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Perspectives of Adult Survivors of Child Sexual Abuse: An Exploration of the Adjustments to Self-Structure through Meaning-Making in Therapy

Claire Wright and Lynne Gabriel

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Perspectives of Adult Survivors of Child Sexual Abuse: An Exploration of the Adjustments to Self-Structure through Meaning-Making in Therapy

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York St John University

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ABSTRACT

This critical literature review explored how adult survivors of child sexual abuse experienced adjustments to their self-structure through meaning-making in therapy. Following extensive searches of academic databases, 15 studies were identified for review. Using thematic analysis, eight themes emerged. The eight identified themes of trust, acknowledgement, evolution, acceptance, integration, congruence, relational, and agency represented distinct but interrelated components of self-structure. The findings also indicated that self-structure components may be both intra- and interrelational in nature and that movement in one theme may facilitate movement in another. While recognizing that the nature of the research captured a composite of experiences, it was found that there was a consistent movement and fluidity as to how participants arrived at an adjusted position for each of the themes. A suggested theoretical framework was developed showing the components of the self-structure impacted by meaning-making and the nature of the adjustments made. Recommendations are made regarding future research.

ARTICLE HISTORY

Received 14 November 2017
Revised 5 March 2018
Accepted 11 March 2018

KEYWORDS

child sexual abuse; adult survivor; meaning-making; self-structure; therapy; adjustments; wellbeing; recovery

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The impact of child sexual abuse (CSA) on the individual can be devastating, leading to psychological, relational, and sexual difficulties (Chouliara, Karatzias, & Scott-Brien et al., 2011). Estimates regarding the number of children subjected to CSA vary. According to Radford et al. (2011), 1 in 20 children have been sexually abused in the UK. However, the real numbers are likely to be higher due to the complexities around disclosure and the view that many victims go undetected (Collin-Vézina, De La Sablonniere-Griffin, Palmer, & Milne, 2015). Sanderson (2006) explains that the social construction of CSA leads to difficulties in establishing a universally agreed definition of CSA due to influences of culture and the historical time of when the abuse occurred. The definition of CSA used for this research is taken from the guide issued by HM Government (2015).

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It is well documented that the experience of sexual abuse almost inevitably impacts the survivors' sense of self (e.g., Draucker et al., 2009; Etherington, 2003) and without a cohesive sense of self, an individual can feel vulnerable and exposed

(Etherington, 2003). According to Herman (1992), the foundation of personality development is a secure sense of connection with caring people and “when this connection is shattered, the traumatized person loses her basic sense of self” (Herman, 1992, p. 52). Sanderson (2006) describes how the organization of a sense of self and identity, the individual’s “psychological clothes,” is a central development task and how the particular dynamics of CSA has the capacity to distort or shatter a child’s sense of self, such that its restoration can be extremely difficult. 40 45

Participants in Banyard and William’s (2007) research indicated that full recovery was unlikely or involved an ongoing process and that recovery involved change, as one participant described, “You’re always in a form of recovery because you’re always gaining new knowledge about yourself and who you are...” (Banyard and William, 2007, p. 285). Theoretical models on healing from CSA developed by Arias and Johnson (2013) and Draucker et al. (2011) reflect a number of important factors and components which contribute to the recovery of CSA survivors, such as spiritualism, supportive relationships (including therapists), and volunteering or helping others. Participating in talking therapy has been found to be beneficial to survivors of CSA (Arias and Johnson, 2013; Chouliara et al., 2011; Spitzer & Avis, 2006). 50 55

Vilencia, Shakespeare-Finch, and Obst (2013) reported that it is only when survivors of CSA acknowledged how deeply the experiences of abuse had negatively affected the way that they saw the world and themselves that the real pain and healing began; finding a new way of seeing one’s self was paramount. As a participant of Vilencia et al.’s (2013) study described, “it was like a pit of horror to take the lid off the box and actually look inside. It was a really important stage for me to go through but it was the worst, because it was the rawest” (Vilencia et al., 2013, p. 45). Etherington (2000) describes how, through the process of counselling, her male clients discovered a “new-self” and how the past can take on a new meaning when it is restated in the present. A qualitative meta-synthesis by Draucker et al. (2009) identified that reevaluation of the self was one of the healing behaviors described by participants and concluded that it was understanding experiences, rather than developing coping strategies, which was helpful to survivors. Anderson and Hiersteiner’s (2008) qualitative study examining the recovery stories of 27 adult CSA survivors found that although recovery, which was viewed by participants as obtainable, was highly individualized, there were common patterns within the narrative of the survivors; one critical element of which was making meaning of one’s trauma. Accepting and understanding the impact on survivor’s lives and self-structure, changing old self-beliefs and self-views, and restoring congruency are essential components in the recovery from CSA (Bogar & Hulse-Killacky, 2006; Vilencia et al., 2013; Wright et al., 2007). Recent studies suggest that as opposed to psychological interventions mainly focused on symptom reduction, those that promote a strong sense of self may also enhance personally meaningful recovery 60 65 70 75 80

(Chouliara, Karatzias, & Gullone, 2014; Draucker et al., 2011). Therefore, as noted by Parry and Simpson (2016), it could be that a person's understanding of their CSA experience through therapy may be more important to the healing process than management of symptoms or trauma resolution. 85

Research question and definition of terms

As has been summarized above, potential recovery from the experience of CSA is an ongoing, multifaceted, complex journey, an important part of which is time spent in a therapeutic relationship. Helpful work undertaken within such a relationship includes naming and acknowledging the experience as abuse, and recognizing and understanding the impact of the abuse on the client's self-structure, in terms of both how they relate to themselves and others. Missing from the existing literature appears to be information focused on consideration of how, from the survivors' perspective, meaning-making within therapy impacts upon their self-structure and the consequential adjustments made. 90 95

Working as a humanistic counsellor, with adult clients on an individual basis, the lead author was keen to learn more about how their practice with clients who are survivors of CSA could become more effective. In particular, they were interested to understand how working with clients to enable them to gain more clarity about and insight into their CSA experiences impacted on their self-structure. The aim of this research, therefore, was to explore, from a client's perspective, as represented in published papers, how meaning-making in therapy influences their self-structure, how the clients experience those adjustments, and the consequential impact on their well-being. The research question being asked is: How do client adult survivors of CSA experience adjustments to their self-structure through meaning-making in therapy? For the purpose of this research, self-structure was understood to be an element of an individual's personality which is fluid and develops as a child learns to organize and name experiences and integrate them into awareness and defined as "everything that a person holds about herself and about the world" (Tolan, 2003, p. 3). Meaning-making, for this research, was defined as "the active process of transformation, or reconstruction of inner global views" (Vilencia et al., 2013, p. 41). 100 105 110

It is important to note that the submitted research proposal was to consider adjustments to the sense of self of survivors, not their self-structure. In the academic literature reviewed for this research, it was the experience of the lead author that the term "sense of self" was used interchangeably with words such as "self" and "self-concept" without clear, consistent definition such that specific definition of the terms used was left open to the interpretation of the reader. In working to define the terms used in the research question within the context of this particular study, despite scoping a wide range of academic sources, the lead 115 120

author was unable to find a consistent definition of “sense of self” that was academically sound. Therefore, to align with, and return to, the fundamentals of the lead author’s training as an integrative humanistic counsellor, a decision was made to change the terminology within the research question and to consider adjustments to survivors’ self-structure as opposed to their sense of self. This amendment to the question enabled a definition of self-structure to be sourced which is academically sound and resonates with the philosophy underpinning the therapeutic work of the lead author. 125 130

Ethical approval was received for this research study by the University in February 2017.

Methodology

Search Strategy

A search was performed through CINAHL, MEDLINE, PsycARTICLES, and PsycINFO search portals using multiple keywords and Boolean phrases. The search terms, identified by breaking down the research question, were child* sex* abuse, child* sex* assault, ther*, counsel*, psych*, adult survivors, male survivors, female survivors, survivors, self-concept, sense of self, self-structure, meaning-making, making-meaning, recovery, and healing. The search criteria were set to identify peer-reviewed articles published between January 2000 and February 2017 where the search terms were found anywhere in the full text of the article. Following this, a search of Google Scholar was also undertaken using the same keywords to identify any further relevant articles. In total, these searches yielded 513 articles. 135 140 145

Eligibility Screening

At the next stage, titles and abstracts of the identified articles were screened to only include sources that met the fundamental inclusion criteria. The fundamental inclusion criteria were determined by considering the nature of the articles that would most likely provide evidence to address the research question and aim. As the underpinning aim of the research is to inform counsellors working in a comparable way and setting to that of the author, the articles selected for the final critical review were only those that explicitly or implicitly referred to the views of adult clients who had undergone or were currently in individual talking therapy. Therefore, articles focused on group therapy, clients who were below the age of 18, or art or other creative therapies were excluded. 150 155

In terms of an appropriate timescale and geographical area for the inclusion criteria, consideration was given to discussion by Herman (1992) that the reality of CSA has been recognized and acknowledged by some societies at certain points in history; other times it was minimized or denied and as 160

such this has led to variation in the validation of survivors' experiences. In addition to the historical point in time having an impact on how CSA is recognized and defined, Sanderson (2006) notes that due to the social construction of CSA, influences of culture contribute to the definition of CSA. To keep the articles reviewed as relevant as possible to the context in which these research findings were to be reported, in recognition of the potential variations in the definition of CSA due to historical and cultural influences, a decision was made to limit the extent of this review to articles published since January 2000 in either Europe, America, Australia, or New Zealand. It is important to note that, while the participants of the research papers reviewed had experienced CSA before 2000 and were from a range of ethnicities, backgrounds, sexual orientations, and cultures, it was considered that restriction of the geographical area and time of publication of the articles captured the studies most relevant to this research. In summary, therefore the inclusion criteria were as follows:

- The study related to adult (individuals over 18 years of age) survivors of CSA;
- The literature was published in 2000 onward;
- The article was written in English;
- The study was available free of charge;
- Individual talking therapies were referred to; and
- The research was published in Western Europe, America, Australia, or New Zealand.

Removal of duplicate studies and those that did not immediately fall within the inclusion criteria left 29 studies. The full text of the remaining 29 studies was reviewed in detail to finally confirm if they met the inclusion criteria set out above and to assess the article for relevance to the research question. Following a detailed review, 14 of the 29 articles did not meet the inclusion criteria and, therefore, the final number of studies included for the critical review was 15. The data collection method used by the chosen studies varied and included semistructured interviews, surveys, and questionnaires.

Analytic Approach

Kumar (2014) states that a literature review should be thematic in nature when it is written up. After reviewing available literature describing thematic analysis, the paper written by Braun and Clarke (2006) outlined a theory and methodology for thematic analysis which resonated with the researcher as being aligned to the project undertaken and, as such, informed how the selected literature was analyzed.

The phases of thematic analysis as described by Braun and Clarke (2006) were followed, in addition to referring to their checklist of criteria for good thematic

analysis, to ensure a systematic, rigorous, and reflective review of the literature. Following the phases of Braun and Clarke (2006), first the identified papers were subjected to detailed and repeated reading to identify adjustments to the self-structure of survivors and initial ideas were noted. In a number of papers, the reporting of the research findings explicitly set out the adjustments while, in examining conceptualizations and underlying ideas, more implicit movements were also identified. To systematically collate the emerging findings, relevant and significant parts of the papers were underlined using different colors for each of the emerging themes. This color coding cross-referenced to a summary schedule held within Excel software which was prepared to capture the information. As more papers were read, recurrent themes started to be identified. At this stage, unless there was an immediate and obvious alignment with a previously recorded theme, a separate color was used to underline the important text and the information captured in a different column on the spreadsheet. Following the detailed and repeated reading of the 15 papers, 27 themes were initially compiled.

As the themes were reviewed, it became apparent that there was some overlap. There followed a process of describing and refining the themes, collapsing some into others to leave 11 themes. After further consideration and supervisor discussion, the themes were reduced still further to give a final 8 which have been defined as trust, acknowledgment, evolution, acceptance, integration, congruence, relational, and agency. In merging the themes, consideration was given to the prevalence of evidence within the dataset which had led to the theme being initially identified. Therefore, while some themes could have been further collapsed, a decision was made to keep predominant and important themes separate so as to not lose their relevance in the reporting of the research findings. The papers were subjected to a last review to ensure that the information and evidence captured, which had led to identification of the initial themes, was accurately and appropriately included within the final themes.

Results

The eight identified themes of trust, acknowledgment, evolution, acceptance, integration, congruence, relational, and agency represent distinct but inter-related components of the self-structure of survivors where adjustments were experienced through meaning-making. The order that the themes are described below reflects a suggested order whereby movement in one area of a survivor's self-structure may facilitate movement in another. The theme of trust is discussed first as, in line with other research (Kia-Keating, Sorsoli, & Grossman, 2010; Parry & Simpson, 2016), the experiencing of a safe relationship and learning to trust appears to be a crucial first step. Next, acknowledgement of the abuse and its impact helps survivors to integrate the trauma (Vilencia et al., 2013) and to start to let go of their survivor identity (Phillips & Daniluk, 2004). Acceptance of self and self-integration are

important parts of the recovery process (Chouliara et al., 2014) as survivors become more congruent with themselves and others and their relationships improved (Arias & Johnson, 2013). As negative beliefs and thought patterns begin to shift, a meaning in life is established along with feelings of agency (Kramer, Seddon, Robinson, & Gwilym, 2015). As distinct as the identified themes appear, the research also suggests a clear interdependence.

Theme 1: Trust—Trusting Self and Others

A number of studies discussed how participants struggled in developing relationships with others and how often therapy or interactions with other healthcare professionals provided the first experience of learning to trust (Kia-Keating et al., 2010; Parry & Simpson, 2016) and feel a sense of safety (Phillips & Daniluk, 2004). A participant of the Kia-Keating et al. (2010) research stated, “Trust is a miracle. I’ve never trusted anyone. And it’s the biggest single byproduct of my therapy” (Kia-Keating et al., 2010, p. 678). Learning to trust helped participants connect and trust other people (Kia-Keating et al., 2010; Parry & Simpson, 2016).

Trust was also able to be internalized as the participants learned trust through safely connecting with trustworthy others (Parry & Simpson, 2016). As one participant in Parry and Simpson’s (2016) study described her experience with her therapist, “She wasn’t scared of me being mad I learned a lot of self-trust in that” (Parry & Simpson, 2016, p. 799).

Learning to trust themselves and others helped the participants to have successful supportive relationships which alleviated their sense of isolation and enabled them to feel heard, believed, and not judged; ultimately enhancing their ability to connect to other people (Aria & Johnson, 2013; Chouliara et al., 2011).

Theme 2: Acknowledgement—Acknowledgement of the Abuse and its Impact

Participants in the study by Spitzer and Avis (2006) found that the most helpful aspect of their work in therapy was the addressing of, and meaning given to, their experience of abuse. A number of studies identified examples of how therapy was the first time that survivors had named their experience as abuse and become aware of and connected the impact of the abuse on their feelings, thoughts, and behaviors in the present and the past (Chouliara et al., 2011; Easton, Leone-Sheehan, Sophis, & Willis, 2015; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; Kramer et al., 2015; Parry & Simpson, 2016). There was also recognition that, as one participant in Easton et al.’s (2015) study explained, “I could not keep the abuse bottled up; it was still dominating my day-to-day life” (Easton et al., 2015, p. 162). Further, Draucker et al. (2011) found that as participants discussed their abuse, they arrived at a more complex and multidimensional understanding.

Acknowledgement and acceptance of the reality of the abuse through therapy and positive cognitive processes helped participants to integrate their experience and accept the abuse into their narratives of self (Arias & Johnson, 2013; Chouliara et al., 2011; Vilencia et al., 2013). One participant in Phanichrat and Townshend's (2010) research explained "I'm getting closer and closer to understanding myself and understanding how things have impacted on me" (Phanichrat & Townshend, 2010, p. 71).

As participants named and acknowledged their experience as abuse and gained more understanding about how it had impacted on them, they were able to integrate the trauma. Vilencia et al. (2013) state that their data demonstrate that meaning-making is a pivotal part of acceptance of CSA, with both of the participants reporting that following integration and acceptance of the abuse they changed significantly the beliefs they once held. One participant in their study stated, "I am not defined by the abuse anymore . . ." and the other participant explained, "It defines me as much as any part of my life does" (Vilencia et al., 2013, p. 48).

Theme 3: Evolution—Evolution of Survivor Identity

Through the process of meaning-making in therapy, survivors may reconsider the self-blame and feelings of guilt and shame relating to the abuse. An important early stage of healing appeared to be the realization that the abuse was not the fault of the survivors (Easton et al., 2015; Grossman, Sorsoli, & Kia-Keating, 2006; Parry & Simpson, 2016). This then led to reconsideration of guilt, shame, and self-blame (Draucker et al., 2011; Grossman et al., 2006; Phanichrat & Townshend, 2010; Vilencia et al., 2013). Re-attribution of the blame was described by one participant of the Chouliara et al. (2014) study as, "I no longer feel like I'm to blame for the abuse, really, I don't feel ashamed any more" (Chouliara et al., 2014, p. 74). Parry and Simpson (2016) describe how an external perspective on abuse provided a new context for survivors and the realization that if others did not deserve to be abused then neither did they. Reduced "victim mentality" was recognized by Arias & Johnson (2013) as participants learned that their abuse experiences were similar to that of other survivors.

As identified by Phillips and Daniluk (2004), in the early stages of recovery, survivor identity can be important as a source of strength and as defining survivors as something other than as a victim; however, as their recovery journey progresses there may be a point where this identity is relinquished. One participant in Vilencia et al.'s (2013) study describes this as "figuring out how to live my life not as a survivor or someone who has been sexually assaulted. It was the process of becoming a whole person and not a rape survivor" (Vilencia et al., 2013, p. 47).

Theme 4: Acceptance—Acceptance of Self

Participants interviewed in Phanichrat & Townshend's (2010) study used avoidant coping strategies, such as self-harm, alcohol, and substance abuse, to deal with a "seemingly unwanted real self" (Phanichrat & Townshend, 2010, p. 68). Cognitive engagement with the abuse-related problems, a healthy gradual coping process, helped toward an acceptance of the seemingly unwanted real self (Phanichrat & Townshend, 2010). A participant in Vilencia et al.'s (2013) research spoke of how through meaning-making she had "learned how to focus on me and not turn away from myself" (Vilencia et al., 2013, p. 46).

Chouliara et al.'s (2014) study found that a major sign of the recovering self, the self who took charge of the healing process, was self-acceptance. As was described by one participant in the Chouliara et al.'s (2014) research, "I didn't have high expectations of myself. I didn't have very high expectations of how others should treat me. And I think that in changing the way that I related to me that helped me be able to respond to the distressed part of me in a much kinder and more productive way" (Chouliara et al., 2014, p. 74). The acceptance of self was described in the studies in many forms such as, "more positive self-definition and perception" and "great pride about their personal strength and resiliency" (Phillips & Daniluk, 2004, p. 180). Many of the studies identified examples of improved well-being, self-esteem, confidence, self-reliance, and assertiveness (Arias & Johnson, 2013; Chouliara et al., 2014; Parry & Simpson, 2016; Spitzer & Avis, 2006). However, some participants in the Phillips & Daniluk's (2004) study acknowledged that some aspects of who they are were still negatively affected by their early abuse experiences, such as their relationships with their bodies and sexuality.

Part of gaining self-acceptance was learning about self-care, that "it was not evil of him to take care of his own needs" (Grossman et al., 2006, p. 438) and "I can go into the shower and not feel dirty or afraid or whatever, I have learnt to change my clothes" (Chouliara et al., 2011, p. 138). The sense of well-being and acceptance that may be felt by survivors healing from CSA was recognized by all 14 participants of Glaister & Abel's (2001) research and was described by one participant in their study as "feeling at peace with myself. Accepting who I am. Accepting what life has handed me" (Glaister & Abel, 2001, p. 190).

Theme 5: Integration—Integration of Self

Many survivors in the study by Chouliara et al. (2014) identified self-integration as a major part of the recovering self. "Initially, the participants' early stories about engaging with therapy discussed an ambiguous or absent self" (Parry & Simpson, 2016, p. 800). While the studies describe that for some participants the initial finding and learning more about their identities was, in itself, distressing

“I can remember finding an identity, finding myself waking up, finding myself heaving in pain” (Phillips & Daniluk, 2004, p. 180), for others the process enabled them to open up parts of themselves that had previously been hidden. One participant in the study by Easton et al. (2015) describes, “.. to try to open up that side of me that has been closed off so much of my life. I cannot tell you how wonderful it is to discover the real me” (Easton et al., 2015, p. 160). For some participants, the process of integration included renegotiating gender constructs and creating an identity that integrated “a sense of masculinity that was in accordance with acknowledging and accepting their sexual abuse histories” (Kia-Keating et al., 2005, p. 176)

Parry and Simpson (2016) described the results of their findings in terms of stages of healing as participants became aware of multiple parts to themselves and began to question “Am I really inside myself?” (Parry & Simpson, 2016, p. 801). As reported by Krayner et al. (2015), a more coherent self was established in some participants. In summary, the impact of learning more about themselves was described by one participant in the research by Chouliara et al. (2011) as, “Well I have found myself that is the biggest gain from psychotherapy” (Chouliara et al., 2011, p. 139).

Theme 6: Congruence—Becoming more Congruent with Self and Others

Both participants in the study by Vilencia et al. (2013) reported that it was through work with their counsellors that they started to look at their core beliefs, how they had impacted on their lives, and where they learned how to create new, self-congruent beliefs. Vilencia et al. (2013) described how the active process of “deliberate rumination” helped the women to understand the negative beliefs they held about themselves and the world and why. One participant in Vilencia et al.’s (2013) study explained, “I suppose the healing was going through and looking at my world view and my view of myself and unpicking it all and putting it back together again” (Vilencia et al., 2013, p. 47).

A number of papers discussed how participants learnt to understand, discuss, and manage their emotions. Kia-Keating et al. (2005) reported that, in general, the men in their study made significant progress in knowing about and sharing their feelings with others, including those feelings around their abuse experiences. The adjustments to congruence are illustrated in the study by Phillips and Daniluk (2004) where the women participants had moved from a position of “a sense of incongruence between how they were feeling on the inside and what others perceived from their outward appearance” (Phillips & Daniluk, 2004, p. 179) to feeling significantly “more congruent in terms of their internal feelings and perceptions and their external persona” (Phillips & Daniluk, 2004, p. 179).

Theme 7: Relational—Relationships with Others

Many of the papers described how, as participants learned to trust and connect with themselves, their relationships with others improved. Ways were learnt to manage relationships both emotionally and physically, including learning to set emotional and physical boundaries and learning about limits to relationships and accepting them (Kia-Keating et al., 2010). As found in the study by Arias & Johnson (2013), participants believed they had improved their relationship competence which led to them feeling safer, more trusting, and able to open up to others, feeling accepted and understood, and experiencing intimacy on a sexual and emotional level. 400 405

Improved relationship skills enabled participants to obtain more support from supportive networks (Arias & Johnson, 2013) and to recognize how they could make changes in the way they parented their children to keep them protected from abuse (Draucker et al., 2011). Improved interpersonal connections led to participants developing empathy, compassion, and acceptance toward others including spending time helping other people (Arias & Johnson, 2013; Krayner et al., 2015; Vilencia et al., 2013). In summary, participants were able to be in control of their social functioning (Chouliara et al., 2011) and develop “equal” relationships (Draucker et al., 2011). 410 415

Theme 8: Agency—Personal Agency

Participants in Phillips and Daniluk (2004)’s study experienced a greater sense of personal agency; their previously held negative beliefs about the world, as being hostile and dangerous, began to shift and the women started to feel hope and excitement about the future and their place in the world. In the words of a participant from Glaister and Abel’s (2001) study, “You have a different outlook on life .. a different perspective. A whole new attitude and confidence” (Glaister & Abel, 2001, p. 190). Other recurrent feelings were those of empowerment and freedom and the development of the ability to make choices and take control (Arias & Johnson, 2013; Chouliara et al., 2011). 420 425

One participant in Vilencia et al.’s study (2013) spoke of how working through her suffering had enriched her life, “It has made me an optimistic person, knowing that you do get better and that you can survive really traumatic events” (Vilencia et al., 2013, p. 48). Krayner et al.’s (2015) research summarized these adjustments as participants having established a meaning in life and experiencing feelings of agency. 430

Discussion

In meeting the aim of this research, the undertaken critical literature review provides a number of findings in respect of how, from the perspective of adult 435

survivors of CSA, meaning-making in therapy influenced their self-structure, how those adjustments were experienced, and the consequential impact on their well-being. An overarching finding from this work has been the identification of far-ranging components of an individual's self-structure which may be influenced through meaning-making in therapy. This research has reported the components of self-structure, where adjustments are experienced throughout the recovery journey of survivors of CSA, leading to consequential impacts on their well-being, as eight themes. The self-structure components of trust, acknowledgement, evolution, acceptance, integration, congruence, relational, and agency may be both intra- and interrelational in nature, and movement in these areas is not mutually exclusive; indeed, the findings indicate that movement in one theme may facilitate movement in another. 440

Further, critically reviewing the papers has identified different tenses, i.e., past, present, and future, used by participants to describe and narrate their understanding of adjustments to their self-structure, suggesting a movement and fluidity to their recovery. While it is recognized that the nature of this research has captured a composite of experiences of a wide range of participants, there has emerged a consistent pattern of how participants arrive at an adjusted position for each of the themes. The initial stage reflects how survivors considered themselves, others, and the world prior to therapy. Through the therapeutic relationship and the work undertaken in therapy, components of the participant's self-structure are impacted. New awareness and learning is gained and previously held thought patterns and beliefs begin to evolve, leading to adjustments being made: this is the second stage. The final stage reflects the adjusted position, the point at which the participants in the research studies have often moved beyond their identity as a survivor. The impact on the participant's well-being is seen though their ability to be fully functioning in relationships and other areas of their lives. 445 460

To illustrate and encompass the research findings, a suggested theoretical framework has been developed (Table 2). The framework shows the components of the self-structure impacted by meaning-making in therapy, in the same order as described above, and illustrates how the stages of adjustment, starting from the initial stage, through gaining awareness to an adjusted position, are experienced. As the focus of this research has been to explore the client's perspective, where possible, quoted narrative from the reviewed articles has been used to illustrate the perspective of the survivors at different stages of their journey, this narrative is shown in italics. Where the illustration is by way of the perspective of the researcher of the published article, this is shown in standard font. 465 470

The theoretical framework in Table 2 indicates that the role of meaning-making in therapy has relevance and importance across the range of self-structure components wherever a survivor is on their personal journey of recovery. It may be that a client is at different stages for each of the self-structure components and reference 475

Table 1. Studies included for the critical review.

Reference	Authors and date	Participants	Data collection	Aim of study	Country
1	Arias and Johnson (2013)	0 M, 10 F	Semistructured interviews	Examine the perspectives of adult female survivors on healing after their CSA experiences.	USA
2	Chouliara et al. (2011)	0 M, 13 F	Semistructured interviews	To elicit the perspectives of adult survivors of CSA and of professionals working in the field about talking therapy services especially regarding helpful and hindering experiences and perceived satisfaction of needs.	UK
3	Chouliara et al. (2014)	22 – unknown if M or F	Critical incident interview	To elicit the views and experiences of adult survivors of CSA about their recovery process to develop a survivor-centered and clinically meaningful theoretical framework of how people recover from CSA in adulthood.	UK
4	Draucker et al. (2011)	47 M, 48 F	Semistructured interviews	To develop a theoretical model to describe how adults heal from CSA.	USA
5	Easton et al. (2015)	250 M, 0 F	Health and wellbeing survey	To understand the type of turning points experienced by men recovering from CSA.	USA
6	Glaister and Abel (2001)	0 M, 14 F	Naturalistic study	To report the experiences of survivors who had achieved a measure of healing.	USA
7	Grossman et al. (2006)	16 M, 0 F	Semistructured interviews	To explore how resilient male survivors made meaning out of their histories of abuse and to provide greater understanding for psychotherapists providing treatment.	USA
8	Kia-Keating et al. (2005)	16 M, 0 F	Semistructured interviews	To develop a theoretical framework explicating the ways the sample have understood and endeavored to resolve conflicts as part of the recovery process.	USA
9	Kia-Keating et al. (2010)	16 M, 0 F	Semistructured interviews	To better understand the experiences of male CSA survivors in defining, building, struggling, and succeeding in relationships.	USA
10	Krayer et al. (2015)	30 – unknown if M or F	Narrative face to face interviews	To explore the ways individuals talk about and give meaning to their experiences of CSA and the ways in which this influences perception of their adult selves.	UK
11	Parry and Simpson (2016)	72 M, 404 F	Systematic search of academic databases for qualitative empirical studies	To synthesize qualitative studies on the experiences of adult survivors of CSA in respect of talking therapies.	UK
12	Phanichrat and Townshend (2010)	3 M, 4 F	Semistructured interviews	Exploration of adult survivors' reflections and their use of coping strategies along the journey toward their present adjustment.	UK
13	Phillips and Daniluk (2004)	0 M, 7 F	Individual interviews	To learn more about how women experience their identity after recovering from incestuous abuse.	USA
14	Spitzer and Avis (2006)	0 M, 59 F	Questionnaires	To address a gap in the literature regarding memory work in therapy of CSA survivors. To examine the impact of memory work from the client's perspective, specifically its impact on the client's process of healing and functioning.	USA
15	Vilencia et al. (2013)	0 M, 2 F	Semistructured interviews	To provide a deeper understanding of the healing that occurs after trauma.	Australia



Table 2. Theoretical framework of adjustments to the eight identified components of self-structure (text in italics represents the voices of survivors).

	Stage 1—Starting point	Stage 2—Gaining new awareness	Stage 3 – Adjusted position
Trust	"For many, however, therapy or interactions with other healthcare providers provided the first experience of learning to trust" (Kia-Keating et al., 2010, p. 677)	"She wasn't scared of me being mad I learned a lot of self-trust in that" (Parry & Simpson, 2016, p. 799)	<i>"It makes me feel that I am not alone"</i> (Chouliara et al., 2011, p. 137)
Acknowledgement	"I never made any connection that (the effects were) connected (to the CSA)" (Parry & Simpson, 2016, p. 802)	"I see it as something where I'm getting closer and closer to understanding myself and understanding how things have impacted on me" (Phanichrat & Townshend, 2010, p. 71)	<i>"I am not defined by the abuse anymore. . ."</i> (Vilencia et al., 2013, p. 48)
Evolution	"I believed I was bad and that made my Dad do what he did to me." (Grossman et al., 2006, p. 436)	"when someone actually told me it wasn't my fault, as simple as that!" (Easton et al., 2015, p. 161)	<i>"I no longer feel like I'm to blame for the abuse"</i> (Chouliara et al., 2014, p. 74)
Acceptance	"I couldn't look in the mirror before, I couldn't look myself in the eyes . . ." (Chouliara et al., 2011, p. 138)	"learning how to focus on me and not turn away from myself" (Vilencia et al., 2013, p. 46)	<i>"feeling at peace with myself"</i> (Glaister & Abel, 2001, p. 190)
Integration	"Participants' early stories about engaging with therapy discussed an ambiguous or absent self" (Parry & Simpson, 2016, p. 800)	"trying to find the real me" (Vilencia et al., 2013, p. 47)	<i>"I can just rearrange myself and make myself how I want to be"</i> (Glaister & Abel, 2001, p. 191)
Congruence	"A sense of incongruence between how they were feeling on the inside and what others perceived from their outward appearance" (Phillips & Daniluk, 2004, p. 179)	"It was in the work with their counsellors where they began to look at their core beliefs, the impact of these on their lives and then learned how to create new, self-congruent beliefs" (Vilencia et al., 2013, p. 46)	"Participants had made significant strides in knowing about and finding ways of sharing their feelings with others" (Kia-Keating et al., 2005, p. 182)
Relational	"Prior to beginning their healing process, they felt "different", "alone" and "invisible". (Phillips & Daniluk, 2004, p. 179)	"Learning both how not to intrude on others' emotional or physical space and how to keep others from impinging on theirs" (Kia-Keating et al., 2010, p. 676)	"As a result of the process of healing, participants believed they had achieved an improved self-concept and competence in relationships" (Arias & Johnson, 2013, p. 835)
Agency	"Prior to and in the early stages of therapy, they had often felt hopeless about themselves and life" (Phillips & Daniluk, 2004, p. 180)	"Women were able to develop a more positive self-definition and perception and a greater sense of personal agency" (Phillips & Daniluk, 2004, p. 180)	<i>"I am able to do things now that I have never done . . . I feel freedom"</i> (Chouliara et al., 2011, p. 138)

to such a framework may help a counsellor and client to understand where they are on their journey and identify future areas of helpful therapeutic work. Previous research has shown that it is the provision of a safe and trustworthy therapeutic relationship, rather than the mode of counselling, which is important to clients (Chouliara et al., 2012; Parry & Simpson, 2016). Therefore, with the backdrop of a secure therapeutic relationship to provide space and time for clients to make meaning of their abusive experiences, there is the potential to facilitate the recovery of survivors toward a cohesive self-structure. Although the suggested theoretical framework is unique, recognition of a phased and multidimensional journey for survivors, changing the perspectives of themselves and their place in the world, as they integrate their experience of CSA into a meaningful autobiographical narrative, is in line with other recommendations for supporting survivors seeking therapy. Arias and Johnson (2013) suggest a theoretical model on healing from CSA which captures the significance of supportive relationships, sources of active healing, internal characteristics of the participants, and significant decision points while Draucker et al. (2011) constructed a CSA healing model which contains stages of healing which change over time, enabling factors to facilitate movement between the stages and considers areas of functioning as participants moved through the stages.

The theoretical framework arising from this research is depicted as eight distinct themes across three stages in a survivor's recovery journey. There are two key limitations to the framework. First, the framework is based purely on the literature identified as part of this critical review. Second, while the inclusion criteria for this research was designed to capture the most relevant studies for the critical review, the social construction of CSA, along with historical and cultural influences, will inevitably impact upon the perception and narrative of survivors' experiences. Therefore, while the framework may be used for illustration and guidance purposes, it is recognized that it does not reflect fully the complexities inherent in a survivor's journey or in the very defining of CSA for that individual. There are a number of areas where further work would help to test the robustness and accuracy of the framework. Testing of the framework in practice would identify if the findings resonated with practitioners and provide evidence as to whether the framework could be useful as guidance in their work with survivors of CSA. Also, it would be helpful to gain evidence regarding the impact of sharing the framework with clients to illustrate a potential recovery process and for them to identify where they consider themselves to be within the framework to inform future therapeutic work. The second stage of the framework, that of learning and gaining awareness, would benefit from further analysis and research to understand more about how participants move through this stage and how therapists may facilitate with this. Areas to be considered include looking at how movement through this stage is affected by the number of counselling sessions, the time between the abuse and counselling

being accessed, the level of abuse experienced, and the demographics of the client accessing the help.

This research does not offer insight into whether all participants are able to reach the final adjusted position and the factors that may influence that. It would be helpful for further research to understand if clients who consider themselves recovered from CSA regress from that final adjusted position and if so, why that happened and the support then needed. Although the eight themes identified have been ordered as above, more research could inform whether the order is applicable to what happens in practice, whether there is an order, if recovery in each component happens at a similar rate and whether awareness and improvement to each of the components of self-structure needs to happen for a survivor to consider themselves as recovered.

Finally, missing from this review is consideration of whether meaning-making in therapy may have a negative impact on the self-structure of survivors. Other than research done by Spitzer and Avis (2006) which identified that during therapy participants were negatively impacted by recounting details relating to their abuse but following completion of therapy they believed that there had been a positive impact on their functioning, no other research recording unhelpful movements was identified. One possible explanation for this apparent gap in the research is due to the eligibility criteria used to recruit the participants of the reviewed studies which frequently required the participants to consider themselves recovered and resilient. For completeness, it would be important to understand the perspectives of survivors for whom meaning-making in therapy led to unhelpful adjustments to their self-structure.

Conclusion

The question to be answered through this research was: How do client adult survivors of CSA experience adjustments to their self-structure through meaning-making in therapy? Findings from this research have identified components of the self-structure, which, through meaning-making in therapy, may evolve and adjust. It has also provided evidence as to how survivors experience those adjustments and the consequential impact on their well-being. The suggested theoretical framework, while based on the findings from this literature review undertaken at a particular point of time, with specific criteria relevant to the project, is illustrative of how adjustments to the identified components of self-structure may be experienced by survivors as they move from an initial stage, through a stage of awareness and learning, to a final adjusted position.

In conclusion, the findings from this research are that therapeutic work with clients to enable them to gain more clarity and insight into their experiences of CSA has the potential to facilitate helpful adjustments across

a range of self-structure components ultimately leading to enhanced client well-being. As such, while further research would be helpful to test the robustness of the theoretical framework in practice, to understand more about the factors influencing the adjustments, and to learn whether survivors always perceive the adjustments as positive, this research informs practitioners of the importance and value of meaning-making in therapy with adult survivors of CSA. 565

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Q3

Q4

Q5

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