

**TRANSFORMING TRAUMA:
NARRATIVE PRACTICES THAT HIGHLIGHT RESILIENCE AND REAUTHOR
RESISTANCE FOR MALE SURVIVORS OF CHILDHOOD SEXUAL ABUSE**

by

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Abstract

In this thesis the unique issues facing the marginalized population of male childhood sexual abuse survivors are examined, with a focus on resilience, resistance, and narrative therapeutic practices. Research indicates that childhood sexual abuse damages a child's developing capacities for trust, intimacy, agency and sexuality, and compromises how one relates to one's world as a child and as an adult. It will be argued that a strength-based narrative approach will recognize past efficacy, encourage competency, and instill hope for potential possibilities. Revised trauma narratives that illuminate resilience and resistance allow male survivors to challenge outdated masculinity scripts and better understand the human experience with compassionate awareness of one's past, present, and future strengths and abilities. Recognition of male survivors resistance to childhood trauma can serve as a catalyst for strategies of survival, determination, and agency and create a map for their adult resiliency.

Key Words: Male survivors of sexual abuse, resilience, resistance, narrative practices

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Chapter One

Introduction and Relevance

Research into the male experience of childhood sexual abuse has been limited in scope, focusing mostly on the effects of trauma and disregarding the resistance and resilience of the survivor (Englar-Carlson & Kiselica, 2013). The purpose of this thesis is to investigate the literature and research that connects and integrates male childhood sexual abuse, resilience, and resistance within narrative therapy practices to discover stories of survival knowledge and wisdom. Accessing narratives of strength and empowerment may prove difficult for some men who have been socialized into silence, where shame, secrecy, and disconnection exercise undue influence over their lives and relationships (Alaggia & Millington, 2008). Understanding how a dominant society's discourse that determines what it means to be a man can contribute to isolation, stigmatization, and alienation may help men risk vulnerability in the search for greater connections to self and others (White, 2007; Weiss, 2010). Utilizing narrative therapeutic practices with male survivors may introduce collaborative conversations, placing the client as the expert in their life, helping them to challenge outdated abuse and victim dominated stories, and co-author more validating stories of agency and self compassion (White, 2007; Schermer, 2013). Deconstructing and re-authoring preferred narratives, externalization and accessing a community of support can allow male survivors an opportunity to explore their narratives for signs of resistance and resilience, which in turn contributes to the recognition of their past efficacy, the development of new competencies, and the instillation of hope (Wade, 2007).

Therapy with male survivors of sexual abuse must be sensitive to issues that heighten shame and fears of being judged as a powerless “victim” or alternatively as the offending perpetrator (Dorahy & Clearwater, 2012). Treatment must anticipate the fear and stigma related to disclosure for men, and take active steps to deconstruct a problematic self-schema while reconstructing reparative connections to others and reaffirming the development of trust and a healthy self identity (Mahalik & Englar-Carlson, 2003). This will help practitioner’s understand how men may internalize in debilitating ways the experience of sexual violence, and externalize the effects in problems with interpersonal intimacy, affect regulation, and disturbances in the self (Diamanduros et al., 2012). Providing a trusting, safe, and collaborative therapeutic alliance will create a context where male survivors’ masculinity is not questioned and in which men can see their defenses as normal adaptive coping mechanisms (Teram et al., 2006). This allows male survivors a choice in their identity formation by reconstructing shaming or self-blaming narratives into meaningful stories of resilience, resistance, and recovery (Anderson & Hiersteiner, 2008).

Definition of Terms

Sexual Abuse

For the purposes of this paper, the term childhood sexual abuse is defined as any form of sexual violence perpetrated against a person under the age of 18 (Dube et al., 2005). Traumatic sexualization “refers to the process in which a child’s sexuality (including both sexual feelings and attitudes) is shaped in a developmentally inappropriate and interpersonally dysfunction fashion as a result

of sexual abuse” (Finklehor & Brown, 1985, p. 531). Traumatic sexual abuse can have serious long term implications including anxiety, depression, substance use, suicidal ideation, sexual dysfunction, accompanied by psychological experiences marked by shame, self blame, and powerlessness (Hopton & Huta, 2013). Sexual abuse can disrupt the way survivors encounter interpersonal relationships, possibly altering an individual’s basic self-structure, attachment system, and ability to connect to others and the community (Harter, 2001). In many instances this translates into “difficulty in trusting others, fear of being unloved or abandoned, difficulties in affect regulation, lower satisfaction in intimate relationships and higher likelihood of revictimization” (Tummala-Narra et al., 2013, p. 640). Recovery is thought to evolve from the creation of positive and meaningfully supportive, interpersonal connections and meaning making that empower resilience (Tummala-Narra et al., 2013).

Resilience

According to Levine (2005) “human beings are born with an innate capacity to triumph over trauma” whether this is a correct assumption or not the healing process can be a catalyst for transformative reawakening (p. 10). Phillippe et al. (2011) define resiliency as “a positive adaptation despite a context of adversity” (p. 584), stressing the notion that “resiliency does not just exist it evolves” (Kia-Keating et al., 2005, p. 171). An accounting of the vast research on resiliency is beyond the scope of this thesis. Therefore the discussion will be restricted to the important resilient qualities of *interpersonal connection* and *meaning making* drawn from within adversity experienced. The term survivor in this text acknowledges the

experience of victimization, whilst simultaneously allowing for the abused individuals “potential for growth, development and empowerment” (Hoff, 2009, p. 20). Revised trauma narratives that illuminate resilience and resistance allow male survivors to challenge outdated masculinity scripts and better understand the human experience with compassionate awareness of one’s past, present, and future strengths and possibilities. Understanding that resilience is not only an internal process, but a relational dynamic characterized by movement toward authenticity and empathy can encourage a greater connection to the self and others allowing for alternative and preferred identity and meaning making (White, 2007).

Resistance

Honouring context and an individual’s complex and intelligent responses to violence challenges the passive and pathologized misrepresentation of the victim while renegotiating certain problematic responses as “intelligible forms of resistance that point to symptoms of chronic wellness” (Wade, 2007, p. 9). Wade (1997) believes that “alongside each history of violence and oppression, there runs a parallel history of prudent, creative and determined resistance” (p. 23). Practices that focus on a male survivor’s responses and resistance to the abuse can illuminate actions that were previously ignored or viewed as effects of violence, a point that will be raised for further discussion in chapter 4 (Strong, Pare & Todd, 2004). Recognition of male survivors’ resistance to childhood trauma can serve as a catalyst for strategies of survival, determination, and agency and create a map for adult resiliency (Anderson, 2006).

Narrative Therapy with Male Survivors

In narrative therapy the stories people tell and retell about their lives provide a way to understand the past and plan for the future (White & Epston, 1990). "Through narratives we render our life experiences meaningful" (Draucker, 2003, p. 7). Narrative therapy understands problems as located and produced by cultural understandings of what is normative, affecting people so as to internalize the problem as something that is wrong with them (White & Epston, 1990). Narrative therapists seek alternative stories that help people break free from a problem-saturated identity, reducing the influence of the problem and opening up space for new possibilities for living (White, 1997). Narrative practices can offer male survivors of childhood sexual abuse an opportunity to externalize problems from their core self, and develop, connect to, and remember supportive relationships from the past and present that they can take with them into the future (Schermer, 2013). This can allow men to deconstruct and re-author stories of victimhood into narratives of resistance and resiliency, giving new meaning to their experience.

Problem Statement and Research Questions

With this thesis I hope to enhance the understanding of a marginalized population through narrative practices that allow for multiple interpretations of an event, seeking to externalize and deconstruct problem saturated stories and re-author narratives of resistance and resilience. Three research questions guide this study, presented to amplify a counsellor's understanding and effectiveness when working with this population:

1. Is re-authoring a useful concept to utilize for male survivors of childhood sexual abuse?
2. Does the concept of response and resistance assist in the renegotiating of, and the co-creation of, alternative and preferred narratives?
3. How is working with resilience helpful?

Rationale

The aim of this thesis is to illuminate areas of resiliency, resistance, and recovery in trauma research, and to give a voice to the under-studied population of male survivors of sexual abuse in the hopes of affecting social change (Harvey, 2007). According to Alaggia and Millington (2008) most childhood sexual abuse investigations have focused on the victimization of girls, with a scarcity of reference to male sexual abuse survivors prior to 1980. Although there is an increased awareness directed towards understanding and working with men in therapy, the attention of much of this work is primarily problem saturated and focused on effects-based formulations (Englar-Carlson & Kiselica, 2013). There is a need for knowledge and practice that explores men's recovery and promotes and capitalizes on strength-based approaches to therapy. I posit that an experience with narrative therapy and the investigation of responses of resistance may help men re-story their trauma narrative and renegotiate a sense of resilience and empowerment through engagement and meaning making.

Deconstructing dominant narratives and re-authoring preferred narratives offers an opportunity to explore the loss of control and shame associated with sexual trauma, challenging the notion that men must hide and deny a part of their

lived experience in order to be considered masculine (Tummala-Narra et al., 2013). Externalizing problem-saturated stories provides a space for self-compassion and the agency to fight against definitions of self that define and limit possibility (White, 2007). It is a counsellors' responsibility to be cognizant of the issues male survivors bring into therapy and to offer men a reconnection to the social and emotional support necessary for the development of self (Cho, 2013). The therapeutic relationship may offer a context in which survivors can "experiment with new constructions of self, others, and relationships" providing the necessary safety to validate the client as the creator of meaning, allowing him to voice what has previously been silenced (Harter, 2001, p. 50). In this way collaboration is illuminated in the co-creation of new possibilities, oppression is deconstructed, and the client as the expert of his own life is privileged (Schermer, 2013).

Methodology

This is a non-empirical manuscript thesis supported by a literature review and conceptual analysis (Cohen, 2014). It is formatted to link and integrate distinct, relevant and related themes of male childhood sexual abuse, resilience and resistance, and the theoretical practice of narrative approaches for counselling adult male survivors. The literature review will illuminate the gendered experience of male survivors, support the connection of themes in the re-authoring of survivors' narratives, and provide evidence for the exploration of men's stories of resistance and resilience in recovery.

Assumptions

This work is based on the assumption that men will experience resilience when allowed a voice to re-author problem-saturated stories of victimhood into alternative narratives of responses and resistance. By linking the themes of male childhood sexual abuse with resiliency, resistance and narrative therapeutic practices, I am inferring that men will find hidden stories of competence, ability and knowledge, determination, and skill that can empower and reconcile a sense of agency, connection to others, and meaning making. I am also writing under the assumption that counsellors who read this thesis and work with this population will be better informed by these practices, and better able to serve male survivors of sexual trauma.

Highlighting possible blind spots concerning male survivors of childhood sexual abuse may help counsellors consider the potential relevance abusive experiences have had on male clients and the difficulty they encounter when disclosing this abuse (Sorsoli et al., 2008). Understanding how a therapist's "ambivalence or denial may replicate reactions of significant others to the clients disclosures", possibly validating the "client's expectations that they will not be believed" may influence how we as counsellors engage a male survivor therapeutically and help him make meaning of his experiences (Harter, 2001, p. 58).

Limitations

The literature review of this thesis focuses on narrative therapy practices with adult male survivors of sexual abuse regardless of race, religion, culture, and sexual orientation. An exhaustive search of the issues male survivors face on their

journey of resiliency is beyond the scope of this thesis, therefore I have limited my focus by linking male sexual abuse and resilience; in particular the resilient domains of *meaning making* and *interpersonal connection*, and resistance within a narrative therapy perspective.

Another major limitation concerns the nature of a manuscript thesis, which lacks participants who could validate a male survivor's lived experiences in counselling. I can only reflect upon research that substantiates the meaning male survivors make out of revised narratives that highlight responses. Thus further evidence-based investigations with participants may prove efficacious.

Lastly I am not exploring other therapeutic models and how a combination of interventions might inform practice for male survivors. Recovery from childhood sexual abuse is thought to be a dynamic and gradual process that shifts through the establishment of safety, integration, and the reconnection to mutually satisfying relationships, with the purpose of integrating affect, memory, and cognition (Herman, 1992; Tummala-Narra et al., 2013). Each individual is embedded in his own unique context, which must inform practice, and male survivors who are suffering from severe trauma symptomology may need to work on stabilization and affect tolerance before, or in conjunction with narrative practices (van der Kolk, 2014).

Situating the Author

I espouse a strengths based, feminist perspective that discourages labeling and blaming, preferring to examine the sociocultural context that encourages greater flexibility and possibility (Madigan, 2011). I recognize the power of

dominant discourses to dehumanize and oppress, and I hope to foster the re-empowerment of males who have suffered trauma, helping them to understand their responses to abuse, how they resisted the abuse, how they adapted, and how they may choose different ways of being in their world (Foucault, 1980). I believe in a collaborative approach that externalizes problems away from the individual and emphasizes mutuality, growth, and meaning making (White, 2007).

I have worked as a counsellor with the British Columbia Society for Male Survivors of Sexual Abuse (BCSMSSA) for over 10 years, and have witnessed the many struggles and triumphs of this population. I do not consider myself a narrative therapist, yet I have adopted many of their therapeutic practices and value the constructivist emphasis on a humanistic relational experience, and the focus on generating alternative possibilities (White, 2007). Telling and retelling stories can encourage agency and empowerment, and a collaborative rewriting of a preferred identity and way of being in the world that may help survivors' to navigate their future with resilience and optimism.

Thesis Structure

Chapter 1 introduces the relevance of studying male survivors of sexual abuse and introduces the distinct, but related themes of resilience, resistance, and narrative practices. It also addresses research considerations and structural elements. Chapter 2 presents a review of the literature regarding childhood sexual abuse with a focus on a male survivors experience of psychological trauma. It also explores consistent themes that emerge from narrative practices with this population. In chapter 3 a discussion of resilience and resistance is explored,

illuminating how resources, strengths and responses can empower personal agency and recovery. The resilient domains of meaning making and interpersonal connections are introduced as elements predictive of positive change. Chapter 4 explores the theory and practices of narrative therapy as a guiding framework for working with male survivors of sexual abuse, specifically the use of externalization, the deconstruction and re-authorship of alternative and preferred narratives and the development of a team of support. Stories of resistance are incorporated that acknowledge male survivor knowledge and capability that enhance resilience. Chapter 5 summarizes the conceptual analysis of the preceding chapters and presents therapeutic implications, possible limitations and future directions.

Chapter Two

Psychological Trauma and the Male Survivors Experience

According to Herman (1992) “traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning” (p.33). Traumatic experiences are often unbearable and intolerable, “leaving traces on our minds and emotions, on our capacity for joy and intimacy, and even on our biology and immune systems” (van der Kolk, 2014, p. 1). The horror, helplessness, and intense fear evoked during a traumatic event can trap individuals in cycles of hyper and hypo arousal, as their sense of safety and predictability in the world is compromised (Ogden, 2006; Naparestek, 2004). Unresolved trauma is not a thing of the past; it is an imprint on the mind, and body, with consequences that impact how the individual functions and survives in the present, and envisions the future (van der Kolk, 2014). The insidious nature of trauma makes it difficult to organize

traumatic events into a coherent narrative, with a clear beginning, middle and end, thus “traumatized people become stuck, stopped in their growth because they can’t integrate new experiences into their lives” (van der Kolk, 2014, p. 53).

Not all traumatic events compromise one’s capacity to engage in life and relationships (van der Kolk, 2014). It is the traumatic events that overwhelm one’s sense of control, and block one’s normal responses from taking effective action. Feeling trapped can prompt states of high physiological arousal, often resulting in debilitating adaptations that prevent individuals from returning to homeostasis (Levin, 2010). Experiences of danger “without the possibility of fight or flight, and afterward without the opportunity to shake it off result in “tonic immobility—the paralysis and physical/emotional shutdown that characterize the universal experience of helplessness in the face of mortal danger” (Levine, 2010, p. xii). Many trauma survivors are incapable of fully reengaging with life and relationships, and experience threat, dread, depression, and self-loathing (van der Kolk, 2014). They are often menaced by nightmares and flashbacks, subject to uncontrollable rage and dissociation, and may be immobilized by a loss of purpose and lack of meaning in their lives (Hermann, 1992). Compounding this can be physiological problems with sleep, appetite, touch, and digestion (van der Kolk, 2014).

Childhood Sexual Abuse

Childhood sexual abuse can fall into the category of traumatic experience. van der Kolk describes childhood sexual abuse as “development trauma disorder” that includes” multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma: affective and behavioral

dysregulation; persistently altered attributions and expectations; and functional impairment” (van der Kolk as cited in Gil, 2006, p. 404). According to Herman (1992) “childhood trauma forms and deforms the personality,” colouring the world as unsafe, untrustworthy, and unpredictable, and the self as bad and powerless (p. 96). A child’s ability to modulate arousal is compromised, as debilitating symptoms of hyperarousal, intrusion and constriction can render the child helpless, and vulnerable to disconnection (Herman 1992). The legacy of trauma may result in children developing maladaptive ways of coping, thus keeping them locked in rigid and fixed action patterns and negative self-schemas that limit their capacity to engage alternative resources (Ogden, 2006). Thus childhood sexual abuse damages a child’s developing capacities for trust, intimacy, agency, and sexuality, and compromises how he relates to the world as a child and as an adult (Hopper, 2014).

It is important to acknowledge that children’s responses to trauma are entirely heterogeneous. As Gil (2006) points out, sexual abuse has the potential of causing great harm, yet each individual may negotiate the stressor differently, and outcomes may vary greatly. This will depend upon the child’s perceptions of the event, coping strategies, available resources (both internal and external), and other characteristics affecting their overall management of the experience, including personal control, symptom persistence, and helplessness versus hopelessness. These characteristics are further influenced by age; cognitive abilities; prior stressors and temperamental differences; and qualitative differences in motivation, attitude, and resiliency, the type, level and duration of trauma exposure, past

trauma history, the quality of the care-giver/ child relationship as perceived by the child, and socioeconomic status (Gil, 2006, p. 8).

Since childhood sexual abuse is not uniformly defined, statistics may vary, yet estimates suggest that one in four females, and one in six males in North America experience some form of sexual abuse before the age of 15 (Hopper, 2014). These experiences include a power imbalance, are accompanied by a significant age difference and involve touch in a sexual way, coercing a child to touch another's body in a sexual way, and attempting and committing any type of oral, anal or vaginal sexual intercourse with the young person, or the use of digits (hands, fingers) and objects (Lisak, 1994, Dube et al., 2005). Putman (2003) adds to this definition the exposure of children to adult's engaging in sexual acts, pornography, and exhibitionism. McDonald and Tijerino (2013) found that most perpetrators are in a position of authority or trust and are well known to the child. According to Senn et al. (2007) the severity of the trauma is heightened by "sexual abuse involving force, more intimate acts, a close relative, or repeated sexual abuse, and has been associated with poorer social adjustment, less life satisfaction, and more severe psychological symptoms" regardless of gender (p. 637).

Finklehor and Browns' (1985) Traumatogenic model helps to elucidate the phenomena and consequences of sexual abuse, conceptualizing traumatic sexualization, betrayal, powerlessness, and stigmatization as effects that lead to disturbances in self concept, world view, and cognitive and affective abilities. Children who have been traumatically sexualized may have "confusing misconceptions about their sexual self-concepts, inappropriate repertoires of sexual

behavior, and may have unusual emotional associations to sexual activities (Finklehor & Brown, 1985, p. 30). Betrayal refers to how children react to the discovery that someone they trust and are dependent on has caused them harm. Finklehor and Brown (1985) state that the level of betrayal is compounded by the family's response to the child's disclosure. "Children who are disbelieved, blamed, or ostracized undoubtedly experience a greater sense of betrayal than those who are supported (p. 531). The dynamics of stigmatization and powerlessness distort a child's sense of his or her worth and value, and compromise their ability to control their lives. These authors stress that behavioural problems associated with child sexual abuse are children's creative responses and attempts to cope with the impact of trauma.

Male Childhood Sexual Abuse

It is only in the last two decades that researchers have started to validate the experiences of male survivors of sexual abuse, and investigate the prevalence and impact on male social development, identity and well being (Alaggia & Millington, 2008). Seeking treatment when such abuse does occur is complicated by "male socialization that forces men to deny and minimize their experiences of victimization as well as their subsequent pain and suffering" (Lisak, 1995; Alaggia & Millington, 2008; Sorsoli et al., 2008, p.333). For men, a failure to disclose is often gender related, defined as a "fear of being seen as a homosexual, feelings of isolation due to the beliefs that boys are rarely victims, and fear of becoming an abuser (Sorsoli et al., 2008, p. 334). Feminist philosophy has exposed the inequalities that patriarchy has imposed on women and children, it is now illuminating the damage

patriarchy has done to men as well, and how a legacy of power and dominance has silenced, and hijacked men from experiencing healing through vulnerability, connection, and meaning making (Madigan 2011; Etherington, 2000).

In a comprehensive meta analysis spanning 22 countries it was found that 7.9 % of men have experienced some form of sexual abuse as children, and that boys who are sexually abused may lack an active and nurturing male role model and may be more likely to be physically abused than girls, with an increased risk of force, threat, and sexual penetration (Putman, 2003; Hopton & Huta, 2013; Senn et al., 2007). Men perpetrate 80% of childhood sexual abuse of boys, while female perpetrators commit 20% of sexual abuse on boys (Dube et al., 2005; Lew, 1988). According to Mendal's (1995) research study of 124 male survivors of childhood sexual traumatization, short-term effects of the abuse included fear, anxiety, shame, depression, and aggression, as well as confusion over sexual identity.

Potential, but not inevitable long term effects of male childhood sexual abuse include: anger, depression, dissociation, disturbances in ability to trust and maintain relationships, helplessness, isolation and alienation, a sense of powerlessness, low self esteem and negative self image, PTSD, sleep disturbances, self blame, guilt, and worthlessness (Putnam 2003; Alaggia & Millington, 2008; Hopper, 2014). McDonald and Tijerino (2013) found that male survivors experience increased suicidal ideation and attempts, greater academic difficulties, and more criminal, substance misuse and addiction issues. Hall (2008) reports that male survivors of childhood sexual abuse may feel distressed about their sexual responses, may engage in compulsive sexual behaviour, may have an aversion to

sex, and experience panic, dissociation or flashbacks during sex. Sexual abuse often leads to relationship difficulties, and to confusing sex with love, abuse, pain, being powerless or being powerful (Hall, 2008; Hopper, 2014).

The males who participated in the research studies reviewed for this thesis ranged between the ages of 24 and 65. Holmes and Slap (1998) found that in most small sample studies, non white males were abused more consistently than their white counterparts, yet the majority of men that disclosed abuse stories in these articles were Caucasian, followed by African Americans, Native Americans, and men of mixed race. In correlation with these statistics, the majority of religious affiliations were found to be of Christian faith, with non-practicing atheists and agnostics second, followed by aboriginal beliefs, (e.g. Great Spirit; Paganism) and Buddhism. The males in the assessed studies identified as predominately heterosexual, with approximately less than half of these men reporting as gay or bisexual (Grossman, Sorsoli, & Kia-Keating, 2006; Kia-Keating, 2005; Alaggia & Millington, 2008). The department of Justice Canada (2013) adds to these figures that one third of the participants interviewed for a study on the experiences of male survivors of sexual abuse and assault disclosed having a physical disability, suggesting an involvement of intersectionally based power dynamics (McDonald & Tijerino, 2013). All participants reported a range of traumatic events including, sexual, physical and emotional abuse, as well as neglect (McDonald & Tijerino, 2013).

In an attempt to stay engaged with the ethics of social justice that exposes power imbalances and acknowledges the importance of belonging and hope for

people who live in the margins of society, it is important to bring attention to the lack of research regarding transgendered individuals who have experienced childhood sexual abuse and the unique concerns this population is faced with (Richardson & Reynolds, 2012). A lack of data should not negate the relevance of a transgendered voice in the recognition and negotiation of predominant cultural discourse regarding male survivors, recovery and resilience, in the hopes of working against the “oppression that comes with being named, labeled and tagged” (Foucault, 1982 cited in Blackburn & Buckley, 2005, p. 202). Transgendered males FTM: female to male; MTF: male to female - who might have once temporarily identified as “male’ and/or were targeted for sexualized violence while in a ‘male’ – role - as well as non-binary men (e.g. sometimes male) can also suffer tremendously from sexualized violence. Transgendered people therefore need to be considered alongside traditional cisgendered men to encompass all aspects of male sexual abuse, trauma, and survivorship (Shelley, 2008).

Consistent Themes that Emerge from Utilizing Narrative Practices with Male Survivors of Childhood Sexual Abuse

Narrative therapy considers a post structural viewpoint that “understands problems as located in and produced by cultural understandings of what is normative” (Dickerson, 2014, p. 401). This process authorizes individuals to internalize the problem as something wrong with them, effectively limiting alternative possibility and preferred identity. Narrative therapists posit that human beings create meaning in their lives through the manner in which they story their experiences and their identities (White and Epston, 1990). It is by reflecting on

lived experience that we author stories that construct our narrative identities (Robinson & Hawpe, 1986). In the case of many male survivors of childhood sexual abuse, the dominant societal discourse has often overpowered the individual's attempts to construct unique stories that may challenge societies rules on behavior (Schermer, 2013). This disparity can create a discrepancy between the stories men are living, and the stories societal discourse is telling. Narrative therapists encourage agency, empowering the individual to facilitate a sense of personal authorship, concerning the events of one's life (Parry, 1997). In doing so male survivors of sexual abuse can begin to re-story the assumptions they have made about themselves and others (Madigan, 2011).

Narrative therapy "seeks to address trauma through a redevelopment and reinvigoration of a sense of oneself" (White, 2004, p. 45). Unresolved trauma leaves people with a sense of hopelessness, and lack of control in their lives (van der Kolk, 2014). "When people have little sense of personal agency they often feel irrelevant, desolate, and paralyzed as if their life is frozen in time" (White, 2007). By objectifying the problem, not the person, narrative therapy practices illuminate the oppression, and the response of isolation male survivors often experience (White, 2007). Thus oppressive themes of shame, self-blame, and emasculation, and old scripts with negative labels like damaged, defective, and unworthy can be challenged and deconstructed, and a new more compassionate story can unfold. Meaning making and resilience are organic offspring of the exploration and experience of alternative possibility, allowing a male survivor to recognize his own power and "read and write his own story" (Baird, 1996, p. 55).

Stereotypical masculinity that sanctions aggression, power and dominance, stoicism and self-sufficiency, rejection of feminine characteristics, homophobia and a preoccupation with sex, often conflicts with male survivors' experiences (Schermer, 2013; Kia-Keating et al., 2005). This is a theme that reverberates throughout the scant literature available on narrative practices with male survivors of childhood sexual abuse (Alaggia, 2008; Grossman, Sorsoli & Kia-Keating, 2005 and 2006; Weiss, 2010). The effects of sexual abuse undermine feelings of power and control for many male survivors. Given their experience of early victimization, these men live within the masculine contradiction that states they must be strong and invulnerable, "making it difficult for male survivors to develop integrated and functional identities" (Kia-Keating et al., 2005, p. 170). Men underreport their abuse experiences, and point to personal, relational, and sociocultural barriers that influence and alienate them from disclosing, which in turn exacerbates symptoms and hinders recovery (Sorsoli et al., 2008).

Male survivors narratives express shame, self-blame, humiliation, fear of public scrutiny, betrayal, isolation, disempowerment, denial, and confusion around responsibility as key themes (Alaggia & Millington, 2008). According to Weiss (2010), "shame is linked to a person's self worth and identity," and is "associated with self condemnation, powerlessness, feelings of disgrace, and failure (p. 286). Men who experience shame around their sexual abuse often believe that they have done something wrong, and worry that others will judge them for not living up to an idealized version of masculinity (Dorahty & Clearwater, 2012). This can lead to an internalization of the trauma to avoid fear, shame and self-blame and may result in

meaning being made of the experience that includes a negative self-evaluation and guilt; perceived helplessness and hopelessness; and distrust of others (Weiss, 2010). The sexually traumatized child may in turn learn to deny or mistrust their feelings about the victimization, or feel responsible and deserving of it (Baird, 1996). Thus the child often feels locked out of the possibility of human connection and believes he is powerless to change the situation (Brown, 2006).

Self-blame for a man often revolves around the notion of complicity in his abuse, an idea that is influenced and supported by gender socialization myths upholding the idea of the hegemonic male who is invulnerable to victimhood (Weiss, 2010). Self-blame is often complicated by the perpetrators demands for secrecy, and is conflicted by possible physical pleasure that the child may have experienced, or a sense of “specialness” the perpetrator communicated to the child (Alaggia & Millington, 2008, p. 270). In this way the male survivor of childhood trauma, rather than the perpetrator, is held responsible, blamed, and humiliated by the sexual trauma (Weiss, 2010). Self-esteem and confidence are often compromised by feelings of powerlessness, as the male child feels trapped, and their self-efficacy, control and coping skills are compromised, resulting in negatively biased internal representations (Sahin & McVicker, 2009).

Male survivors who have internalized a sense of victimization and who anticipate disapproval and rejection can become oppressed by a feeling of loneliness, fear of failure, and of being different and not belonging, which can lead to adaptive responses for survival (Dorahty & Clearwater, 2012). Denial and avoidance, for many men can become coping mechanisms that block out painful

memories or thoughts and feelings that are too hard to bear (Alaggia, & Millington, 2008). This results in male survivors becoming isolated from both themselves and others (Kia-Keating et al., 2005). Narrative therapy externalizes shame and deconstructs the dominant story surrounding and supporting shame and isolation, helping the male survivor to redefine and revalue himself and look back on his experience from a new and preferred perspective (Lang, 2013). In this way these men “can understand their history as one of courage and determination in the face of extremely oppressive circumstances” (Lang, 2013, p. 2).

Recovery and resilience are common themes in the literature, associated with the renegotiation of conventional masculine norms, that allow for both containment and resistance of traditional roles (Alaggia & Millington, 2008). According to Kia-Keating et al. (2005) recovery requires men to learn how to acknowledge their painful feelings, and disclose their experience with sexual abuse. An authentic, trusting and genuinely empathetic confiding relationship where the male survivor feels deeply understood and accepted is paramount for transforming a trauma narrative into one of resilience (Alaggia & Millington, 2008; Sorsoli et al., 2008; Lang, 2013). Cultivating resilience begins with a denial of the self-sufficiency myth, self-acceptance, and the courage to sit in one’s vulnerability and to reconnect with empathetic relationships (Weiss, 2010). Brown (2010) states that such relationships are based on “the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and they derive sustenance and strength from the relationship” (p. 19).

Another crucial dimension of a survivors' recovery is to integrate both the past and the present by finding a way to "make sense" of what happened to them in the past, and to make meaning of the place the abuse has in their current lives" (Grossman et al., 2006, p. 434). Narrative therapy's focus on the agency of personal authorship of alternative stories and possibilities allows for a dynamic process of meaning making to emerge. Making meaning involves handling the past, connecting to others, expressing emotion, disclosing abuse, developing wisdom, and understanding and taking pride in ones accomplishments (Kia-Keating et al., 2005). Through these means male survivors are often able to generate resiliency and renegotiate their experiences, by developing more adaptive and integrated identities despite the pressures imposed by masculine stereotypes (Kia-Keating et al., 2005). Meaning making helps the survivor regain an empowering control over his identity and fate, and develop a sense of belonging, and self-esteem (Harvey, 2007). Grossman et al.'s (2006) research suggests that there are many creative and adaptive ways that male survivors make meaning from their traumatic experiences that allow them to find "peace with what has happened, and also become more thoughtful, deeper human beings" (p. 440).

Conclusion

Narrative therapy with male survivors deconstructs problematic discourses perpetuated in a given culture, allowing for alternative stories that challenge the dominant discourse on masculinity (Baird, 1996). "Narrative therapy externalizes these stories so that self healing resources inherent in the soul can speak to us of its neglected longings and make us whole" (Parry, 1997, p. 118). In this way the

renegotiation of a preferred identity through the recreation and reinvigoration of a sense of self can facilitate and expand one's possibilities (White, 2004). Activating choice and empowering the male survivor to re-author a revised narrative that harnesses their unique competencies and capabilities can help males navigate what masculinity means for them (Grossman et al., 2006). Acknowledging narratives of resistance to a shame based dominant story can illuminate revised stories that redefine power as an ability to be in control, connect, and care, inspiring generative change in the way survivors view themselves, their relationships and their environment (Lang, 2013).

Chapter 3

Resilience and Resistance

The purpose of this chapter is to understand the expressions of resilience and resistance that male survivors of sexual abuse bring to trauma recovery. Understanding how survivors practice resilience as well as exploring the unique interplay of internal and external influences that support an individual's unique resilient strategies in complex social contexts can foster positive therapeutic change (Unger, 2005). Harvey (2007) conceptualized resilience as an active, reciprocal engagement between persons and context. Illuminating resources, strengths, and adaptive responses can empower trauma survivors to recognize, nurture and mobilize their capacity for resilience and recovery. Exploring the narratives of male survivors of sexual abuse for signs of resilience and resistance can honour lives well lived despite adversity, contribute to the recognition of a past sense of agency, the development of new competencies, and the instillation of hope for a better future.

Understanding Resilience

Harvey (2007) defines resilience as a “multidimensional phenomenon expressed in relative degrees across multiple domains of psychological functioning” (p.24). Resilience refers to an individual’s ability to maintain a stable balance despite disturbances in normal functioning (Bonanno, 2004). Resilience is both “transactional and contextual” and thus is shaped, nurtured, and initiated by an engagement between person and environment (Harvey, 2007, p. 24). From this ecological perspective trauma recovery can be viewed as a process whereby a male survivor actively negotiates and influences his environment, and in which “maladaptive ways of relating and conceptions of the self coexist with adaptive functioning and resilience” (Tummala-Narra et al., 2013, p. 647). Therefore it is “possible to see trauma survivors as simultaneously suffering and surviving” (Harvey, 2007, p. 15). Fostering resilience in male survivors can be hypothesized as the outcome of “experiences and identity stories” cultivated by a survivors attempts to access coherent narratives and promote well-being whilst experiencing hardship (Unger, 2003, p. 92).

A focus on resilience shifts attention away from a pathologizing discourse that emphasizes the “etiology of disease over the etiology of health” (Unger, 2005, p. 91; Bonanno, 2004). Unpacking the idea that resilience is a fixed psychological state that results from innate qualities can empower survivors of trauma so as to negotiate a new narrative, one that better fits with who they are in the here and now. Resiliency is not an all-or-nothing phenomenon, but an active process through which individuals recognize past efficacy and strengths in certain life domains, and

mobilize healing resources to secure recovery in others (Harvey, 2007). In this way resilience can be defined as a dynamic, multifaceted process that evolves over time (Van Vliet, 2008).

Resilience is more common than rare, with approximately 20 to 44 % of victims of childhood sexual abuse reporting no long-term symptoms or mental health problems (Bouvier, 2003). According to Harvey (2007) individuals differ considerably in their symptomology, and in the extent to which those symptoms persist and influence an individual's functionality.

Differences reflect a complex interplay of many influences, including: the nature and chronicity of the events to which they are exposed; demographic factors such as age, race, class, and gender; neurobiological mediators of hardiness and vulnerability; the influence and stability of relevant social, cultural, and political contexts; and any number of ecological factors that support or impede access to natural support, comforting beliefs, and trauma-informed clinical care (Harvey, 2007 p. 13).

Resilience is evident when trauma has not harmfully impacted an individual due to his ability to activate pre trauma internal resources, while allowing for post traumatic growth to manifest through higher level functioning and meaning making (Sheikh, 2008).

Resiliency risk factors appear to be associated with a lack of positive, encouraging, flexible, and adaptive care givers (McElheran et al., 2012). Thus families who struggle with poverty, parents who engage in harsh punishment, lack education, have a history of depression or mental illness, have substance abuse

issues, and suffer chronic negative life events may adversely affect a child's ability to foster resilience (Hilarski & Wodarski, 2008). Often insecure attachment is a result of this relational environment exacerbating issues with anxiety, problem solving skills, impulse control, and possible revictimization (Hilarski & Wodarski, 2008). Youth who seek socially supportive relationships can activate powerful protective measures and mobilize resilient capabilities (McElheran et al., 2012). Signs of resilience can "emerge in the context of access to at least one adult source of support" possibly ameliorating the painful consequences associated with childhood sexual abuse (Tummala-Narra et al., 2013, p. 641).

Resilience can also be connected to a survivor's individual explanatory style that attributes a situation to a cause that can be "stable or unstable; global or specific; and internal or external" (Sahin & McVicker, 2009, p. 2). Survivors with an optimistic explanatory style are better able to conceptualize bad events as temporary, specific, and external, and they also view positive events as internal and permanent (Sahin & McVickers, 2009). These individuals have an internal locus of control, a built in protective factor that allows them to believe in their positive qualities and strengths, they seek support, and trust that defeat is a temporary setback.

Harvey (2007) has conceptualized interrelated domains that support resilience and recovery: a sense of control, choice and integration of memory; affect tolerance, symptom mastery, self-cohesion, self-esteem, and self-care. In this thesis I am concerned with the resilient domains of a survivor's ability to connect with others in growth fostering relationships and the process of meaning making.

Finding safe attachments and a place of belonging can help male survivors negotiate and maintain personal safety within relationships and to develop trust, safety, and enduring connection with others (Harvey, 2007). Meaning making is the process by which a survivor attributes revised meaning to the trauma, to the self as a survivor, to self in relationship, and to the world (Harvey, 2007).

Childhood Sexual Abuse and Resilience

According to Carruth (2011), relational trauma is “a wound to one’s sense of self” that profoundly affects the way in which an individual perceives and relates to one’s environment and one’s self (p. 1). Trauma can overwhelm a male survivor’s ability to be a proactive agent in his life and relationships. It can negatively alter an individual’s self-schemas, beliefs and goals, and challenge his ability to regulate emotional distress and be present in the world (van der Kolk, 2014). Understanding the internal and external symptoms related to relational trauma, as well as the maladaptive coping mechanisms individuals adapt to survive is important when working with childhood sexual abuse survivors. “The pathological environment of childhood abuse forces the development of extraordinary capacities, both creative and destructive” (Herman, 1992 p. 96).

Understanding the complex dynamics involved in childhood abuse informs how children survive psychological trauma, and how they learn to cope, or limit themselves accordingly (Sieff, 2006). According to Courtois (1988) the ultimate work of trauma therapy is to “validate the reality of the original injury (and) to identify survival skills so that the injury can be healed and the arrested process of development completed” (p. 120). Many male survivors of childhood sexual abuse

lose a sense of possibility in their lives and may have learned to through isolation and disconnection (Tummala-Narra et al., 2013). A therapeutic focus on resilience and resistance can offer these men an opportunity to understand the creative adaptations to their traumatic experiences. When symptoms are viewed as survival skills the individual can begin to view themselves as an “authority of their own experience - in control and empowered (Courtois, 1988, p. 120).

Resilience and Meaning Making

According to Levine, “meanings are labels we attach to the totality of experience- that is to the combined elements of sensation, behavior and affect” that enable us to interpret inner experience and communicate it to others (Levin, 2010, p. 151). “Childhood sexual abuse may have a traumatic impact on the meaning making system, fragmenting integration of experience” (Harter, 2001, p. 47). When an individual as been abused, his beliefs can become restricted and critical, possibly shaping the self as unlovable and damaged, people as untrustworthy, and the world as dangerous (Levine, 2010). When a child has experienced sexual trauma and been deeply conditioned through fear such meanings can become fixed and pervasive (Hilarski & Wodarski, 2008). Due to this early conditioning adult males often draw conclusions that are coloured by the traumatic events of the past and may therefore be unable to access alternative meanings or behaviours that might contradict these beliefs and empower change in the present. Many survivors “lose a meaningful purposeful course of action and become stuck, engaging in ineffective or compulsive patterns of behavior” (Levine, 2010, p. 138).

A child's perception of the sexual abuse mediates its impact, thus the meaning of adversity is largely a matter of personal perspective (Hilarski and Wodarski, 2008; Van Vilet, 2008). The relational and developmental context in which children experience trauma can become internalized into a child's sense of worth and meaning about people and environment, creating interpretations that may reflect the survivor's sense of unworthiness and lack of power and control (Chavez et al., 2008). In adulthood sexual abuse may challenge a man's sense of masculinity and sense of identity. Sexual victimization can render some men powerless because they could not stop the abuse, and they may feel shameful that they could not protect themselves (Diamanduros, 2012). Gender role strain can force men into secrecy and silence, leading to a meaning making based on a pervasive sense of personal inadequacy, reduced emotionality, and shame based reactions (Hopton & Huta, 2013).

According to Grossman et al. (2006) reauthoring rich, meaningful narratives allows men to make peace with their pasts and become more compassionate, thoughtful human beings. As survivors of childhood sexual abuse restore a sense of agency, they regain the capacity for reflective self-awareness and arrive at a place of self-forgiveness and self-acceptance where previous meanings can be transformed (Levin, 2010). Encouraging protective self-cognitions around self-esteem and self-efficacy will help survivors negotiate their environments (Tummala-Narra et al., 2013). Working with male survivors' narratives that explore how one copes with loss and rebuilds one's life after trauma may facilitate a redefined sense of self (Lynch, 2007). This in turn allows for a disconnection from a shame based, self-

blaming identity and a reconnection to sense of self worth, marked by choice and change.

Resilient survivors' of childhood sexual abuse are able to make sense of their trauma and cultivate meaning from the experience in a way that integrates the past and present while renegotiating societal gender norms (Grossman et al., 2006). Self-understanding seems to be a necessary component for successful recovery. Understanding transpires as the survivor comprehends the external factors, develops insight into himself, and externalizes himself from shame and self-blame (Van Vliet, 2008). This can be accomplished by making meaning through actions and altruism, or a commitment to help others, building a cognition framework to understand the past and turning toward spirituality (Grossman et al., 2006).

Resilience and Supportive Interpersonal Relationships

Childhood sexual abuse can compromise an individual's capacity to access his social engagement system that provides self-soothing and protection (Levin, 2010). "Being engaged in a social world is being engaged in the here and now, and creates a sense of safety and belonging" (Levin, 2010, p. 94). Thus trauma can lead to difficulties with self-regulation, the ability to trust others, fear of being unloved or abandoned, and low satisfaction in intimate relationships (Tummala-Narra et al., 2013). The betrayal of relational trust may leave some survivors fearful of being vulnerable and hurt again. Many victims of trauma struggle to reconcile their desire to connect and the need to protect themselves, which can make relationships seem threatening and confusing. Thus engaging authentically in mutually empathetic and

empowering relationships may prove challenging for some survivors of sexual trauma (Hartling as cited in Comstock, 2005).

Caregivers “play a crucial role in validating or invalidating a child’s constructions of the world” through the development or neglect of safe and secure primary relationships (Harter, 2001, p. 41). Since a child’s creation of self is connected to the body, sexual abuse may contribute to interpretations of the self as fundamentally vulnerable, bad, contaminated, or flawed, leading to adult self narratives that reflect “greater distress and affectively laden but unstable self-constructions” (Harter, 2001, p. 43). Childhood sexual abuse can directly affect a survivor’s sense of self worth, negatively targeting self-esteem and self-efficacy, two important personal resiliency resources basic to mitigating a fear of abandonment, while developing healthy boundaries, a sense of control, and the ability to trust and feel secure in intimate relationships (Lamoureux et al., 2012; Alaggia & Millington, 2008). Many male survivors interpret abusive experiences through a self-blaming and unlovable lens, associate love with hurt and internalize self-denigrating messages that can result in isolation and self-destructive behaviours (Hopton & Huta, 2013). Early traumatic experiences and an evolving meaning system that anticipates replications of past events can work to influence how survivors negotiate relationship, interpret safety, and access support (Tummala-Narra et al., 2013).

Since there is a direct correlation between lack of social support and negative views of the self, a male survivor’s movement towards empowerment through the creation of positive and meaningful relationships can directly influence resilience

and recovery (Sorsoli et al., 2008). Supportive relationships can play “a protective role or serve as a recovery environment when the relational experience does not resemble the exploitative and abusive aspects of the original traumatic event(s)” (Tummala-Narra et al., 2013, p. 641). Disclosure in a trusting confiding relationship often has the capacity to transform shame, confront isolating behaviours, and ameliorate the negative effects of the abuse (Sorsoli et al., 2005). Van Vliet (2008) believes that shame is an elicited reaction to social rejection that potentially threatens perceived attachment ties, self-esteem, and a sense of belonging, often resulting in social disconnection. In the process of rebuilding a sense of self or revised narrative, “individuals restore and expand their positive self-concept, repair and strengthen their connections to the outside world, and increase their sense of power and control” (Van Vliet, 2008, p. 13). Resilience is generated when male survivors learn to cultivate courage, compassion, and connection, embrace their vulnerability, and accept empathy in their journey towards recovery (Brown, 2010).

Encouraging male survivor’s to seek, build, and maintain secure and supportive relationships can not only help to ease stress, but aid in the creation and expansion of alternative self and other narratives that may contribute to the development of post traumatic growth (McElheran et al., 2012). The therapeutic alliance can provide such a recovery environment nurturing a secure attachment template that can function as a mechanism of change (Schore, 2008). The goal of attachment is to create a sense of “felt security” that is fundamental for survival, enduring loss and separation, and allowing for engagement with others (Connors, 2011, p. 350). Adult clients who have not experienced safe, reliable, and responsive

attachment figures can benefit from working with an attuned therapist who can bear witness to the trauma story and inspire hope for alternative narratives of resilience and growth (Tummala-Narra et al., 2013). Increasing the ability to talk and experience emotion concerning abusive events that instigated problematic identity narratives, and that initiated severe disconnection in the men's relationships can be imperative to relational development (Kia-Keating et al., 2005). Therapy "offers the experience of an attachment relationship within which to remember, reflect on, and gain a new understanding of the events and experiences that have led to distress," allowing for increased connection and authenticity (Sable, 2007, p. 367).

Resilience is not only an internal process, but a relational dynamic "characterized by movement toward authenticity, mutual empathy and mutual empowerment" (Hartling as cited in Comstock, 2005 p. 339). Treatment for survivors of childhood sexual abuse must include an empathetic therapeutic relationship that encourages a development of "self-regulation and psychological adjustment including affect tolerance, self worth, and an inner connection to benevolent others" (Pearlman & Courtois, 2005, p. 452). This will require therapeutic work that highlights the relational dynamics of "forming a therapeutic bond, establishing boundaries, addressing re-enactments and managing dissociative processes" (Pearlman & Courtois, 2005, p. 452). In this way the fear response is mitigated by a safe therapeutic attachment, revised meaning making, and by a body whose reactions to stress can be predicted and controlled - all of which allow the

client to share in a healing here and now relational engagement that nurtures and promotes resilience (van der Kolk, 2014).

Resistance

Resistance is often labeled as pathology, interpreted in psychodynamic terms as psychological defenses, or as a way of referring to those clients who do not comply with therapeutic advice (Wade, 1997). Healthy resistance is overlooked and obscured, along with any attempt to expose, withstand, stop, or prevent victimization (Wade, 1997). Deconstructing the notion of the victim as an “effected object with internal difficulties” whilst reconstructing an identity as a “responding agent with internal capacities to resist mistreatment” can offer alternative meaning making for survivors of sexual abuse, illuminating pre-existing skills, knowledge, and capabilities (Coates & Wade, 2003, p. 118). Thus to honour resistance it is important to acknowledge that all people who are faced with oppression resist; resistance should not be judged by its capacity to stop violence; and that highlighting resistance creates the possibility to maintain an individual’s connection to dignity and humanity (Richardson & Reynolds, 2012).

A flexible and judicious use of language works to elucidate how violence affects an individual, and how that individual responds physically, emotionally, and spiritually, covertly or overtly to overcome that oppression. An individual’s perceptions are generated through language that filters “what we see, or choose to see, and by doing so influences what we communicate to others” (Easteal et al., 2012, p. 326). Linguistic devices can effectively change how we relate to our own or

another's experience, and limit the possible ways in which these experiences can be perceived and understood (Coates & Wade, 2007).

Language can be used to obscure the unilateral and deliberate nature of oppressive acts, misrepresenting and concealing violence, mitigating perpetrator responsibility, concealing victim resistance and blaming or pathologising the victim (Coates & Wade, 2004). Violence is social, and an abuse of power that must be understood in an interactional context that examines both the offender's independent actions and the victim's response and resistance to those actions (Hoff, 2009). According to Coates and Wade, violence is "deliberate, in that perpetrators anticipate resistance from victims and take steps to conceal and suppress it" (2003, p. 116). To promote change, language must be reclaimed as a tool to expose violence and its unilateral, deliberate, nature while honouring creative and intelligent resistance (Coates & Wade, 2007).

Asking male survivors how they responded to sexual violence can help to recontextualize the effects of the abusive experience. In this way an individual is allowed to reclaim their resistance knowledge and the meanings associated with it (Richardson & Reynolds, 2012). Enabling a choice to stand outside a pathologizing discourse can ignite a sense of agency through a perspective that both acknowledges the impact of trauma while celebrating an individual's ability to actualize resilience and potential (Anderson, 2006). Cultivating the strategies of resistance a survivor employed to limit a perpetrator's access or challenge their authority over them can elicit narratives of determination and perseverance. Stories of resistance that are spontaneous, prudent, determined, and pervasive with no expectation of success are

evident within every story of oppression, thus nurturing the “small acts of living” may prove liberatory for some survivors of sexual abuse (Wade, 1997).

Conclusion

Through an investigation of client resilience and resistance to oppression and violence a male survivor can exercise personal agency and reflect upon and transform their identity with intention (Sanders, 2007). In this way new narratives that highlight a survivor’s unique responses can be storied, which honour pre-existing strengths whilst recognizing potential for post traumatic growth. Understanding that all the while survivors were resisting oppression and trying to change their situations can facilitate a sense of self-efficacy and self worth, and engage an inner power to make choices, connections, and new meanings from within adversity. Bearing witness to the pain and isolation of a survivor’s experience allows for the possibility of change and provides “people a place to belong and a position from which to continue both celebrating and resisting” (Reynolds, 2002, p. 101).

Chapter 4

Narrative Therapeutic Practices and Male Survivors of Sexual Abuse

The purpose of this chapter is to explore the theory and practices of narrative therapy with male survivor’s of sexual abuse, in the hopes of empowering their choices, agency and self worth. This chapter focuses on four specific narrative tools when working with male survivors, including externalization, deconstructing and re-authoring story and identity, and the recruitment of a team of support, as well as an illumination of survivor response and resistance. Narrative therapy

practices allow clients the opportunity to create a coherent life history actualized by following affectively laden themes, and transforming them through the reparative action of story telling and meaning making. In this way “narration as an act, both by it’s process and it’s content, can be an antidote” to the feelings of anger, shame, loss, self-blame and unworthiness many survivors of childhood sexual abuse experience” (Cloitre, 2006, p. 65). Deconstructing and re-authoring a revised narrative can liberate a survivor from the secrecy that can potentially paralyze self-expression instilling a belief that it is possible to influence ones world (Madigan, 2011). Resiliency and agency is fostered through creating and narrating a story that appreciates difficulties whilst recognizing strengths and honouring healthy resistance. Awareness, wisdom, purposeful decision-making, hope, dignity and belonging can now come forward and affirm a survivor’s experience and transformative potential (Cloitre, 2006).

Narrative Therapy

Narrative therapy emerged out of a postmodernist social constructivist theoretical framework that explores reality as a socially defined construct rather than a knowable and constant fact or essential truth (Pare, 1995). Postmodernist psychology views one’s reality as co-created, negotiated, and defined from within a shared community of relationships. According to Friedman and Combs (1996), these socially constructed realities are constituted through language, and organized and maintained through narrative. These narratives categorize and communicate knowledge about who we are and how we fit in our world (White & Epston, 1990). Individuals derive meaning by sequentially organizing, selecting and filtering events

(White, 2007). The idea of the self is thus formed through interactions and stories that individuals tell about themselves. Postmodernism and social constructivism espouse the ideology that there can be numerous experiences of the self at different times and within different contexts, offering up various interpretations of reality and multiple possibilities and perspectives from which to experience life (Friedman, Combs 1996).

White and Epston's (1990) narrative therapy emerged from postmodernist and social constructivist theory, and is influenced by the discourse fields and nodal praxis drawn from social work, feminism, anthropology, literary criticism and queer theory (Madigan, 2011). Narrative therapy espouses a non-pathologizing and anti-oppressive stance that considers how identity is created and maintained through the telling, and retelling of stories mediated within the contexts of class, race, sexuality, age, gender roles, culture, etc. (Madigan, 2011). Many of these dominant stories are constructed by others and carry the potential to isolate and disconnect. Narrative therapists are cognizant of dominant normative discourses that not only reflect 'reality', but also construct it, making alternative and preferred realities difficult to access (White & Epston, 1990). Narrative practices seek alternative stories that help people break from a problem-saturated identity, reducing the influence of the problem and opening up space for new possibilities for living. Change comes from the renegotiation of meaning and the re-authoring of richly described, preferred stories for life and relationship (Morgan, 2003).

Narrative therapy connotes a respectful, non-blaming practice that views problems as separate from the individual, and considers the individual an expert in

their lives with the ability to determine what is best for them (White & Epston, 1990). Narrative therapists view themselves as “collaborative agents of generative change” with story telling providing a means of “shared remembrance” as the therapist witnesses and acknowledges the impact of pain and loss associated with childhood sexual abuse whilst highlighting and developing alternative interpersonal schemas and behaviours (Lang, 2013, p. 2; Cloitre et al., 2006, p.71). Narrative therapists’ work is based on the assumption that male survivors have skills, knowledge, competencies, and abilities that can reduce the influence these problems create (Morgan, 2003). Narrative practitioners work with clients to deconstruct how a problem has been constructed, re-authoring new narratives that highlight unique outcomes when the problem did not have control in the individual’s life. Assembling an alternative story requires a “collaborative adventure” that recognizes strengths, determination, and resistance, empowering a sense of personal agency and intentionality (Sanders, 1997, p. 401).

Narrative Practices

Deconstructing the Dominant Story

Dominant sociocultural narratives “are embedded in all communities, promote norms and expectations and influence the meaning we ascribe to events” (Draucker, 2003, p. 7). These narratives can often be oppressive and prevent individuals from accessing and living their preferred reality (White, 2007). Deconstructed, the parts of the dominant story are “not as compelling as when thematically united and with their sources exposed, the authorities that created and perpetuated the facts can come into question” (Baird, 1996, p. 7). According to

Madigan (2011), “the primary objective of narrative therapy is to demystify deviations in the problem story being told” (p. 9). Helping male survivors to break down the social context that has interpreted their experience can be a re-empowering invitation to author one’s own story, enabling them to “re-vise, re-collect and re-member” a particular problematic plot of sequenced events (Madigan, 2011, p. 30).

Perpetrators often anticipate a child’s acts of resistance and work to conceal and suppress any attempt to be an active social agent (Coates & Wade, 2004). Many abuse survivors live with trauma narratives authored by their perpetrator or societies dominant discourse, and “struggle with the experience of being treated as an object for gratification of a powerful other, while lacking a voice to protest that construction” (Harter, 2001, p. 56). These narratives tell stories of oppression, where secrecy demanded by the perpetrator, can force children to accept responsibility for the abuse, and deny their unique truth (Madigan, 2011). As a result, feelings of shame can generate beliefs marked by inferiority, self-blame, and a fear of rejection by others creating thin conclusions about one’s sense of self (Cloitre et al., 2006). This can work to diminish what a male survivor values in life, further invalidating their experience and contributing to identity scripts that speak of a sense of irrelevance or personal paralysis (White, 2004).

The idea of sexually abused men and boys starkly contrasts with society’s dominant beliefs about masculinity, notions that espouse stoicism, independence, homophobia, and aggression, making it difficult for the dominant discourse to accept and acknowledge the significance of the trauma (Kia-Keating et al., 2005).

Thus working through the abuse, talking about it to others and experiencing feelings connected to the trauma can be a frightening and lonely experience. This can effectively narrow a survivor's possibility for examining and deconstructing problematic stories, and re-authoring a new narrative that are more personally relevant (Sorsoli et al., 2008).

Kia-Keating et al. (2005) found that male survivor's who were able to deconstruct problematic victim identities and conventional masculine norms and renegotiate narratives that both contain and resist traditional roles, were more resilient in their recovery. If a male survivor struggles with an identity defined by dominant discourse, notions of stoicism and self-reliance, physical toughness and sexual prowess can have a direct impact on their behaviour, resulting in possible isolating or self-destructive behaviours, feelings of powerlessness and confusion about sexual orientation (Weiss, 2010). Deconstructing problematic gender stereotypes has the potential to begin a process of rebuilding that allows men to challenge limiting stereotypes in the service of regaining dignity, and physical and emotional relatedness (Alaggia & Millington, 2008).

Narrative therapeutic practices with male survivors of sexual abuse can be utilized to explore relational themes of safety and power, emerging feelings of trust in others, feelings about the self in relationship, and the tension between past and present ways of relating with others (Tummala-Narra et al., 2013). This may allow for a renegotiation and emergence of alternative possibilities, ones that recognize the dynamic coexistence of maladaptive ways of functioning with creative adaptations and resilience. In this way male survivors can experiment with new

narratives of the self and relationships and collaborate in the deconstruction of oppressive stories that “contain irreconcilable and contradictory” interpretations and re-author their own unique meaning making (Madigan, 2011, p. 165).

Externalization

In a revised narrative, rebuilding of the self can occur along with the externalization of shame, self-blame, and other problematic identifications away from the core self, effectively challenging the objectification of the individual (White, 2007). The intention is to externalize the restraining aspects of identity, whilst simultaneously internalizing a sense of self-worth, empowerment, and agency (Sanders, 1997). When a survivor is allowed to stand apart from a problematic definition of who he is, alternative possibilities can arise. When a problem is externalized, space is created that allows the individual to identify the practices and interpretations that can sustain or diminish the problem’s influence (Madigan, 2011). Decentering a problem’s dominance can create a shift in the power dynamic, allowing an individual’s self-efficacy, skill, and knowledge to emerge, which in turn helps to reduce shame and creates potential for connection, revised meaning making, and recovery (Lang, 2013).

Male survivors of childhood sexual abuse who express shame and guilt in their narratives, often anticipate disapproval. “They feel shame in having become accomplices in something wrong, being held captive by their circumstances, and being ineffective to escape from these circumstances” (Cloitre et al., 2006, p. 69). To ameliorate the humiliation and fear of possible public scrutiny, many men lose their ability to recognize and utilize emotion as a directing force in their lives. They

prefer to suffer in silence and in so doing may align with a victim identity (Hunter, 2010). When shame is externalized as a social construct, with rules and regulations that can define experiences as shameful, the dominant discourse that perpetuates stereotypes can be deconstructed and emotional support can become available (Weiss, 2010). Secrecy can work to generate an invisible bond that often connects the survivor and offender, but disclosure can symbolically cut that tie allowing survivors the opportunity to let their whole self be known, understood, and accepted (Cloitre et al., 2006). In this way male survivors are able to reconnect with others, ask for help, and accept all their emotions, including vulnerability and pain, and reclaim their personal power and control (Kia-Keating et al, 2005).

Re-Authoring a Preferred Narrative

Re-authoring a story invites people to pay attention to the more neglected events of their lives, and the unique outcomes that can allow for a point of entry into alternative plot lines (White, 2007). This can provide male survivors with the space to develop a sense of self that honours their life, recognizes resistance, creates options for action taking in regard to their problems, and enhances a general sense of intuitively knowing of how to proceed in life (White, 2007). Through the identification of hidden unique outcomes, vital responses can be accessed that illuminate not only what a male survivor values, but also his skill, knowledge, and agency (Madigan, 2011). Thus gaps are filled, stories are thickened and curiosity can inspire the imagination to create new meaning and a reengagement with life and relationships.

Through the deconstruction of a dominant story and the re-authoring of an alternative narrative, male survivors can begin to experience themselves as uniquely capable on account of what they have been through generating resilience by “developing more adaptive, more integrated, and non-perpetuating masculine identities” (White, 2005; Kia- Keating et al., 2005, p. 175). In this way preferred identities can be generated that provide opportunity for action and change, seen as a renegotiation of a sense of a safety, redefinition of a sense of self, and new ways of relating in relationship (Tummala-Narra et al., 2013). Resilient male survivor’s can “use their skills to amend problematic family patterns: correct negative intergenerational patterns; heal from the violence and abuse in their pasts; and eventually find stable, non-abusive and supportive relationships” (Kia Keating et al., 2005, p. 183).

Re-authoring narratives can also provide a male survivor with the opportunity to make sense of what happened to them, privileging their own lived experience over meanings assigned by others, including families, professionals, or offenders (Harter, 2001). Resilience is a consistent theme connected to meaning making, made possible through the “reconstruction of sexual and romantic attachment, the identification and working through of maladaptive relationship patterns, avoidance behaviors, and triggers, and the reclaiming of power over the physical self” (Tummala-Narra et al., 2013, p. 645). Gender norms that restricted male survivors in the past can now be resisted and re-authored into alternative plotlines, where physical toughness can be reframed as putting an end to violence; stoicism can be transformed through disclosure into vulnerability and helping

others; and sexual prowess can become intimacy and belonging (Kia-Keating et al., 2005). The ability to re-author shameful traumatic events can help many male survivors become “stronger, less judgmental, more compassionate, and more self-aware” with increased empathy towards others and improved feelings of self worth (Van Vliet, 2008, p. 21; Tummala-Narra et al., 2013).

Constructing a New Relational Team: Internalized Supportive Voices

Humans have the unique capacity to internalize voices of significant people that support a constant state of discourse in their lives (Schermer, 2013). These inner dialogues have the potential to positively or negatively influence an individual. Thus understanding the extent to which a male survivors life is co-authored in the context of significant relationships is vitally important (White, 2007). The repercussions of sexual abuse can “often push people to dis-member from the support systems that surround them and coerce them toward isolation, detachment and withdrawal” (Madigan, 2011, p. 124). Engaging an audience of support that is available in real time or in imagination can help to contradict socially constructed norms and challenge problem-saturated identities (Schermer, 2013). This community of support can offer an antidote to the possible coping effects of isolation and invisibility, providing opportunities for male survivors to be seen and heard accurately, and “garnering witnesses to one’s worth, vitality, and being” (White, 2007, p. 181).

Recognition of supportive teams can allow male survivors to determine if the messages reflected from significant others are congruent with whom they believe they are today. Allowing them to keep or resist the influence of these voices can

empower men to make choices in creating a new team and authorize different messages that encourage alternative identities (Schermer, 2013). Updating old team members whose influence is oppressive or invalidating, with new members who lend greater public and factual character to people's identity claims and who "push a plot forward" can authenticate a male survivor's experience, as can utilizing one's imagination to invite new recruits with qualities the survivor admires, or remembering validating relationships from the past, to generate dialogues that support the individual's construction of a new identity (White, 2007, p. 184).

Working with Survivor Responses and Resistance.

An awareness of social injustices that "expose violence, clarify responsibility, elucidate and honor victim responses and resistance, and contest the blaming and pathologizing of victims are essential for socially just, safe, and effective prevention and intervention" (Coates & Wade, 2004, p. 26). The language we use creates a lens through which we perceive the world, reflecting back societies dominant values. Language is coloured by context and encapsulates gender, identity, and culture, and is thus swayed by power, agency or passivity in the service of exposing or concealing a survivor's creative, informed, and intelligent responses and ever-present resistance (Wade, 1997). From within this discourse, themes of resistance to shame, powerlessness, silence, and isolation can be drawn out that acknowledge the survivor's resolute resilience and resourcefulness (Anderson, 2006). According to Todd and Wade (2007), "resistance to violence is a positive construction that signals an individual's desire for safety, respect and dignity" (p. 2).

Childhood sexual abuse can contribute to a loss of a cohesive narrative, and psychosocial integration, and to the development of a sense of powerlessness and problematic identity, thus it is necessary to explore how the effects of trauma, when taken into context, can be seen as a way of adapting to sustained disconnection, “when an individual can not meet the demands of the environment and survives by adopting a diminished mode of functioning” (Alexander, 2008, p. 163). When helplessness, shame, inferiority, and self-blame become the dominant story, a male survivor’s sense of agency can be compromised, allowing a victim identity story to take over. Focusing on survivors’ responses to trauma and their stories of resistance can contribute to a secondary story development (Wade, 1997). “A response is an embodied act that stems from the person and evinces important human capacities such as will, judgment, and imagination” (Todd & Wade, 2007, p. 2). A sense of self-efficacy and self worth can be recovered by exploring the many ways in which individuals responded to the abuse in an attempt to” lessen the effects of trauma, to seek comfort, and to try to preserve what was precious to them” (Yuen, 2007, p. 5).

A dynamic process that “includes reflecting, challenging and defining” survivor responses, and perpetrator responsibility can help to foster resilience for male survivors of sexual abuse (Unger, 2005, p. 92). By empowering the survivor to recognize himself as an active agent, the narrative of himself as a ‘passive product of socially determined effects’ can be deconstructed (Wade, 2007). Reflecting on responses to trauma can highlight hidden strengths and elucidate what the survivor values (Yuen, 2007). According to Wade (2007), focusing on how a survivor

responded to trauma must be “unique, specific and concrete” and has a three-part significance (p. 2). The first piece “refers to the specific interaction and the perpetrators actions; the second part makes the survivor’s responses the topic, and presupposes that he did indeed respond immediately and that his responses are important” (Wade, 2007, p. 10). The third part asks the client to describe his overt behaviour and reconnect to what he values and his hidden sense of agency (Wade, 2007). Questions that thicken the description of responses such as:

1. How did you respond?
2. How did you choose this course of action?
3. What were you paying attention to?
4. What else did you do?
5. What helped you through this situation?
6. Did you have any allies in your resistance?
7. Can you connect this act of resistance to other experiences of resistance in your life?

These questions can elicit responses that paint an empowering picture of survivor resistance (Reynolds, 2014). By honouring the small acts of living even when open defiance was impossible an individual can form “a psychological barrier between himself and his tormentors, behind which he can manipulate some sense of safety, autonomy and self-worth” (Wade, 2007, p. 3).

“Connective questions” link past forms of resistance associated with the sexual trauma to multiple “pervasive, continuous and varied” behavioural and cognitive acts of resistance a survivor has utilized through out their lifetime (Wade,

1999, p. 122). Connecting questions can also help to co-create meaning making that can be linked to a survivor's preferred way of being in the world and relationship, initiating a sense of control over one's identity and story (Yuen, 2007). Alternative plot lines that recognize strength and determination and empower choice can organically inspire a cohesive narrative that establishes a sense of continuity between past and present whilst orienting towards future possibilities (Cloitre, 2006). When taken in context, a victim's complex responses to violence illuminates the many opportunities he created and capitalized on to maintain dignity, belonging and hope both in the past and present (Wade, 2007).

Group Therapy for Male Survivors

According to van der Kolk (2014), support is a necessary condition for learning how to regulate internal affective states and modulate external behavioural responses. Group therapy can address male survivor's isolation by restoring vital connections and establishing new sources of peer support, sources that can offer alternative and reciprocal relational experiences marked by caring and compassion (Harvey, 2007). Witnessing is a "performance of solidarity" as survivors recognize oppression, honour resistance, and experience mutual acceptance (Reynolds, 2002, p. 101). Thus a person's embeddedness in a dynamic social context promotes agency, and the capability to negotiate and influence ones own recovery and others through positive connection to a community of resilience (Unger, 2005).

Focusing on revised narratives in a group environment can highlight partnership and collaboration with the intent of inspiring authentic engagement and empathetic attunement (Yalom, 2005). In group, individuals are encouraged to tell

their stories so that traumatic memories can be integrated and transformed, and so that male survivors can join with others who have experienced similar sexual trauma and gender role strain. In this way the shared aspects of their experience can help to fight secrecy, shame, and stigma and create a sense of community in a safe and nonjudgmental environment (Hopton & Huta, 2013).

Conclusion

Narrative therapy practices allow male survivors an opportunity to deconstruct an identity that may have been shaped by shame, self-blame, and loss and find a voice that challenges the effects of silence, isolation, and disconnection. Revised meaning making becomes possible as an identity associated with a disempowered, emasculated, or exposed recipient is transformed through a narrative that highlights the many thoughts and actions that opposed oppression, as well as the many strengths and resources that helped one survive it (Weiss, 2010). By doubly listening to the story of distress as well as the story of resistance, a cohesive meaningful narrative can be recovered that has the potential to reconnect one to a sense of continuity, agency and resilience (Mann & Russell, 2002). Thus multiple possibilities can be highlighted, and stories of perseverance, commitment, and capability can be re-authored that help to restore hope, belonging, and dignity (Yuen, 2007).

Chapter Five

Discussion

Many male survivors of childhood sexual abuse have been denied the “story telling rights” of their own experience, and in the process have lost touch with a

valued sense of self and the belief that they can affect change in their lives (Madigan, 2011, p. 16). The goal of strength-based trauma intervention is to help a survivor mobilize his capacity for resilience and recovery and possibly transform story telling narratives defined by fear, shame, anger and loss into ones that can give a survivor a sense of dignity, meaning, and belonging (Cloitre et al., 2006). The purpose of this thesis was to enhance counsellor sensitivity and understanding of the complex psychological issues many male survivors of sexual abuse may face, and the multiple narratives that may emerge from this trauma in the hopes of revealing stories of resilience and resistance. Narrative therapeutic practices were explored to investigate how these interventions may allow for an authority over memory and sense of choice and control over the remembering process (Harvey, 2007).

In an attempt to convey this I linked three major themes, and presented three questions for consideration, which I rooted in narrative theoretical practice. First I discussed the marginalized population of male survivors of sexual abuse and presented the unique concerns that may impact them in trauma recovery, introducing research that reflects this population's struggles with disclosure. Understanding the context within which male survivors are socialized will inform the different ways in which they express, conceal, or negotiate their trauma experience, and the many varied and creative ways they have learned to cope and adapt, as well as reveal the problematic identities that can result from this dynamic blend of circumstances (Tummala-Narra et al., 2013). The ability to deconstruct an abuse dominated story linked by specific themes of hopelessness, shame, and loss and reconstruct a preferred identity can provide male survivors with the space to

develop a sense of self that honours his life, recognizes resistance, creates options for action taking in regards to his problems, and enhances a general sense of intuitive knowing in how to proceed in life (White, 2007). In this way re-authoring conversations can be recognized as a valid therapeutic tool for a male survivor's recovery of a more adaptive and integrated sense of self defined by their capability, skill, knowledge, and agency not only in the present, but recognized in their past and envisioned in their future.

The second theme of resilience and the question as to whether working with resilience is helpful was addressed by considering the multidimensional and transactional dynamics that evolve over time for a male survivor. Highlighting resilience can shift the focus from pathology and a study of effects, to a conversation that encourages a survivor to recognize past efficacy and strengths in certain life domains, and mobilize healing resources to secure recovery in others, and thus portray a male survivor's potential for growth and empowerment (Harvey, 2007). Research on the resilient domains of *meaning making* and *interpersonal connection* were explored to highlight restorative factors and potential post traumatic growth associated with encouraging male survivor's to seek, build, and maintain secure and supportive relationships and revised meaning making that can not only help ease stress, but aid in the creation and expansion of alternative and preferred narratives of the self and others (McElheran et al., 2012).

Lastly the notion of focusing on responses in trauma recovery can present a male survivor with an opportunity to reconnect to what they value, and renegotiate self-worth and self-efficacy through the clarification of responsibility, the exposure

of the full extent of the trauma, and an illumination of a male survivor's informed resistance (Coates & Wade, 2007). This conversation can feed and thicken the development of alternative stories that can work to expand the territory of identity, uncovering hidden resources and the many ways a survivor worked to change or modify the effects trauma had on his life (White, 2004). Honouring the small acts that empower choice can organically inspire a cohesive narrative that establishes a sense of continuity between past and present whilst orienting towards future possibilities, illuminating the many opportunities a survivor created and capitalized on to maintain dignity, belonging, and hope (Coates & Wade, 2007).

Implications for Clinical Practice

Narratives are a culturally congruent way to discover, understand, and communicate experience (Madigan, 2011). Eliciting story considers not only what is immediate and personal for a male survivor of sexual abuse, but reflects the broader social context that has influenced his trauma experience (White, 2007). Awareness of the societal discourse that fosters men to suffer in silence, and a transparent analysis of how male gender norms may contribute to the oppression and secrecy of a male survivor's experience, can draw attention to the isolation and self-blame some men may internalize in an attempt to make sense of their experience (Alaggia & Millington, 2008). A narrative approach can work to deconstruct and re-author those hegemonic stories that normalize power and subjugation, allowing for alternative identity scripts that reflect possibility and empowerment (White, 2007).

The creation and development of a narrative identity is a lifelong endeavour, "never complete and always contextually responding to the challenges and tasks

posed by each stage of the life cycle” (Singer, 2012, p. 570). In this way “stories create landscapes of action and consciousness and construct a world within which meaningful action can take place” (Bruner as cited in McLeod, 2000, p. 331). For a male survivor of sexual abuse the repetitive linking of theme, plot, action, and outcome can result in the development of scripts that influence how he predicts and interprets this information (White, 2007). Affectively laden self-defining memories can lead to the creation of a narrative identity that reflects a survivor’s unresolved conflicts (Singer, 2012). An understanding of how many survivors learn to anticipate that the past predicts the future and thus prepare themselves for expected rather than possible outcomes” can inform therapeutic practice through an introduction of alternative ways of interpreting one’s lived experience (Cloitre, 2006, p. 49).

The ability of a male survivor to navigate life challenges associated with childhood trauma through a reinterpretation of a narrative script that accurately reflects change, resistance, and resilience may indicate the development of a healthier narrative identity with the capacity to “draw on meaning from emotionally evocative memories while gaining freedom from narrative scripts that lead one in self-damaging directions” (Singer, 2012, p. 578). Adopting narrative practices allows a therapist to join with the client in identifying the stories that may need reworking, cultivating the ability to take effective action by understanding that he can not only change his thoughts but is in charge of his physiological system (van der Kolk, 2014; Madigan, 2011). By telling and retelling his story a male survivor

mobilizes his potential to turn “passivity into activity” and regain control of his experience (Cloitre et al., 2006, p. 53).

Male survivors of sexual abuse may find emotions useless or too painful due to their childhood inability to change their traumatic situation or protect themselves (Cloitre et al., 2006). Feelings that arise from an abusive situation may remain incorrectly named or unnamed altogether, and emotions such as fear, anger, and depression related to the abuse may not be connected to the trauma in a cohesive storyline (van der Kolk, 2014). Narrative practices can help male survivors find a language to communicate their inner experience, express emotion, and re-engage with others (van der Kolk, 2014). Narratives allow male survivors to accept, integrate, and translate emotion into action, by creating a cognitive map that can give direction towards a purpose whilst encouraging the discovery of an authentic voice (Ogden, 2006). Therapeutic awareness of emotions and accessing a male survivor’s ability to clarify and name different emotional experiences opens up options to change, act on, accept, or let them go, and thus engage an individual’s inherent capacity for resilience (Cloitre et al., 2006).

Since there is no linear progression through the stages of trauma therapy, many survivors may periodically spiral back to early stages of recovery and the use of maladaptive coping mechanisms after periods of positive functioning (Tummala-Narra et al., 2013). The use of strength based narrative interventions can be a valuable intervention in a holistic approach to uncovering resilience in trauma therapy (Easton et al., 2013). Those practices that work to reveal a male survivor’s active ability to persevere and adapt, whilst broadening a sense of positive emotion

and flexibility in thinking and behaviour can allow for a sense of purposeful direction and meaning making (Van Vliet, 2008). Co-authoring narratives that explore the meanings male survivors generate from stories of resilience and resistance, and how they coped with their pain and loss and rebuilt a life post trauma, may facilitate a redefined sense of self and reconnection to dignity and self-empowerment (Harvey, 2007).

A counsellor's acceptance and understanding of the male survivor and his experience can serve as a corrective template and become the catalyst for the cognitive and emotional changes necessary to deconstruct self limiting beliefs and re-author alternative narratives (Singer, 2012). Trauma recovery happens in the context of a healthy relationship that can access the social engagement system responsible for feelings of safety, the ability to maintain an optimal arousal within a window of tolerance, and provide an individual with the "capacity to tolerate, process, and even transform difficult experiences into opportunities of growth" (Ogden, 2006, p. 42). The notion of "productive confiding defined as an interaction with others that involves (others) empathic and helpful responses" that activate "one's own sense of greater relief, acceptance, clarification and direction for further coping" illustrates the potential for resilience evident in healthy growth fostering relationships (Easton et al., 2013, p. 345). This in turn can generate a possibility to create a narrative characterized by a movement towards empathy and empowerment that heightens the understanding and desire to connect authentically to the self, others and the world (Hartling as cited in Comstock, 2006).

This thesis has highlighted how the construction of narratives can allow space for a different understanding of the self that reflects a male survivor's empowering efforts to cope with adversity through meaning making that illuminates determination and agency (Anderson, 2006). A therapeutic dialogue that considers resistance to oppression as a sign of resilience may be particularly relevant to male survivors of sexual abuse who may struggle with false cultural and gendered scripts that define masculinity as synonymous with impenetrability, and have been socialized to believe that a male should be able to fight off traumatic sexualization (Sorsoli et al., 2008). Practitioner knowledge of how a perpetrator anticipates resistance and takes specific steps to conceal abuse can help to illuminate the unilateral, and deliberate nature of violence and how the suppression of resistance can disqualify or diminish what a survivor values (White, 2004). A goal of response based enquiry is to help the male survivor recognize his strengths, skills, and knowledge that were present pre trauma or evolved from a survivor's struggles to protect himself and overcome oppression (Wade, 1997).

Adopting a liberatory consciousness that challenges oppressive social conditions enables both client and therapist to live "outside the patterns of thought and behavior learned through the socialization process" and begin to envision and work towards greater equality and social justice (Love, 1984, p. 471). A liberatory stance to therapy with male survivors of sexual abuse, that integrates a strength-based approach to counselling and acknowledges the power and influence of language whilst making resilience and resistance a central theme of a therapeutic conversation can not only empower the co-creation of alternative and preferred

identities, but increase social awareness and intentionality (Madigan, 2011). When a client resists oppression, the therapist resists “being positioned as an expert, diagnoser or arbiter of the truth” (Afupe, 2011, p. 41). When resistance is seen as a creative act actualized collaboratively by the client and therapist, the dynamic of power is made visible and the ability to find creative ways to move away from it can become apparent (Afupe, 2011).

Limitations

It is important for therapists to be careful of interjecting their own story of masculinity onto their male clients to avoid constricting rather than fostering new possibilities (White, 2007). It is imperative to understand that what a male survivor deems masculine will vary from individual to individual and that exploring and redefining his own masculine identity may be an empowering and new experience (Tumalla –Narra et al, 2013). Focusing on the strength based attributes of resilience and stories of responses and resistance at the expense of allowing a survivor to tell his story, may also prove limiting for some male survivors of abuse. Many men will need to tell their story, including the distressing effects of the trauma and how it has impacted their lives. Therefore therapeutic strategies may need to be timed so that a survivor has space to articulate what he thinks and feels. Employing the art of double listening may allow a survivor to “speak what has not been spoken” whilst listening for hints of responses and resistance to trauma (White, 2004, p. 48).

Another major limitation of this study would be to assume that the effects of trauma exist in the past, and that re-storying problematic identities is enough to resolve childhood sexual abuse for some clients. According to van der Kolk (2014)

“the act of telling the story doesn’t necessarily alter the automatic physical and hormonal responses of bodies that remain hypervigilant, and prepared to be assaulted or violated at any time” (p. 21). Understanding that trauma is imprinted on mind, brain, body and spirit and has ongoing repercussions on how an individual survives in the present is an important consideration that may necessitate an integrated approach to accessing resilience and recovery (Levin, 2010).

Language can provide male survivors with the power to mobilize change through the communication of their experience (van der Kolk, 2014). Thus knowledge of lateralization, left and right brain functioning, can advise therapists of the delicate balance that may exist between an attempt to integrate traumatic memories through narrative enquiry and possible re-traumatization, when a client is unable to access memory without distance and perspective (Rothchild, 2010). Childhood sexual abuse can potentially overwhelm the Broca area of the brain that is in charge of speech and organization of experience, cutting a survivor off from the potential to put words into thoughts and feelings and create an autobiographical memory with a beginning, middle, and end (Brewin, 2001). In such cases the right side of the brain that is intuitive, emotional, visual, and tactual hijacks control, and the survivor’s body, when confronting past sexual abuse, may “re-experience terror, rage and helplessness as well as the impulse to fight and flee” as if the abuse was happening in present time (van der Kolk, 2014, p. 43). Understanding that the left and right sides of the brain process impressions from the past in different ways can inform therapeutic practice with trauma survivors and allow a therapist to comprehend the possible limitations of narrative interventions. An early goal of

trauma recovery is the establishment of safety and self-care and the stabilization of symptomatic responses that will allow for the integration of memories and lead to the creation of a cohesive narrative (Harvey et al, 2007). Incorporating the language of body sensations into the therapeutic dialogue will ensure that a male survivor is able to self-regulate, be self aware, and begin to link and integrate differentiated experiences into a functional and coherent whole (Ogden, 2006).

Future considerations

This thesis is based on a review of the literature on sexual abuse, resilience and resistance and presents a conceptual framework for understanding these variables in the hopes of expanding therapeutic knowledge. Future research would benefit from the inclusion of authentic first person voices or empirical evidence that could be substantiated by a male survivor's lived experience. An exhaustive search of issues these men face on their journey towards resiliency was beyond the scope of this thesis, therefore, further in-depth investigations into the many domains that constitute resilience may prove enlightening for investigating possible restorative factors in recovery. More attention focused on how male survivors develop confiding relationships and learn how, and who to trust could direct future research, as would considering the narratives of male survivors who continue to feel distress by their traumatic childhood abuse to shed light on what hinders resiliency and recovery. Since diversity due to intersectional factors such as race, class, religion, sexual orientation, transgender, and culture was not approached in this thesis, further research that highlights hidden differences may need consideration when

working with male survivors and the issues of resilience and resistance as these factors can pose co-existing traumas that compound suffering.

Conclusion

Researching resiliency, resistance, and narrative tools has not only allowed me the opportunity to enhance my therapeutic sensitivity and understanding of the unique issues male survivors of childhood sexual trauma face, it has encouraged my own self reflection of the transformative potential narratives of resilience and resistance play in my own life story. I believe that this engagement has fostered more authentic and collaborative conversations in my therapeutic work, with the intention of creating a space of safety, acceptance, and support from which a truly spontaneous interaction can emerge, and in which the client feels seen, heard, and understood.

It has also inspired me to recognize that when narratives are silenced, we all suffer from the absence of knowledge a range of sexual and gender identities have to teach. “We breathe life into our ethical engagement by continually being open to new learning and new possibilities while holding on to important teachings from historical contexts and our lived experiences” (Everett et al, 2013, p. 18). Encouraging the opportunity to discuss difference in the service of imagining alternative ways to be, relate to, and inform others can help to foster dignity and belonging, and end censorship of all people based on race, sexuality or gender (Blackburn & Buckley, 2005). An open engagement with social justice can work to inspire transformation for both client and practitioner (Richardson & Reynolds, 2012).

The creation and reworking of male survivors' narratives can be considered a life long developmental project that consistently responds to the challenges and tasks of lived experience (Singer, 2012). In this thesis I conceptualized resilience as an active, reciprocal engagement between persons and context, and with this in mind I highlighted a male survivor's ability to recognize, nurture, and mobilize their capacity for resiliency through a reconnection to other, revised meaning making and stories of resistance (Harvey, 2007). From within this engagement of resiliency, resistance, and narrative practices the imagination is stimulated to envision future possibilities that can inspire authenticity, self-acceptance, dignity, and belonging. A reinvigoration of a sense of self and empowerment can in turn work to generate a belief that a male survivor is a purposeful agent in his own story telling, freeing him to write, star in, and choose the direction of his story (White, 2007).

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