. If you move forward to another step prematurely, simply admit it to yourself and return to the earlier step until you resolve it. Remember, too, that the 21 Steps are flexible and that you do not have to work them in a linear progression. You don't have to be perfect in recovery. Pursue your recovery your way, at your speed, but try to keep to the new standards and values that you are creating for yourself.

STEP ONE

*I am in a breakthrough crisis,
having gained some sense of my abuse.*

For many survivors, this first step represents the first sign that their past has caught up with them. Survivors at this point often experience a "breakthrough crisis": something happens to release a flood of old memories, feelings and even physical sensations of the abuse. Although this crisis does not necessarily destabilize all survivors, for many it can be the most harrowing time in recovery, and it often provides the impetus to finally face the past.

For those of you who experienced less severe abuse, the breakthrough crisis may manifest itself not as a new crisis, but rather as a low-grade, perpetual state of disorganization in which everything that can go wrong does go wrong. This reinforces your anxiety, depression and shame — all your worst feelings about yourself. Survivors of extreme and prolonged physical and/or sexual abuse in which terror or violence typically occurred often experience a more dramatic breakthrough crisis. This is usually triggered by some event: seeing a movie, engaging in a relationship that unexpectedly turns abusive or having a sexual experience that somehow parallels the childhood sexual abuse. This leaves you feeling like the scared little child again, lacking any sort of adult control over your life. You may even think you are going crazy and may come up with all sorts of possible explanations for what is going on.

As a child, you developed formidable psychological defenses to protect yourself against this massive assault, and you probably continued to rely on these rigid defenses well into adulthood, until they no longer worked for you. This is where you may be now. In a breakthrough crisis, your psyche realigns itself in order to bring the past into harmony with the present. Like an earthquake, this realignment results in the release of powerful feelings and energy, and can create periods of disorganization, helplessness and incredible fear. If you are a survivor of truly severe abuse, you may have mini-breakthrough crises as each new set of abuse memories surfaces, although these smaller crises are usually not as tumultuous as the first.

The breakthrough crisis is actually quite normal, although it certainly does not feel normal to you. Crises are scary. You have been used to screening out all stimuli that might trigger your out-of-control feelings, only to feel that now you have lost control over your mind. Although it is frightening to do so, it is best in the long run to let these feelings out. Rest assured that this is a temporary experience which will gradually subside as you express feelings and develop a more flexible type of control over your life.

Although the breakthrough crisis is normal, you should take special precautions during this time to preserve your safety and to promote healthy integration of these memories and feelings. Anyone is vulnerable in a crisis, and there have been reports of survivors attempting suicide or engaging in other self-destructive behaviors in response to the crisis. Remember that the Chinese definition of crisis translates to "danger and opportunity." Your task during the breakthrough crisis is to minimize the danger to yourself by reaching out for help while riding the tidal wave of feelings safely into shore.

Self-Help

1. Give yourself permission to get whatever help you need to face this crisis. Reaching out to a therapist, support group and family and friends means that you do not have to be alone anymore. Your ASCA support network and ASCA meetings can be invaluable at this time.
2. Write some positive affirmations about the breakthrough crisis in your journal. For example, "I survived the abuse, I can survive this also," or "Out of crisis, there can be opportunity." Even if you don't feel that positive right now, try to write down whatever sentiments come to you about managing this crisis in a positive manner. Do whatever is necessary to give yourself the hope and strength you desperately need.

3. Learn and practice this simple 7-part relaxation technique: 1) sit comfortably and close your eyes; 2) imagine lying down at an ocean beach; 3) listen to the waves build, crest and wash over the sand; 4) feel your breathing; 5) focus on your breathing by inhaling, holding your breath for 3 seconds and releasing; 6) repeat the cycle of breathing and focusing on your breathing until the tension gradually washes away from your body and you feel relaxed from head to toes; 7) continue the cycle, all the while attaining ever-deeper levels of relaxation.

4. During the time you work this step, relieve yourself of unnecessary pressures on yourself. If the disruption to your life is extreme, and if you can afford to do so, you may want to give yourself a sabbatical from work, school or normal domestic duties while you struggle with the breakthrough memories. Of course, you may actually prefer to work during this crisis as a way of coping. Judge for yourself how much time you will need for taking care of yourself during this period and adjust your schedule to the extent possible.

5. Don't make any big decisions during this time. It may be hard to think clearly right now, and you don't want to complicate your predicament by acting impulsively. If you are suicidal or fear you might harm yourself or another, reach out to friends and empathetic family for help. If you are in therapy, call your therapist and schedule an emergency appointment. If your therapist is not available, call a suicide or crisis hotline. One day in the future when your life is better, you will be glad you did.

Professional Help

1. The breakthrough crisis can be a remarkably productive time in therapy because the memories and feelings are so accessible. However, you will also need help to express and manage the feelings without stifling them. Ask your therapist for help in devising a structure to help you modulate your experience of the feelings so that you can deal with them piece by piece.

2. During this time it may help to see your therapist more frequently than once a week, if this is possible. Discuss with your therapist whether this would be advisable. The advent of managed care and diminishing third party reimbursement (insurance) for therapy has made this more difficult, but many therapists are willing to make arrangements with their clients. Also, check to see that you have your therapist's emergency phone number so you can reach him/her during evening and weekend hours. You and your therapist may want to develop a crisis

management plan, including actions that you can take to help calm yourself and a gauge for determining if you need emergency help.

3. If you feel that you cannot cope with what is surfacing, tell your therapist and explore ways to slow this powerful process down. Remember that you have a right to move at your own pace, so be sure to let your therapist know if it feels too overwhelming to continue focusing on the memories. If you need to, refer to the section on "Responsible Recovery, Responsible Therapy" in Chapter One. You may need to put some distance between yourself and the memories until you can regain sufficient control to feel safe again. In some cases, taking medication or entering the hospital for a brief stay may be helpful. Not everyone will need this, but some survivors who are recovering traumatic memories may benefit from this kind of support.

STEP TWO

*I have determined that I was physically,
sexually or emotionally abused as a child.*

Step Two asks you to determine and then acknowledge to yourself that you were abused as a child and that the effects of the abuse may be causing some of your difficulties as an adult. Many of you who are in the process of recalling memories of your past may not yet have objective evidence of the abuse, and you may never find outside validation or corroboration of what happened. Instead, your evidence may be more intuitive. Even in the absence of "hard evidence," these intuitive feelings are significant and should not be dismissed. Many abuse survivors were either too traumatized or psychologically incapable of organizing memories into words and images that can be recollected years later. If this is where you are in your recovery now, continue to work this step to clarify the kind of abuse you suffered. If you need to, refer to the section on "False Memories, Real Memories," in Chapter One.

An important sub-goal in this step is learning to accept your feelings about the abuse, whatever they may be at this time. These feelings may not make complete sense to you, but they are there for a reason. In the same way that the

pain from a bruise tells you of a physical injury, the feelings associated with your abuse signal an internal emotional bruise. Instead of ignoring the feelings, you should try to figure out what those feelings are telling you. As a survivor, you probably had your feelings invalidated by your parents or abusers, so not recognizing your feelings as valid now may be an old pattern you want to break. Give yourself the benefit of the doubt when it comes to verifying your feelings. You will need time and help to sort out what happened, free of the denial and distortion of the past.

At this point, the connection between your abuse and your current problems as an adult may be very tenuous. It will take more work on the subsequent steps in Stage One before you can firmly establish this link. In the meantime, keep an open mind as you explore the reality of your abuse and let the meanings emerge with the new information and understanding that you develop.

Self-Help

1. Write down the date that you first acknowledged the abuse to yourself. This date will signify the beginning of your recovery. Remember it well, as you will want to honor this date in subsequent years when you are enjoying the fruits of your labor.
2. Over the course of a week or two, look over any old family albums and photographs or home movies you may have. Just leave them around the house so that you can look at them and think about them at your leisure. If you have no photographic records of the past, try some visualization exercises, such as imagining taking a walk through your childhood home, your relatives' houses or your old school.
3. If you enjoy art, draw a picture of your parents and family members. Draw a picture of yourself as a child. Include as much detail as you can recall. If the words to describe the abuse episodes are still escaping you, try drawing pictures of whatever memory fragments you have of the abuse. More details of the visual images will probably come to you as you continue to sketch out what happened, and eventually the descriptive words will follow.
4. You might consider writing your autobiography, starting with your earliest memory and working forward to the present. If you can, make a trip back to your hometown to research your autobiography. Interview the people who knew you as a child and ask them about their memories and perceptions of you back then. Just

let the impressions, memories and feelings wash over you. Write them down in your journal for future reference.

5. Start recording your dreams and nightmares in your journal. A week or so later, reread them and write down any impressions, specific feelings or images that come to you. Don't worry if everything seems disconnected. As you add the feeling and image details to the picture of your childhood, the whole picture will start to take shape.

6. In ASCA meetings, share your acknowledgement about being abused as a child and your feelings about this realization.

Professional Help

1. Talk with your therapist about the fears and apprehensions connected to remembering the abuse. What are you afraid might happen if you remember it all? What reason might there be for wanting to keep some or all of these memories at bay?

2. Talk to your therapist about what, if anything, you need in order to fully reclaim these memories: more time, specific assurances or information from your therapist, or modifications to the structure of your sessions that might help you feel safer and more in control. Whatever it might be, you have the right to tailor your therapy to your individual needs.

3. If you have not been able to remember the specific episodes of abuse after a year or so of therapy, ask your therapist about other techniques to help you reclaim the memories fully. There are a number of techniques that can be used to aid memory retrieval. Some are more effective than others, and some are more effective with certain people and at certain times. All require that your therapist be trained in their use and competent in practicing them. Remember, there may be good reasons for your still not remembering all of your abuse clearly, and both you and your therapist will want to respect this.

STEP THREE

I have made a commitment to recovery from my childhood abuse.

All survivors who have recovered from child abuse can point to a moment in time when the desire to change and the hope of a better life overcame the wall of denial and resistance. After acknowledging that you were abused and that the effects of the abuse may be undermining your life as an adult, you next need to do something about it. This is a critical step for many survivors because moving from thinking about the abuse to actually doing something about it for example, committing to a recovery program — is a large leap indeed. It is a point at which many survivors flounder.

Because this "step" is more like a "leap," it may mean more to you than many of the other steps once you finally achieve it. Taking this giant step signifies that you are no longer a passive victim of the past. You are now truly a survivor in the sense that you are motivated to overcome the effects of your abuse and are initiating change in the present in the hope of creating a better future for yourself, becoming a thriver. You are building on your acknowledgement of the abuse and recognizing that, while you have been deeply hurt by it, you have not been defeated or destroyed.

What does it mean to make a commitment to recovery? Basically, it means acting: reaching out for help by joining a support group like ASCA and, if possible, entering therapy with an experienced professional who will work with you from now until you have reached Step Twenty-one. If you are still not ready to make this commitment, you can bridge Steps One and Two in a way that may help you eventually to join ASCA or start therapy. Consider disclosing your struggle to a spouse, trusted friend or clergy member. Disclosing your abuse to someone else can be extremely powerful because it shatters the silence and secrecy of the past, and may well shatter your expectation of a negative response. But be sure to choose very carefully the person whom you tell. You want this action to help you and encourage you to move forward, not to set you back.

Throughout this manual we have stressed both professional therapy and self-help as important tools for your recovery. Because you are attending ASCA (and perhaps other self-help meetings), you are obviously aware of the benefits of self-help, but it doesn't hurt to summarize them briefly. Self-help support groups offer understanding, support, information and acceptance for participants in recovery. Most cost nothing to join and meet at various times and locations. Most accept anyone who has an interest in the topic of the meeting or who expresses a

desire or willingness to change. Self-help groups can provide resources and information for participants needing additional help. By use of a sponsor system or, as in ASCA, a phone list, self-help support groups offer support during difficult times and welcome relief from the isolation, stigmatization and shame that most survivors face.

Perhaps most importantly, self-help groups offer a sense of belonging and "family" that probably was not available to you as you were growing up. If your family is still in denial about the abuse or unwilling to change defensive attitudes, then self-help groups can become a sort of surrogate family for you. As we have said before, it is very difficult to do this work alone, and ASCA and other self-help groups can help provide you with the community and support you need to continue working through your recovery.

Some survivors have gone through the motions of making a commitment to recovery without necessarily putting their hearts into it. You, too, may have attended self-help and other support groups or started therapy without really intending to face the reality of your childhood abuse or the feelings associated with it. During the initial stages of recovery, you may discover that you are avoiding some crucial aspect of yourself or your problem. This will likely only hinder your progress. Don't wait for someone else to point it out. Start acting in your own best interests to help your identified helpers help you.

Self-Help

1. Write in your journal about the circumstances or insights that caused you to make a commitment to recovery at this time.
2. Who, if anyone, has inspired you to get help?
3. Describe the part of you that is motivated to get help and to make changes.
4. How do the voices of your internal "naysayers" — those parts of you opposed to making such a commitment — justify not going forward with recovery? What are the reasons and how do you counter them?

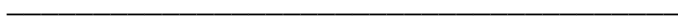
5. Write an affirmation in your journal about your commitment to recover from child abuse. It can be a poem, a letter to yourself, a statement of your goals or an unsent letter to your parents/abusers. This can become a personal manifesto to which you can return for strength, inspiration and encouragement during the most difficult times of recovery.

6. If you have not already done so, make a commitment to attend ASCA meetings, or participate in the ASCA online meeting at www.ascasupport.org and any other self-help meetings you feel you may need. Use some of your share time in ASCA meetings to talk about your commitment to your recovery process. You might address what strengthens your commitment, as well as what periodically erodes your commitment to recovery.

Professional Help

1. If you have not already done so, and provided that this is an option for you, make a commitment to find a competent and caring therapist, someone who will support you as you go through the ups and downs of recovery. Refer to the section on "Choosing a Therapist," in Chapter One, if you need help in going about this task.

2. Once you are in therapy, share with your therapist your thoughts on what you want to accomplish and what you have accomplished to date. Remember that your therapist will likely be intuitive but not a mind reader. If you share your recollections of the abuse as soon as you feel comfortable, you and your therapist can devise a plan for healing that both acknowledges your past work and focuses on your present needs.



STEP FOUR

I shall re-experience each set of memories of the abuse as they surface in my mind.

This step represents the major task of the first stage of recovery and may require the most time to accomplish. Often, survivors of extreme and prolonged abuse will need to return to this step again and again as new recollections of the same or additional episodes of abuse surface. This step essentially involves going through the memories of your abuse and expressing them at ASCA meetings, to trusted friends, supporters or your therapist in as much detail as you can remember and to the extent appropriate for your listener(s). If at all possible, we encourage you to find a therapist before beginning work on this step. If this is not possible, this is the time to strengthen your support network and continue your participation in ASCA meetings.

"Re-experiencing the abuse" comprises many things. First, you will need to allow yourself to re-experience the various feelings, express them as they arise and eventually be able to label them so they do not confuse and overwhelm you. Second, you need to try to describe any sensory impressions connected to the abuse: visual images, sounds, smells, tastes and tactile sensations. Third, you will need to recall your thoughts about the abuse, both during and after each episode.

Try to notice if you have any body memories of the abuse while you are re-experiencing it. Body memories include aches, pains, numbing or other physical sensations that appear suddenly in key locations of your body such as your arms (suggesting you were hurt while trying to ward off blows), genital areas (which may have been physically injured during episodes of sexual abuse) and face and mouth (which may have been injured when you were slapped, gagged or forced to orally copulate your abuser). These body sensations mean something. By allowing yourself to re-experience them, you will help to discharge them and thus allow them to gradually fade away.

Finally, try to remember what behaviors you engaged in during and after the abuse. Did you try to run away and hide, roll up into a ball to protect yourself or fight back and scream? Or were you immobilized and unable to move while the abuse occurred? What about later? Did you run out of the house, crawl under the bed, hide in a closet or wash off in the bathroom?

This step likely will be very difficult to achieve because it means returning in your mind to the scene of the crime. But this time you can have all of the control you need. The experience will not be as painful or scary as when you

were a child. Remember that you are dealing with memories, not present reality. Move slowly, step by step, memory by memory so that you can manage the feelings and share your reactions with your therapist and trusted members of your support system.

Self-Help

1. Record in your journal each episode of abuse that you recount in ASCA meetings or in your therapy. Describe your story in your own words or in the way you have heard other survivors share their stories. Just be sure that the experiences you recount are yours and not someone else's. Draw pictures to accompany the words and to create a fuller image of the surroundings. Include as much detail and emotional expression as you feel comfortable with. Writing and drawing in story form is helpful in organizing and integrating the past experience for you in a different manner, one that takes into account your adult perspective and knowledge. Try to sort out exactly what happened and your reactions then as well as now. Your goal is to develop a more complete understanding of the abuse episodes, one that incorporates the roles played by your parents, your abusers, your family and the forces over which you had no control.
2. You really need to take good care of yourself while working this step because re-experiencing your memories can be very exhausting. Try to incorporate exercise, plenty of sleep, stress management techniques, meditation, maybe even some high-dose vitamin therapy in your daily routine. All of these things can help your body and spirit stay healthy and vigorous while you work through your memories.
3. If you tire of writing, try tape recording your memories and listening to them a few weeks later. You may choose or not to add new segments at the end of the tape. Listening again to these tapes several months later may be especially eye-opening because it may both confirm your progress in remembering and trigger new memories.
4. What about that group you were going to join? By Step Four, a support group may prove to be an invaluable source of support and encouragement for your efforts. Recovery is usually faster and safer if you don't do it alone. You need people more than you might think.

Professional Help

1. In your work with your therapist, explore your reactions to talking about the abuse. How do you find yourself expecting your therapist to react? How do you feel after disclosing especially personal segments of your story? Do you feel less ashamed of what happened now that you have shared it with someone else? Are you able to talk more easily with other people about your abuse and your work in recovery?

2. Remember again that you have the right to control the pace of your therapy. At times, you and your therapist may disagree on the best pace for your particular stage of recovery. At times, you may want to go faster, while s/he thinks you should slow down. Other times, s/he may want to push you to deal with something if s/he thinks it would benefit you. Ultimately, you must take an active role in setting the pace of your recovery, settling on one that is comfortable but not stagnant.

STEP FIVE

*I accept that I was powerless over my abusers' actions
which holds THEM responsible.*

By now you know that survivors grow up believing the classic myth of child abuse: that they, not their parents or abusers, were somehow responsible for the abuse. The "justifications" for this myth are as varied as your imagination is fertile. "I let him do it to me." "I should have been able to protect myself." "I liked certain aspects of the abuse — the attention, the gifts, the pleasurable sensations, the sense of being special." The child's often distorted perceptions of who was responsible are enhanced by the parents'/abusers' indictments. "I'm beating you because you are a bad boy." "I am showing you how much I love you." "I wouldn't be calling you stupid if you showed me you have more than half a brain in that head of yours." "You have the devil inside you and I'm going to beat it out of you." These words are truly toxic because they do more than simply (and unjustly) place the blame for the abuse on your shoulders. They eat away at

your positive sense of self, and the lingering messages continue to do so in your adult life.

You can challenge those words of your parents/abusers that continue to echo in your mind by coming to understand your dysfunctional family and recognizing the real reasons why you were abused. This is an essential step in recovery because, without seeing that your parents/abusers were at fault, you will have difficulty in facing the remaining tasks of recovery: directing your anger away from yourself and towards them, uncovering your shame and understanding how the abuse affects your life today. Most importantly, you need to understand that you were the child and that you had neither the power nor the authority to make your parents/abusers do anything to you. The abuse was their responsibility because, quite simply, they had the greater power and they did it to you. Nothing you could have done would have changed this, because families and society are set up to give power and authority to parents (and adults in general). Children have little or no power over their abuse, or much of anything else.

Besides recognizing the reality of who was responsible for the abuse, think about the following realities as well. As a child, you were not psychologically equipped to believe that what your parents/abusers were doing was wrong, much less speak out about it. Because you were dependent on them for so much, you couldn't risk alienating them by speaking the truth — even if your child mind was precocious enough to make sense of the complex web of issues that comprises child abuse. Few, if any, children can do this effectively because their intellectual capacities are not sufficiently developed to do so. You desperately wanted to love them and be loved by them. It would have been foolish for you to incur their wrath and dash whatever hope of love, caring and nurturing you harbored inside. Think back to what it would have meant for you, the child, to accept that the people who were supposed to love you were actually hurting you. It's not surprising that few children can face this horrible reality, because to do so would cause them to become emotional orphans in the process, and little could be worse than that.

Self-Help

1. Write in your journal the words you recall your parents/abusers using to place the burden of responsibility for the abuse on you. What was the tone in their voices, the look in their eyes when they said those words? What reasons did you adopt to hold yourself responsible for the abuse?

2. Imagine what you would say to your parents/abusers today about who was responsible. As you speak to them, what feelings do you notice within yourself?

3. Sharing your story in ASCA meetings can work to expose myths about child abuse and can bring you much-needed validation for eventually seeing things the way they really were. ASCA meetings are particularly effective in challenging these myths because most of the participants share the oppression born of this misplaced sense of responsibility.

Professional Help

1. What is your therapist's response to the question of responsibility for the abuse? How do you feel about this response? Is it helpful or not? Tell him/her what you feel and discuss what you need from him/her in this regard.

2. Some therapists encourage their clients to use the "empty chair" technique to talk back to their parents/abusers. After years of keeping your feelings and thoughts to yourself, this can be extremely empowering. However, this technique can also stir up old feelings of being disobedient and fears of being abused again. If the latter is your experience, explore what your resistance is to addressing your parents/abusers in this safe, controlled way.

STEP SIX

*I can respect my shame and anger as a consequence of my abuse,
but shall try not to turn it against myself or others.*

Anger is a natural reaction to child abuse. Yet survivors have a hard time managing anger. They veer between lashing out or over-controlling it, not knowing when it is appropriate and when it isn't, not knowing how to express themselves forcefully without overdoing it. You were no doubt angry as a child, but probably were not able to express the anger safely in your family. You may still be afraid of your anger because it may have been intricately connected to many of the bad things that hurt you. But bottling up your anger will also block

your recovery because, without ventilation, the anger may turn into aggressive behavior.

Where did that anger from the past go? Most survivors turn the anger against themselves. This pattern could possibly be a major reason for your difficulties as an adult. Fighting, criticizing or withdrawing from your friends, lover, spouse or child(ren) are also likely patterns for you, especially if your family was ever violent. If you are a parent, you need to recognize how your anger may be triggered by your child(ren)'s inadvertently pushing the wrong buttons at the wrong time. As was true with your parents, it is your responsibility to control your behavior and your anger with respect to your child(ren).

Many survivors do not express their anger overtly. In addition to turning the anger inwards into anxiety, self-loathing and depression, many survivors develop habits that serve to cover over their anger and dull its impact. Compulsive eating, drinking, sexual activity and a host of other behaviors serve to blunt the anger as well as the pain, shame and isolation that arise from abuse. This kind of behavior — often called self-medicating in the case of alcohol or drug use — masks the underlying feelings and promotes a blustery, but often hollow, public image.

If you have to express your anger to better manage it, the best strategy is to externalize it — that is, to get rid of it by discharging it outward. But do it safely, with maximum control, and direct it where it belongs: at your abusers. Of course, it is not always possible to do this, nor is it always advisable. Refer to the discussion in Chapter One about whether to confront your abusers, and talk to the members of your support network about any plans. These people can help you with ways to access this pent-up anger and turn it away from yourself and towards the proper target in a safe manner. Practicing how to express your anger and learning how to turn it on and turn it off will not only be therapeutic, but will also give you the skills to use your anger in appropriate ways in the real world.

Self-Help

1. If you have not already done so, make a list of techniques you can use to help you identify and manage your anger. For example, become aware of the body signals that tell you that you are starting to feel angry. Try to figure out what is making you feel this way. Is it something in the present or is it a replay of an old tape from your childhood? If you find yourself getting angry, take a "time out" and give yourself a chance to calm down. Call a friend or a hotline for help in figuring out what is triggering your anger.

2. There are many ways that you can safely express your anger on your own without hurting yourself or anyone else. One of the best ways is to engage in active sports where you can bash a ball: tennis, racquetball, baseball. Virtually any kind of physical activity such as aerobics or dancing will reduce your feelings of anger. You can write about the anger in your journal, exercise, go for a walk, scrub the floors — whatever will dissipate the anger in a safe manner. Other more direct expressions of anger are hitting pillows, screaming in your house or car (though not when driving) and learning martial arts or self-defense skills. Other more intellectual avenues include getting involved in public speaking and political marches and activities.

3. Write drafts of letters to your abusers expressing your anger with them. You can get a lot of the anger sorted out by writing long letters that detail every imaginable angle of your anger. Whether you send the letters or not is up to you. Sending these types of letters is considered a confrontation, so you will want to give this issue serious consideration.

Professional Help

1. Use your therapy sessions to explore using some techniques for expressing anger at your parents/abusers. Besides the "empty chair," psychodrama and other Gestalt therapy techniques that use role-playing and reenactment of family situations are especially powerful for survivors who want to practice expressing their anger toward their parents/abusers.

2. The major work of therapy during this stage is to develop a flexible control over your anger. Anger in itself isn't bad, but the expression of it can be harmful to you and to others around you, and so you need to learn to differentiate situations and responses to those situations. Identify situations where you lose control of your anger as well as situations where you need to use your anger more constructively to stand up for yourself. Work out new routines to handle your anger and then practice these routines in your therapy sessions before trying them out in your everyday life.

STEP SEVEN

*I can sense my inner child whose efforts
to survive now can be appreciated.*

This step involves turning inward, away from the violence and pain of your abuse, to reach inside to your inner child and begin learning how to nurture and develop this vulnerable part of yourself. This is both a grieving and healing step, because what you give now to this child will be restorative and fulfilling and will form the foundation upon which you can build other changes as you work the later steps. This is also a step that will help you recognize and acknowledge your childhood efforts to survive the abuse.

By now, you know pretty much what happened to you, who did what and how you felt about it. It is now time to continue the work you began in Step Five by forgiving yourself for any of the millions of reasons that you may have used to blame yourself for the abuse. Working this step means further identifying and challenging these inaccurate and outdated notions and modifying your perceptions, based on your new understanding of your childhood experience. Along the way you need to appreciate and validate yourself for having survived the abuse. As you accept what happened to you and who really was responsible, you will inevitably become more and more accepting of yourself and the child within you.

As you develop self-acceptance, you may notice that your relationships begin to improve. Accepting yourself may make it easier for others to accept you. If you haven't yet had this experience, you will be pleasantly surprised. Allow yourself to share these new feelings about yourself with people you care for and trust. Look for acceptance and understanding, and if you don't get it, ask for it. Let this vulnerable part of you explore being dependent and intimate with someone and see if you can feel trust starting to build. If you feel afraid, try to figure out why and share your thoughts with this person.

Self-Help

1. Pick one photograph of yourself as a child that you especially like, frame it and put it where you can see it often. If you don't have a picture and cannot get one from family or relatives, try drawing a picture of yourself as a child. Don't worry about its being a "good picture." It may be better to let your inner child draw a child's drawing. If it fits, put it on your refrigerator.

2. If you have children, this is a good time to renew your relationship with them and to plan some activities that allow you to be a child along with them. If you don't have children, or if you have some extra time, consider volunteering at a daycare center or school and let yourself enjoy childhood from your new vantage point. Use your time with children to let your inner child come out and express itself through the activities of a healthy childhood — drawing, telling and listening to stories, playing games and singing songs. Enjoy this inner child and reclaim it as an important part of who you are today.
3. At ASCA meetings, share how you are trying to nurture your inner child.

Professional Help

1. Many survivors describe a particular feeling or sensation in their bodies that, over time, comes to represent their wounded inner child. Explore that feeling with your therapist and see if you can't bring this part of you into sharper focus. What does this wounded child feel like to you? What does s/he want or need from you today? Are there any metaphors — images that capture the bodily sensations — that could explain what this child is experiencing? Many survivors report feeling "empty" inside or "cut off" below the neck or a "hole" in the stomach. Exploring the inner child through your own personal metaphor may help you and your therapist figure out how to heal the wounds.

Chapter Five

Stage Two: Mourning

In Stage Two recovery, the focus shifts from the details of your past abuse to the impact of the abuse on your adult life. This stage represents the intermediate point in your recovery, in which healing and change occur in tandem, each reinforcing and complementing the other. As in the fourth step of Alcoholics Anonymous, the cornerstone of Stage Two is taking an honest inventory of your current life problems and then dedicating yourself to changing the behaviors that are making your life unsatisfactory. For adult survivors, this means going beyond awareness of your self-sabotage and taking direct action to deal with it.

Stage Two also requires you to delve deeper into your psyche to face your shame, a core feeling experienced by many adults from dysfunctional families. Ultimately, you must challenge the shame and turn it around into self-acceptance, which will then become the source that nourishes your new self. This will enable you to accept and express your grief over the disappointments in your childhood and mourn the loss of your dream of an ideal family. By letting go of childhood hopes for the parents who failed you and feeding your budding self-acceptance, you give birth to a new sense of entitlement. You will be free to be your own person and to choose how to live your new life. By altering distorted perceptions and beliefs and learning how to control your aggressive behavior, you will foster changes in your personality that will end forever the possibility of your continuing the cycle of abuse with the next generation.

Rarely does recovery proceed in a neat, step-like progression, especially during this middle stage. There will be times when you stray from the focus on your abuse and head off in new directions that seem either too pressing to ignore or likely to yield valuable insights. As you develop confidence in your ability to assert your opinions and even disagree with your therapist, family and friends, you may find yourself examining your relationship with them. This is a desirable and healthy development because it indicates that you are learning to express your newfound sense of autonomy.

STEP EIGHT

I have made an inventory of the problem areas in my adult life.

The initial step of Stage Two recovery involves taking a full and honest inventory of the problem areas in your life, because you first have to identify what you want to change before you can begin to change it. By now, you should be fairly clear as to how the abuse has affected your adult life. If you are still unclear about this, review the checklists and exercises in Chapter Two. You may also have identified additional problems that you did not recognize earlier. If so, add them to your inventory. This inventory is more than just an accounting of your problems. It will serve as the blueprint for the changes that you need to make to create the "new you."

Self-Help

1. Go back and review the journal entries that you have made to date and make a list of the concerns and problems you have identified. Which of these problem areas are the most disruptive to your life? Which need to be resolved or eased before you will be able to resolve the other ones? Are there any that need to be dealt with so you will not lose something important, such as a personal relationship, a job or even your life? For example, if you can't afford the cost of therapy and have lost your health insurance benefits because of unemployment or underemployment, the lack of a job may be the biggest barrier to your moving forward in recovery. If you are depressed and immobilized in your life and are contemplating suicide, then getting help to manage your feelings is a high priority for you. If you feel that you might strike out at your child, thereby risking legal charges of abuse as well as renewed feelings of self-hatred, then you should focus on parenting issues. If you did not already do so in Chapter Two, rank each of these problem areas in descending order of priority and use this ranking to help you select those areas in which you need to focus your energies.
2. In ASCA meetings, talk about this process of making an inventory. What feelings arose in the process? What were some of the difficulties, surprises and successes in creating this inventory of your adult life?

Professional Help

1. Review your inventory of problem areas with your therapist and discuss how to best address these life issues as you continue to heal your inner wounds. This will give you a sense of control over your recovery and will help you learn to speak up for what you want and negotiate an agreement about the direction of your therapy. While your therapist may have reasons for wanting you to address certain things first, it is your decision that counts the most.

2. Some of the problems you will likely identify, such as physical ailments, sexual problems, severe mood disorders, parenting problems and work-related concerns, are common among survivors and may require the services of specialists. In general, this is the time for you to develop a more detailed treatment strategy for the various symptoms of the abuse that do not readily remit through your weekly therapy sessions. This is in keeping with a holistic approach to recovery, one that seeks to take the best of each therapeutic modality and apply it strategically as part of a comprehensive treatment plan.

3. For example, if you have body memories that manifest themselves as muscular aches and pains, soreness in certain areas of your body or decreased joint flexibility, consider seeing an acupuncturist, who may be able to provide either topical or systemic relief for these symptoms. Acupuncture treatments can also trigger the release of specific feelings, especially fear and anxiety, that may then become localized in the specific areas of the body that were directly affected by the abuse. However, unless your acupuncturist is also a trained psychotherapist, you will need to continue to work with your therapist to identify and resolve the underlying feelings.

Sexual problems can be addressed directly using specific behavioral techniques. However, these may be outside your therapist's area of expertise, and you may need to seek a referral to a specialist. Severe mood disorders, especially in survivors whose parents were similarly afflicted, may have a physiological base and may not be a delayed reaction to the abuse. If this is the case, therapy may be more effective if augmented by some of the newer psychotropic medications. You will need a referral to a psychiatrist for a medication evaluation and ongoing monitoring. Likewise, parenting problems may require either a consultation with your pediatrician or a referral to a child or family therapist.

STEP NINE

I have identified the parts of myself connected to self-sabotage.

This step involves identifying and sorting out all the various aspects of yourself so that you can understand which parts are helpful and which are responsible for self-sabotaging acts in your life. Self-sabotage is probably a source of some of the problems you identified in your inventory in Step Eight. By now, you probably know where the self-sabotage comes from and how it affected you as a child. Now, as an adult, you need to look at the part of you that controls this behavior and how it expresses itself in your everyday life.

As you identify the parts of you responsible for the self-sabotage, you will probably discover adult versions of the childhood roles you played. Many of the most common roles that adult survivors used as children are still employed but bear different labels: "co-dependent" for "caretaker," "masochist" for "scapegoat," "offender" for "bully," "leader" for "hero," and "eccentric" for "recluse." Although certain aspects of these roles may help you in your daily functioning, they will create problems for you if you let them dominate your interactions. For example, caretaking is an essential part of parenting, but dominating or overcontrolling your child is a common characteristic of co-dependent mothers. Try to identify what roles you adopt as an adult — the positive ones as well as the problematic ones. Learning to strengthen the healthy aspects of yourself while controlling the less helpful ones will be a major task in Stage Two and Stage Three recovery.

Self-Help

1. Write about your various adult roles or parts in your journal and explore how they operate in your life. Describe in as much detail as you can when these roles emerge, what behaviors are connected to them and what feelings about yourself and others they engender. Who seems to trigger the emergence of the roles in you: spouse or lover, child(ren), peers, superiors at work, family, members of the opposite sex or people of the same sex as your abuser? Do you "own" these parts for yourself or project them onto others?
2. Ask the trusted people in your life how they see you. Don't react to anything they say immediately. Instead, reflect on their comments for a day or two and see how others' observations compare to the various roles you have identified for yourself.

3. Share in ASCA meetings regarding your progress in identifying the various roles you play, and the aspects of yourself that are self-sabotaging. Also share how you are gaining mastery over these areas.

4. If you haven't done so already, try to record your dreams in your journal so that you can see how the different parts of you interact on an unconscious level. Record each dream in story form, with a beginning, a middle and an end. Tell the story in the first person, and develop the details and imagery as you write. Many people think that, because they don't remember their dreams, they don't dream. This is inaccurate. Everyone dreams, although denial and repression may make your dreams unavailable to your conscious awareness. Practicing remembering your dreams will help you actually remember them. Develop a routine of leaving your journal next to your bed and, when you first wake up, ask yourself what dreams you had and record them.

Professional Help

1. Working with your therapist, try to give expression to all of the different roles you play. You cannot learn how to strengthen or reduce the parts without first giving each of them a voice and perhaps even a name. As you experience and express each part or role, try to relate it to specific memories, images and dialogues from your past. What were the conflicts in these situations? What about each part made you feel good? Which of your roles comes out most frequently with your therapist? Does it help you to get what you want from your therapist? If not, talk with your therapist about what role(s) might be more effective in getting you what you want and need.

2. This is a crucial time in your therapy because it can be tricky to enhance the healthy parts of your personality and at the same time increase your control of the maladaptive parts. Your therapist is well qualified to help you strengthen those parts that promise change and hope.

3. In this section we have been talking about parts or roles that are similar to character traits or tendencies. While distinct, they form part of the coherent and unified personality that is you. If you are aware of having antagonistic or aggressive sub-personalities or multiple personalities that are more autonomous than this, you will need strong guidance from your therapist to decide how best to reduce their impact on and intrusion into your life. A discussion of true multiple personalities and ways of working with persons who exhibit them is beyond the scope of this manual. Briefly stated, however, the predominant therapeutic approach today is to ask you to speak to the various sub-personalities within

yourself and negotiate a sort of truce that will reduce the power of these persecutory parts and help you to regain full control over your primary personality.

STEP TEN

I can control my anger and find healthy outlets for my aggression.

Step Ten is similar to Step Six in that anger and aggressive or abusive behavior are intricately connected. This step focuses on mastering control over your abusive behavior and establishing safe and acceptable methods for discharging your aggression. Anger may be a natural emotional response to your childhood abuse, but aggression and abusive behavior directed at others repeats old patterns. You need to manage these emotions carefully to avoid hurting yourself or someone else. Becoming an abuser would obviously set back your recovery because, in so doing, you would undermine the compassion you are developing for the child victim you were and the adult survivor you are. Remember that feelings of anger don't have to be expressed as aggressive or abusive behavior.

Aggression is both learned and a product of physiological factors, mostly hormonal. For this reason, many survivors, especially men, get stuck at this step because their aggression has such a firm hold over them. Social roles permit males to behave more aggressively than females, and male survivors are therefore more likely to engage in abusive behavior as adults than are women. Boys learn to respond aggressively to conflict situations very early in life. This is then reinforced by athletic competition, military training and an increasingly violent popular culture. Boys may be more likely to identify with their fathers because they are the same sex. If the father is an abuser, then this identification may also carry over to boys in a family. In actuality, testosterone, the male hormone, may be the biggest cause of aggressive male behavior. If this is so, what can you do? The answer is simple: You can't change the hormones in your body, but you can learn some techniques and strategies for controlling aggressive behavior.

Self Help

1. Regardless of what happened to you as a child, you are always responsible for your actions as an adult, just as your parents/abusers were responsible for what they did to you years ago. Some survivors harbor fantasies about getting revenge or punishing their abuser(s) for what occurred. It is one thing to have these thoughts, and quite another to think about acting on them. If you entertain fantasies such as these, you are entering dangerous territory, and we suggest that you seek professional help immediately. Actions taken on such thoughts could constitute criminal acts and subject you to severe penalties, including jail.
2. You have good reason to be so angry, but you need to be able to separate your right to have these feelings from your right to act on them. As is stated in the ASCA meeting guidelines, "We draw a line between thinking or feeling angry and actually doing something abusive through words or actions." If you can learn to express your feelings with people you trust, as opposed to acting out feelings against them, you can dissipate this built-up aggression without becoming another abuser. For men who are inclined to aggression and violence, this may be one of the most important steps of recovery — and the most difficult to achieve.
3. Make a list of the situations where you lose control of your behavior and become aggressive. Can you identify the determining factor in losing control? What feelings tend most to trigger the abusiveness? What do you hope to accomplish by reacting aggressively? Does it work? How do you think the person at whom you are directing your aggression feels? Do you feel optimistic about being able to control this part of you or do you feel hopeless? Are there any external factors such as alcohol or drug use that might be related to losing control? What are your healthiest options for controlling your frustrations and coping with stress? Once you have identified them, see if you can't find ways to apply them in the typical situations where you lose control.
4. If you are having a very difficult time learning how to control abusive and aggressive behavior, think about joining a focus group or taking a class in parent effectiveness training or non-violent behavior alternatives. You might be able to find an anger management or other similar educational course that emphasizes expressing anger constructively rather than destructively. Local community mental health services and community colleges may have programs. Check with your Employee Assistance Program at work and your HMO/health insurance carrier for possible community listings.
5. Learning how to short-circuit your aggression will mean hard work and tailoring behavioral strategies to fit your individual needs. Once you have

acquired the necessary behaviors, you will need to practice them so that they become instinctive responses and part of your behavioral repertoire.

Professional Help

1. What kind of aggressive/hostile feelings are activated in your therapy sessions? What seems to trigger them? Have you discussed this process with your therapist? This is a legitimate topic for your therapy and your therapist should be able to help you with it without withdrawing needed support from you.
2. One last word: Your therapist is legally required to warn potential victims and, in some cases, to notify law enforcement officials if s/he reasonably believes that you are likely to harm yourself or another person. In such a case, your therapist is permitted to break the confidential relationship between the two of you in the interests of protecting both you and your intended victim. For this reason, as well as his/her interest in your continued growth and well-being, your therapist is not able to support or condone violent actions under any circumstances.

STEP ELEVEN

I can identify faulty beliefs and distorted perceptions in myself and others.

This step is focused on changing the faulty thinking, attitudes and beliefs about yourself and your past that continue to shape your view of the world. Given that the thoughts and attitudes born of your abuse will never really favor you, it is essential that you learn to challenge the internal tapes that are likely still playing in your head.

Because their childhood experience has often been extreme, many survivors become victims of their own misconceptions. A few examples of this tendency are 1) splitting everything into good and bad, or "thinking in black and white;" 2) discrediting the positive aspects of yourself or your efforts: "If it isn't perfect, then it's nothing;" 3) magical thinking, or attributing some outcomes to factors that are not relevant: "I was born under the wrong stars, so nothing will ever change," or

"I got lucky once doing this, so all I need to do is repeat myself;" 4) basing conclusions on initial impressions or circumstantial evidence rather than balanced objectivity: "I don't know why I did it; I thought this guy had it in for me;" 5) personalization: assuming responsibility for something caused by other people or factors; 6) magnification and minimization: either making something catastrophically important or excessively diminishing its importance. There may be other types of distortions that you still fall prey to, perhaps more out of habit than anything else.

First, familiarize yourself with the patterns that you use and practice identifying them when they occur. Then, using your newly-developed self-awareness, stop yourself so that you can short-circuit the patterns before they can do damage to you. Lastly, devise techniques to help you internalize corrected attitudes about yourself.

Self-Help

1. Read back over your journal and see what distortions in thinking, perceptions and attitudes you have had about yourself. Notice the obvious patterns. Are there any common themes in these distortions as regards behaviors and feelings?
2. The most basic skill for you to learn is the ability to stand back and view events and situations from a broader perspective, so as to become more objective in your perceptions, beliefs and judgments. This skill is essential because this analytical ability is called into play in virtually all aspects of your life. It can make the difference between repeating old habits and choosing new ways of looking at things.
3. Whenever you uncover some distortion in your thinking, attitudes or beliefs, try to determine the reality of the situation and then use this as a standard against which to evaluate your thought processes. Don't assume you know something when you really don't. You may have to make a particular effort or engage in some specific activity in order to access the information you need. By learning to identify what is objectively true, you can determine the validity of your previously held beliefs and then substitute a less distorted version.
4. ASCA meetings might be good environments in which to talk about the negative internal tapes that still play in your head. You might also share some of your success in identifying and changing faulty beliefs and distorted perceptions.

Professional Help

1. What kind of distortions has your therapist pointed out to you in the past? Share your ideas about this and discuss with your therapist which ones still present problems for you.
2. Use your therapy sessions to help you refine your thinking and decision-making style. You can do this by discussing specific situations that are currently giving you problems. With the help of your therapist, delve into these situations and see what kind of perceptions, attitudes and beliefs they may reveal. Considering that feelings may significantly disrupt this process, you may need to work very slowly and deliberately and to practice regularly if you are to identify and minimize your patterns of distortion.

STEP TWELVE

I am facing my shame and developing self-compassion.

Shame is a general term that encompasses all of survivors' negative feelings about themselves. It is also the psychological source of self-sabotage. Unlike guilt, which is the result of feeling bad about what you do in the external world, shame reflects feelings of failure inside, as a person. Shame is experienced as self-blame. You perceive yourself as flawed, inferior, contemptible, no good. Considering how little you probably received as a child, shame, like anger, is a normal feeling. The problem is that you may have too much of it. Shame is the part of you that you can't face because it is so intolerable. In the words of John Bradshaw, "toxic shame" is an "emotion that gets internalized as a state of being."

Adult survivors begin to internalize shame when they identify with parents who abuse them, abandon them and fail to validate them as people. The shame becomes part of a package of self-blame, bad feelings, self-destructive thoughts and self-sabotaging behaviors. During the childhood years this bundle of negative feelings evolves into a major part of the survivor's sense of self. As you go through life, this negative part gets reinforced by other people, external events and

even yourself, if you tend to defend against the feelings triggered by the abuse by "turning against (your)self."

The second part of this step involves developing acceptance and self-compassion for who you are, what you have overcome and the efforts you are now making to live a healthier life. It is important that you remember that you developed this self-blaming behavior as the result of being told — directly or indirectly — that you were somehow bad. In a very real sense, you are not responsible for the initial seeds of self-blame, although you may have aggravated your situation by internalizing your abusers' blame and turning it against yourself. In addition to accepting these self-defeating tendencies, you need to develop compassion for yourself. You certainly weren't responsible for the abuse that occurred to you. You probably couldn't help but turn the blame inwards. You are now making earnest efforts to recover and heal. For all these reasons you need to be kind to yourself, to recognize that you are a valuable person and to start to turn some of your self-loathing into compassion and acceptance.

Considering that shame is probably deeply imbedded in your sense of self, it will take a lot of courageous work to uncover it, examine it and begin to transform it into self-acceptance. But it can be done. By working with your support network and sharing your feelings with other people whom you trust, you can begin to internalize a different, more accepting message about yourself. To continue self-blaming is to do to yourself as an adult what was done to you as a child. You must sever this legacy by changing what you say to yourself, how you treat yourself and how you let others treat you.

Self-Help

1. Read any of several available books and articles on shame and its debilitating effects.
2. Learn to identify the feeling of shame as it occurs in your daily life and write in your journal about situations that trigger shame.
3. Reach out to others for help in learning to act differently in situations that trigger shame. By assertively affirming your strengths and admitting your weaknesses, you will counteract internal shame and arrest the shaming process in your everyday life. You will also begin to accept yourself, good parts and not-so-good ones, as a valuable person.

4. Recall the people in your childhood who had something good to say about you. What words did they use to describe your best qualities? How did you feel when you were around them? Revive these important people from your past by writing about them in your journal and exploring what their support meant to you, then and now.

5. Those of you who are religious or spiritual can turn to your Higher Power to cleanse yourself of the shame and unworthiness that you feel so deeply. Religion and spiritual practice can be tremendous sources of inner sustenance and can provide an ideal vision to replace the negative role models and scenarios of the past.

6. Share your struggle with working this step at ASCA meetings.

Professional Help

1. In order to resolve shame, you need to have an ongoing reparative relationship with another person who will help you challenge your internal voice of shame and replace it with a healthier dialogue. Your therapist is an important ally in helping you to transform the shame into self-acceptance. Talk about your shame with him/her and share how you experience shame in your life, including in your therapy sessions.

2. With your therapist's help, identify the ways in which you keep yourself from feeling your shame by adopting a role or "false self" that you portray to others. Share this "false self" with your therapist and try to understand what the role gives you that you feel you lack inside.

STEP THIRTEEN

*I accept that I have the right to be who I want to be
and live the way I want to live.*

This step marks the separation of your new self from your parents and family and permits you to make conscious choices about your life, free of guilt and the lack of entitlement that characterized your past. Ultimately, survivors must accept and protect their right to self-determination: to be the persons they want to be, to live the life they want to live and to be treated the way they want to be treated. Working through the abuse and coming to feel entitled to define your own life means that your true identity as a person is beginning to emerge. When you complete this step, you will have acknowledged and affirmed your right to make choices that reflect your personal preferences: your values, how you spend your time and money, and with whom you share your life — and your body.

Once you have made the voice of the "new you" heard, you will need to protect it, as a parent should protect a vulnerable child. This is an apt analogy because the wounded child that you reclaimed in Step Seven is now growing up and feeling strong enough to venture out into the real world. If someone tries to invalidate you or expects you to behave in old passive, aggressive or maladaptive ways, you can protect that newly-emerging self by asserting your new identity.

Many people — not just survivors — have difficulty distinguishing between assertiveness and aggressiveness. Assertiveness is a skill and a tool that can help you in your daily life. On the other hand, aggressiveness rarely gets you what you want, and is at base an abusive way of acting towards others. While this manual doesn't have space to present a full discussion of the differences between the two, the following may help you to differentiate between them. If you are interested in learning more, there are numerous books and courses on assertiveness training that you may want to investigate.

It is perhaps easiest to think of assertiveness and aggressiveness as being points on a continuum or scale. The left-hand end of the scale would be victim-like behavior, and the right-hand end would be overt aggression or even perpetrator-like behavior. In other terms, the left-hand end is a passive, powerless point, and the right-hand end is a very active, powerful, even violent one. Assertiveness lies somewhere around the middle of the scale. Think of it as a fortifying, anchoring style of behavior in which you make your point or position known in a strong but respectful manner. The term "assertiveness" is usually applied to verbal, rather than physical, behavior, and has been called "neutralized anger." On the other hand, aggressiveness, which generally takes the form of actions rather than words,

is usually violent, intimidating, abusive behavior. It usually succeeds in threatening others, and may get you your desired goal, but it is not a particularly healthy or respectful way of treating others.

Self-Help

1. If assertiveness is a problem for you, now is the time to do something about it because you have a lot at stake — the beginning of the "new you." People who are unaware of your progress in recovery will expect you to be the same old person and may treat you accordingly. Therefore, you need to learn some new skills that will help support the "new you." Consider reading a book on assertiveness training or taking a brief class to learn some strategies that will enable you to put these new behaviors into practice. You may be surprised at how quickly you reap rewards. When you start behaving from a position of equality and strength, people often notice and begin to respond in kind. This encouragement will, in turn, reinforce your efforts to behave in an assertive manner.

2. Have a friend take a photograph of you to document the emerging "new you." Arrange the pose so that the camera is shooting slightly up to you, from an angle that captures your best features. As the picture is being taken, try to communicate your new sense of yourself to the camera. Take several shots and experiment with the feelings you want to convey. Choose the picture that best expresses your newfound strength and frame it. Put it on your desk or on a wall in your bedroom. If a picture is worth a thousand words, then this picture will capture the changes you have made during the first twelve steps of recovery.

Professional Help

1. Take some time in your sessions to discuss the progress you have made to date in therapy. In what ways do you feel different than when you first started? What have you accomplished and what remains to be addressed? How is your life better now than before? What does your therapist say about your efforts to date? Are there any areas in your therapy or in your relationship with your therapist that make you uncomfortable or pose problems? Can you discuss them with your therapist?

2. At this point you may want to consider changing your name. Names have important and interesting meanings to people. If your name has a negative significance for you, it can become psychologically burdensome and hamper your efforts to recover from your abuse. However, not everyone will want or need to

change her/his name to allow the new sense of self to emerge. Discuss what your name means to you with your therapist and determine how comfortable you are with it. If you feel your name is a burden, you can consider changing it or finding a new meaning or association for it so you feel that it represents the "new you."

STEP FOURTEEN

*I am able to grieve my childhood and mourn
the loss of those who failed me.*

This is a step that asks you to recognize your losses and helps you resolve them once and for all. Grieving your childhood losses and mourning the loss of the "ideal" parents will require a great deal of patience and self-compassion. Be prepared for this step to take time. You can't be rushed into healing these deepest wounds from childhood, and the healing won't happen all at once. More likely you will heal the wounds in layers throughout your recovery, coming back to this step several times. You may always have a scar, but the scab covering your painful losses eventually will disappear.

Many survivors tend to avoid this stage after one pass or so, preferring to avoid its dreadful pain ever again. After working through some of the pain in Stage One, you may feel much better than before but still have not fully resolved the grief. You may find that your life has improved but now feel that your growth has stalled. You can get past this block by sharing the most vulnerable parts of yourself with others, thereby turning your fear of being hurt into the building of trust. Ask yourself if you can allow yourself to be comforted by your spouse, lover or friends. Healthy dependency means letting other people take care of you at times like this. You need caring, and you need to be able to accept it from others.

Self-Help

1. This step requires a lot of outside support. ASCA meetings can provide you with generous support, validation and encouragement for your efforts. You need to be around people who have gone through what you are going through and who

can serve as positive role models. To the grieving survivor, survivors in advanced recovery, mentors and therapists are very important people because they provide much-needed sustenance and symbolize the light at the end of the tunnel.

Professional Help

1. Your therapist's job is to help you ventilate your feelings of loss and let go of the fantasy of getting something that is not available. Expect to receive support, understanding and compassion during this difficult and painful step. If you cannot resolve these wounds or give up the hope for the ideal parents, consider doing some guided visualization exercises with your therapist. In this method, your therapist uses some type of trance induction technique to fully and deeply relax you and then creates an imaginary experience that metaphorically captures your dilemma as a child.

As mentioned in Chapter One and the discussion of Step Two, it is critical that your therapist be trained in and comfortable with the practice of this and any other technique(s). If your therapist is not trained or comfortable using techniques such as this, then discuss the possibility of your attending a workshop that focuses on healing childhood traumas. Guided visualization and other exercises can aid the grieving process and help you transform your inner emptiness into an evolving process that leads to resolution.

2. Sharing your dreams in therapy sessions can open up exciting avenues of personal exploration. If your therapist is skilled in dream interpretation, you may want to try this. If you have been recording your dreams (refer to the discussions in Steps Two and Nine), you can bring your journal to therapy with you and read your dreams to your therapist. Together you can explore various possible meanings and interpretations. Dreams can be especially vivid and informative during the grieving process in that they may illuminate conflicts and resistances beyond your conscious awareness.

Chapter Six

Stage Three: Healing

Stage Three recovery asks you to build on the progress you have made in Stages One and Two by incorporating behaviors, skills and attitudes that reflect your newfound psychological health into your current life. No longer primed to respond defensively to the world, you are now enlivened and challenged by life's opportunities: love, work, parenting and play. As a result of integrating positive changes into your personality and practicing new behaviors in your everyday life, you will develop a new confidence in yourself. In this stage, you will learn to take healthy risks that benefit you by paying off in new and positive ways. Stage Three can be a very exciting time because you will finally experience the fruits of your labors as you become comfortable with taking control of your life.

In this stage you will revisit the issue of resolving your abuse by deciding whether to confront your parents/abusers. From this decision and subsequent contact with your family, if any, you will gain a revised and deeper understanding of why you were abused. Having this new understanding and making it part of your life will allow you to let go of the abuse once and for all and proceed with developing new expressions of your individuality. Mere survival will not be enough for you — you aspire to thrive. Move through this stage with optimism and anticipation. You are seven steps away from your new beginning.

STEP FIFTEEN

I am entitled to take the initiative to share in life's riches.

In this step you will address the old feeling that you are not deserving of the good things in life: success, financial rewards, achievement, even luck. A feeling of lack of entitlement makes it difficult for survivors to make prosperity part of their lives or to accept it and acknowledge it when it appears. By prosperity we do not mean simply financial rewards or material possessions. Prosperity is a state of mind that encompasses your need, desire and dreams for a life that bestows emotional and spiritual riches as well as material well-being.

Step Fifteen requires wholesale changes in your thoughts, feelings and behaviors concerning what constitutes success and achievement and your worthiness to partake in them. By now you know that much of this sense of lack of entitlement is related to your abuse. Nevertheless, knowing intellectually that you deserve your "fair share" and feeling it emotionally are quite different, to say nothing of the experience of enjoying and celebrating your gains, which is the most fun. Your task will be to practice challenging old attitudes and expectations by taking healthy risks that offer more than a minimal likelihood of success.

Taking the initiative to partake in life's riches is critical to your continued growth and well-being. In taking the initiative, you are saying that you know something, that you have something to offer and that you stand behind your actions. Taking an active stance such as this may feel awkward and pushy to you. You may be asked to lead others, a request that may seem like more of the same if you are one of yesterday's caretakers. For those used to being ignored or dismissed, being put in a position of authority can be uncomfortable. But to step away from responsibility, authority and power is to deny yourself and your talents their full expression and to turn your back on the possibility of financial rewards and a sense of accomplishment. If you have resolved the previous steps, you are ready to undertake this newest challenge.

Self-Help

1. How could you take initiative in a way that would benefit your life? Seeking a job promotion, buying a house, going back to school, joining an organization or a church or opening a retirement account are a few of the myriad ways that you can take a step that could benefit you. Remember, the basis for taking such initiative is feeling entitled to share in success and prosperity. This feeling grows from within,

but eventually you have to put that internal belief into practice by taking action in the outside world.

2. Take a look at yourself in the mirror. Does your appearance reflect the entitlement and confidence you feel? In our society, image and appearance are important, although some people overdo it. And looking good on the outside can go along with feeling good on the inside. Your self-esteem, long suppressed by the burden of shame, may also be clamoring to be part of the image you present to the world. In this last stage of recovery, many survivors begin making cosmetic changes to their appearance to reflect their new, more positive feelings about themselves. Altering your wardrobe, getting a more stylish haircut or working yourself back into shape are all ways to take initiative in altering the way you present yourself to the world.

Professional Help

1. With your therapist, explore how you can take initiative to make your material or personal life better. If problems remain in realizing your goals, try to clarify what is holding you back. You may still be struggling with an inner sense of not feeling entitled to success. Go back to Steps Nine, Eleven and Twelve and see if you can't identify the source of your resistance to success.

STEP SIXTEEN

I am strengthening the healthy parts of myself, adding to my self-esteem.

In Step Sixteen you will continue the process of strengthening the healthy, adaptive parts of you that you first developed during childhood and later fortified in the early steps of your recovery. Your task now is to begin to organize and consolidate these healthy parts into an integrated, positive sense of self. As you refine this sense of self, you will find that you are more flexible, balanced and adaptive with respect to your thinking, your emotions and your actions. These are personal strengths that you can live with on a permanent basis!

While strengthening the healthy parts, you will also need to continue to resolve any feelings remaining from the past, especially those that make you susceptible to resuming old destructive behaviors. You probably have noticed that feelings related to the abuse last a long time. Although you probably have more resources — internal as well as interpersonal — to deal with these feelings now, certain situations can still evoke them. By now, self-sabotage should be an infrequent occurrence, as you are now aware of old patterns and able to stop yourself before you actually commit the destructive action(s). Likewise, you are better able to control your aggression, as you have refined new ways of coping with these feelings and learned to avoid or defuse old triggering situations.

Self-Help

1. In your journal, describe both the healthy parts of yourself that you want to acknowledge and strengthen over time and the less positive tendencies and behaviors that still plague your life today. Continue to focus your awareness on how these parts play themselves out in your life and what you can do to emphasize the positive ones while diminishing the negative ones.
2. Are there people in real life or characters in novels, magazine profiles or movies who possess particular personality traits that resemble some emerging part of you? Write in your journal about the similarities or the qualities that you find so appealing.
3. Gradually start to take on roles in your life that will allow you to use these newly developing healthy parts. Consider becoming a Co-Secretary at ASCA meetings or signing on for a special committee project at work. If you are a parent, become involved in your child(ren)'s school or extracurricular activities. These new roles will let you display your developing strengths and start to consolidate all of your recovery-related changes into an integrated whole — the "new you" you present to the world.

Professional Help

1. If you continue to experience problems in your intimate relationships, this may be the time to consider entering couples' therapy. With all of the changes you have already made, you and your partner may greatly benefit from seeing a couples' therapist, even for a brief period of time. At this point, many interpersonal problems are largely habitual and reflexive and can be easily changed with the help of a good referee. Still, because you are in many ways a different person than

you were when you started recovery, you may need to restructure or redefine certain aspects of your relationship. Discuss this issue with your therapist and ask him/her for a referral if necessary. As a rule, it is better for you and your partner to see someone other than your individual therapist, so that the relationship work remains separate and there is minimal chance of the therapist's favoring one partner over the other.

2. If sexual problems persist, you may want to consider seeing a specialist in sex therapy to resolve old associations and fears that may have become habitual and that may be affecting your sexual relationship(s). You may also want to read any of a number of books to give you more information about the methods and goals of sex therapy. Some survivors give up on their sexuality when they reach this last stage because there are so many other positives to fill their lives now. However, you need not limit yourself and your partner in this area. You can reclaim your sexuality for yourself — and your partner — just as you reclaimed your childhood. If you need additional information or referrals, speak with your therapist.

3. With your therapist, review thoroughly your behavior in the kinds of situations that challenge you to draw on the changes you have made. Use the discussion of these situations to pinpoint where you were successful and where you may have faltered. Look for new situations in which you can continue to practice those new behaviors that may not yet have become instinctive or comfortable to you.

STEP SEVENTEEN

*I can make necessary changes in my behavior
and relationships at home and work.*

This step challenges you to learn new interpersonal skills to replace old, maladaptive ways of relating. Like many survivors, you may never have learned these basic skills that are normally taught in a well-functioning, healthy family. As a result, your relationships may be suffering. In order to create more fulfilling relationships at home, you may need to develop some additional skills in the more personal realms of parenting, sexuality and intimacy. In addition, you may still be

playing catch-up when trying to relate to others in competitive or even cooperative situations at work. This may result in discomfort, stress, poor work evaluations and even failure to achieve desired promotions or goals.

Assertiveness, listening, communication, decision-making, negotiation, conflict resolution and leadership skills are among the many skills that survivors may need in order to relate more effectively in both personal and work relationships. Because you didn't acquire these skills in your biological family, you will now have to learn them and then adopt them as your own. With these skills available to you, you may find each day's tasks a little easier and more likely to yield positive results. With positive results comes more self-confidence in your abilities.

Self-Help

1. What professional or interpersonal skills or knowledge do you still need to realize your life ambitions? How can you go about developing these tools? Does your company provide training or other programs to help you develop in these areas? Have you ever thought of returning to school to get the degree that you once felt was beyond you?
2. There are many books on the market that provide an introduction to the kinds of skill-building that you may need. Read some of these books to gain background information on what the next step in educating yourself might be.
3. Check with your local community college or university extension division for workshops and courses on the topics that you have targeted for yourself.
4. Many work-oriented skills are transferable to your personal life. Make a list of the professional skills that you feel will also help you in your personal and family relationships.
5. Consider taking a workshop or class that focuses on the personal/relationship skills you want to refine. In addition to community colleges and university extension divisions, many churches, community counseling centers and family service agencies offer these classes.

Professional Help

1. If you are still unclear about your career interests or goals, consider meeting with a career counselor, who may use vocational interest and personality tests to

help you narrow down your career and job preferences. As they work through their recovery, many survivors shift jobs or careers to find a position that better suits their newly developed personalities.

2. You can always discuss career options and ideas with your therapist. S/he will be able to help you identify and prioritize your interests and learn how to realize your objectives. Since values, interests and job preferences are intricately connected to your identity and personality (and these have been in flux up to now), it may have taken this long even to recognize your professional interests and aspirations.

3. Use your therapist to help you identify and refine those professional skills that can transfer to your personal life and relationships.

STEP EIGHTEEN

*I have resolved the abuse with my offenders
to the extent that is acceptable to me.*

This step involves making a decision about resolving the issues left over from your childhood abuse with those who abused you and/or failed to protect you: your parents/abusers. The important task in this step is to resolve the abuse with your family in a way that is acceptable to you. You have the right to choose how to do this. It is not mandatory to confront your parents, family or abusers, although many survivors find confrontation valuable. However, you want to maintain a relationship with your parents/abusers without hiding your recovery efforts or denying your new identity as a recovered survivor, you probably will need to do something. And, if there is to be a continuing relationship, your parents/abusers will need to accept you as you now desire to be accepted: with respect, consideration and acknowledgement of the burdens you have overcome.

You must remember that, because you are dealing with people who may never have faced or changed their own abusive behavior, the degree of resolution will depend on the extent to which they can acknowledge the abuse. For this reason, there is a wide range of possible resolutions which, ultimately, will

determine whether you can still have some kind of relationship with your parents/abusers. If you decide to confront them, it is critical that you go into it fully prepared for whatever responses or consequences follow. If they do not want to hear your experience or accept the person you are becoming, then you must face the question of whether ongoing contact will be healthy for you.

This step presents the big issue of whether to forgive your parents/abusers. In a sense, resolving the abuse means coming to terms with what was done to you and accepting the feelings you have toward the people that did it. For some people this means forgiveness, but not necessarily for you. Those who were very sadistically and severely abused may never be able to forgive their parents/abusers. Accepting that the abuse occurred and putting it all behind you once and for all may be the only resolution that makes sense and feels right. Deciding whether to forgive or accept is your choice and no one else's.

Self-Help

1. Review the section in Chapter One, "What About Confronting My Abusers?" Although far from a complete discussion, it highlights some of the complicated issues involved in answering this question.
2. Write some letters to your parents/abusers in your journal and then reread them a few weeks later. This will help you to develop your sense of what you may someday want to say to them. These letters are a "working statement" of your message to your parents/abusers and may evolve over time until such time as you decide whether to confront them.
3. If you are having difficulty deciding whether to confront, try to answer some of the following questions in your journal. What past attempts, if any, have you made to address the abuse, and how did they turn out? What are your reasons and motivations for confronting your parents/abusers? What do you hope to get out of it? How do you want your parents/abusers to react to you? How do you imagine they will react to you? Is there a specific outcome that would make you regret your decision to confront your parents/abusers?

Professional Help

1. Confronting your parents/abusers is an issue that will require the committed involvement of your therapist in helping you sort out what you want to do and how you want to do it. Planning any kind of confrontation about the abuse, be it a

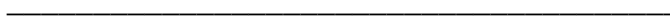
meeting or simple discussion with your parents/abusers, will benefit from a full and complete airing of feelings, doubts, expectations and hopes. You will need the outside perspective of your therapist to make the best decision.

2. If you wrote answers to the questions posed in Self-Help item 3 (above) in your journal, discuss them with your therapist. Together you may be able to reach a conclusion, based on your writings, doubts, feelings, hopes and expectations.

2. Sometimes it is helpful to invite your parents, family or abusers into your individual therapy for a session or more to discuss and work out selected conflicts with the help of your therapist. This would temporarily change the format and focus of your individual therapy, although you and your therapist would already have an established alliance. You should be aware, though, that family therapy is not necessarily advisable or possible, given varying circumstances and attitudes of the persons involved. Adding your parents, family or abusers to your therapy sessions would pose an ethical conflict for your therapist, at least initially. Obviously, any consideration of such a plan must stem from your desire for it and your belief that it would be productive. Your therapist would also have to agree that the benefits of such an arrangement would outweigh the possible detriment.

If family therapy is your goal, then you will need to do a lot of preliminary planning as to what you want to say, what your goals are, and how you will deal with challenges to your point of view. If more extensive family work is indicated and/or acceptable, you probably would want to find a separate family therapist who could be more neutral than your individual therapist. In general, therapy of this sort is most likely to be successful when your parents/abusers have done some work on themselves or at least have admitted that they made a mistake.

4. Discuss with your therapist what you think and feel about the issue of forgiveness. Explore what feels right to you and your reasons for feeling that way. Be aware that feelings about forgiveness, like any other symbol of resolution, may shift over time.



STEP NINETEEN

I hold my own meaning about the abuse
that releases me from the legacy of the past.

This is the last step that focuses directly on your abuse, but it is nevertheless critical in this long process of putting the abuse behind you once and for all. After all your hard work on the previous eighteen steps, your last task is to arrive at your own philosophical understanding of why the abuse happened to you and what it means for you today. After growing up thinking that the abuse occurred because of who you were as a person, you must now replace this with an explanation that accords with what you now know and who you now are.

In a sense, this step asks you to reflect on how and why things happen the way they do and what this means for the person who is caught up in events beyond her/his control. You may ask yourself about the nature of good and evil. Why do bad things happen to good people — in this case, innocent children? You may call into question your notions about God or reaffirm your faith in a Higher Power. Your answers to these questions will be highly individual, as has been the development of your new self.

You need to organize the thoughts, feelings and information you have gathered during your recovery into a consistent and unified concept that will stay with you for the rest of your life, so that, when old doubts arise, you can return to it to explain to yourself what the abuse really meant. As such, your explanation will serve to anchor you when you are buffeted by the challenges and opinions that will inevitably be voiced by some around you.

Self-Help

1. Your understanding of the abuse and its meaning has probably evolved over the course of your recovery. Still, it is important to crystallize this understanding and to acknowledge to yourself that you have resolved this difficult issue. Write about it in your journal to develop your ideas further.
2. Share your understanding and meaning about your abuse at ASCA meetings and listen to others' explanations and thoughts. You may hear conceptualizations that capture a feeling you had but were unable to put into words. Continue to refine your thinking on this topic.

3. Have you had any dreams that might reflect this new level of resolution regarding the abuse? Frequently, at major milestones of recovery, survivors have dreams that capture the essence of their understanding in a way that words cannot.

Professional Help

1. Your therapist can be an important sounding board on this complicated philosophical issue. Remember, though, that this step is about what you think about the meaning of the abuse, not what your therapist thinks. This can be one of the most poignant moments in your therapy as you finally settle on an acceptance of your past and then share your feelings about it with someone else, free of feelings of shame or defensiveness.

STEP TWENTY

*I see myself as a thriver in all aspects of life $\frac{3}{4}$
love, work, parenting and play.*

Your journey on the road to recovery is almost over. You have progressed from being a survivor of the abuse to becoming a thriver: someone who finds joy and satisfaction in many aspects of life. By now, you probably have created a new family or support system for yourself that banishes the isolation and shame you felt in the past. You can readily give of yourself to others and accept nurturance and consideration in return. This is the step in which your new self comes together into a personality that expresses your full essence in the world.

Intimate relationships are now infused with trust, sexual sharing and mutual self-reliance. You can communicate your needs, allow healthy mutual dependency and resolve conflicts, free of the concerns and self-doubt of the past. Your new self-acceptance allows you to be less critical of others, while your new self-awareness helps you to identify hurtful situations before they cause damage. You can gauge situations accurately and share your feelings, as appropriate, without losing control of them.

By now, you are able to avoid exploitative job situations and can identify and pursue appropriate promotion opportunities. You are no longer mired in office politics or oppressed by bosses or authority figures. You can develop your career in a way that fosters your interests and talents and accept the financial and emotional rewards that follow. If you find yourself facing a dead end in your career, you can make the necessary changes to keep yourself vital and interested in your work. Instead of experiencing your work life as a strain, you now feel challenged and satisfied by your job.

If you have children, your new sense of self has brought you a new identity as a loving, caring parent. You accept your children as people and raise them to respect themselves and others. You foster their self-esteem by giving them appropriate amounts of power and control and protect them from harm by setting clear and consistent limits. You are able to discipline them by using the positive elements of your relationship with them to hold them accountable when they fall short of the values you have set for your family. This is the time to acknowledge that your family's intergenerational chain of abuse has ended with you. You and your children are living testimony to this formidable accomplishment. You can continue to grow together, allowing your relationship to mature into a seasoned, adult-to-adult friendship that can provide joy and affiliation for the rest of your lives.

Finally, your new self begins to express itself in one area that may have always been difficult: play. You probably have neglected this area of expression, but the newly-confident you may now be ready to explore this exciting domain. Hobbies, sports, creative arts, traveling and music are just some of the many ways you can play as an adult. Playing keeps you in touch with your own inner child and affords you an opportunity to share another experience with your children. Playing revives us and recharges our emotional batteries. It improves our outlook on life and rewards us for our hard work. Don't deprive yourself of this important element of life. Find new ways of playing that fill you up and charge your active participation in life.

Many survivors wonder how they will know that they have completed their recovery. That moment is very personal and may or may not be related to an external event in your life. It occurs at the moment when healing on the inside and change on the outside merge into a unified sense of self. This moment may be a "mystical experience," one in which you feel at one with the world. It may be the moment in which you realize you have attained an achievement that symbolizes success to you. It will be different things to different people, and you are the best judge of the moment for yourself.

Self-Help

1. Have a celebration or perform some personal ritual to mark formally the completion of your recovery. There are endless possibilities for acknowledging this important rite of passage. You could bring together all of the people who have supported you during this process and let them know what they have meant to you. You could take the vacation of your dreams. If you have moved into a new home that reflects the "new you," you could have a housewarming party. Think of something that symbolizes what your recovery has meant to you and find a way of expressing it — one that celebrates this enormous achievement and affirms the person who did it: YOU!
2. How long has it been since you marked the start of your recovery? Go back and reread your journal entry marking this long-ago date. What feelings surface as you reread the words that accompanied your start on the road to recovery? How many years ago was this? Was the journey worth it? Do you like where you are today, relative to yesterday? Make note of today's date and acknowledge your reactions to coming to the end of recovery. What future directions would the "new you" like to explore now?
3. At this point you may want to reach out into the community to share your new strengths. If you are attending ASCA meetings, you may want to share your recovery experiences and encourage others who are still on their journeys. One way to deepen your sense of resolution and support others in their efforts to heal is to become a "mentor" or contact for someone just entering recovery. You might become more involved with ASCA in an organizational capacity. You can volunteer with a community hotline that reaches out to parents at risk for abusing their children. You might try your hand at social change by running for the local school board, thereby exercising a healthy expression of power and authority. Any of these activities will affirm the changes you have made in recovery and will give you the chance to share with others what you have accomplished.
4. This is the last self-help step you will need in this recovery program. By Step Twenty, helping yourself will be almost second nature!

Professional Help

1. By now you are probably thinking about terminating your therapy. You have gained the perspective to understand your feelings and reactions to life events and have the capacity to make additional changes as needed. You feel strong, stable and ready to meet life's challenges. You may well feel that you can be your own

therapist now. Nevertheless, the idea of "going out on your own" may bring up feelings of self-doubt, insecurity and possibly even loss. Don't worry. This is normal, even at the lofty height of Step Twenty-one! You have benefitted greatly from this most unusual professional relationship, and the idea of not having its support may be difficult to accept. You may have grown very fond of your therapist, who has become so much more than the person to whom you tell your problems.

2. Discuss these feelings and thoughts with your therapist. Be aware that you may have conflicting feelings during this time. Give yourself time to be sure that the decision to terminate is the right one. Many survivors prefer a gradual reduction in sessions over an extended period of time, with periodic "check-in" sessions to reinforce all the positive changes they have introduced into their lives. Old feelings and reactions often resurface during the major milestones of life, and many survivors want to return to therapy at these times to further resolve or solidify their changes. In most cases, this will be possible — check with your therapist.

STEP TWENTY ONE

I am resolved in the reunion of my new self and eternal soul.

Step Twenty one is the last step of this recovery model, but not everyone necessarily reaches it. It is the step that we all strive for as we continue through our lives. If you keep working on your recovery beyond simple survival, you can reach a state of self-acceptance and satisfaction that represents a unique synchrony between your soul — your spiritual essence — and the new self born of your hard work in recovery. Bringing the "new you" into congruence with your soul's aspirations is the ultimate step because it represents the combined expression of your conscious, unconscious and spiritual essences.

ASCA Stages and Steps

STAGE ONE: REMEMBERING

1. I am in a breakthrough crisis, having gained some sense of my abuse.
2. I have determined that I was physically, sexually or emotionally abused as a child.
3. I have made a commitment to recovery from my childhood abuse.
4. I shall re-experience each set of memories as they surface in my mind.
5. I accept that I was powerless over my abusers' actions
which holds THEM responsible.
6. I can respect my shame and anger as a consequence of my abuse,
but shall try not to turn it against myself or others.
7. I can sense my inner child whose efforts to survive now can be appreciated.

STAGE TWO: MOURNING

8. I have made an inventory of the problem areas in my adult life.
9. I have identified the parts of myself connected to self-sabotage.
10. I can control my anger and find healthy outlets for my aggression.
11. I can identify faulty beliefs and distorted perceptions in myself and others.
12. I am facing my shame and developing self-compassion.
13. I accept that I have the right to be who I want to be and
live the way I want to live.
14. I am able to grieve my childhood and mourn the loss of those who failed me.

STAGE THREE: HEALING

15. I am entitled to take the initiative to share in life's riches.
16. I am strengthening the healthy parts of myself, adding to my self-esteem.
17. I can make necessary changes in my behavior and relationships
at home and work.
18. I have resolved the abuse with my offenders to the extent
that is acceptable to me.
19. I hold my own meaning about the abuse that releases me
from the legacy of the past.
20. I see myself as a thriver in all aspects of life - love, work, parenting, and
play.
21. I am resolved in the reunion of my new self and eternal soul.