

Inside Pandora's Box: Healing the Connection Between Victimization and Perpetration

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In the past few decades, the psychological dynamics of traumatization have begun to be elucidated as the impact and fact of, extreme stress, severe abuse and torture, has slowly been acknowledged as a reality. This has translated to increasingly effective and compassionate therapeutic assistance. People suffering deep anguish as a result of overwhelming trauma, who may be unable to articulate or even remember their experiences, are more likely these days to receive help.

However, there remains some way to go. The PTSD symptoms of war veterans or survivors of disaster are more likely to be understood and responded to, by both the community and mental health professionals, than the child deemed to be 'problematic' or suffering various 'disorders' or the adult with little, confused, or no memory as a result of traumatically induced dissociation.

Yet there is another frontier, even more of a Pandora's Box, and crucial to embrace in order to truly support people to heal from trauma. Typically, people who perpetrate abuse or severe cruelty are either vilified, or alternatively their behaviours are minimized or denied in some form. This occurs in all arenas – social, legal, spiritual, personal and therapeutic.

I maintain it is our ethical and professional responsibility to appreciate the link between victimization and perpetration and how we can not afford to leave this out of services we offer for healing and well-being. I draw on many years of working with hundreds of people who have been traumatized and who have traumatized others.

I will focus on people in voluntary therapy rather than people on trial for, or convicted of, sexual or sadistic abuse. Even though the issues are the same, I suspect in some cases, if not many, there may be a difference in emphasis of some defence mechanisms as well as potential outcomes with regard to therapy.

As therapists, and also as members of the community, we are generally much more comfortable relating to someone who has *been* victimized, than someone who *has* victimized, particularly in regard to sexual or sadistic abuse. I propose that the issue of perpetration requires us to more fully understand the psychological dynamics of abuse and cruelty - and crucially, also to take responsibility for our reactions to what people can do, and what this challenges us to face in, and about, ourselves in order to help people heal. This entails helping people come to terms with taking responsibility for what someone genuinely is responsible for and being able to humanely attribute responsibility to others – both individuals for their behaviours and collectively for our personal and social responsibility for what occurs in our world and how we enable it.

Attitudes of rage, disgust, revulsion and blame, and/or denial, disinterest or minimization that extreme cruelty occurs are the typical reactions of most, from the public to the therapeutic community. Some therapists hold the view that an acceptance of a link

between victimization and perpetration gives meaning to the offending and paves the way for people to feel badly for the person who has inflicted cruelty on another and thereby further victimizes the victim (Salter, 2003). Some believe anyone who behaves abusively or perpetrates certain cruel behaviours is “plain evil” or non-human.

My view is that these positions are simplistic and highly emotive. They understandably, and importantly, reflect the pain and shock of being confronted with humankind's capacity for inhumanity. However, it is black and white thinking. This tends to suggest issues of context, and the complexities of various factors are overwhelming, leading to a narrowing of perspective. While it is thoroughly human to want revenge and punishment, when we start acting on the notion that someone has ‘forfeited the right to walk the planet’ or is not entitled to human rights, we have entered precisely the *same* dynamic as the person whose behaviour we abhor. The axiom ‘an eye for an eye and the whole world goes blind’ is worth remembering. If we fail to understand the inevitable connection *in some form* between the disempowering positions of taking a victim role (as an aftermath of being victimized as opposed to while being rendered powerless and victimized), or of perpetrating and rescuing, we become part of the problem, not the solution.

It is essential to do everything we can to ensure justice and safety. However, ethical and humane practice requires that we remember we are only human. Our counter-transference, vicarious traumatization or secondary PTSD and personal defences are issues we are obliged to be responsible for. How we can reasonably expect responsibility from others if we do not model it?

We understand that children of physically abusive parents, or who are witnesses to domestic violence, are at risk of behaving this way with future partners and/or children (Herman, 1992). However, it is not a comfortable idea that people who have been sexually, and/or sadistically, abused as children might do this to others, including their own children.

Perhaps an even greater taboo is the notion that women also engage in sexually abusive behaviours. It would seem without exclusion that in all cultures, “mother” personifies the notion of nurturing and the ultimate in caring for others at all costs. To ensure the wellbeing and safety of her child a mother is expected to lay down her life. The idea that mothers, and women by extension, can cause severe harm to children (or other adults), confronts us with our vulnerability in being brought to face the fact that the people we most want to have faith in, or expect to trust, can abuse their power in devastatingly cruel and neglectful ways.

A climate of hostility, judgement and denial does not create an environment in which people who have engaged in severely destructive behaviours can come forward to responsibly heal. This is our modern day version of the official psychiatric view, held only a few decades ago, that only 1 in 1 million women were sexually abused. This patently false notion kept people from seeking and/or receiving appropriate help.

Certainly, statistics can be tremendously useful and help inform us to attend to important issues that require action. We know 1 in 4 girls are sexually abused and at least 1 in 5-9 boys, depending on the research you consider (Briere, 1992; Herman 1992; Saradjian, 1996). Some of the most recent data, primarily from the USA, is reported by Anna Salter (Salter, 2003) and indicates that:

- 3-5% of reports to child protection agencies are of females engaging in sexual offences
- 2-5% of these are sadistic
- 22-82% of people convicted of sexual abuse report being victims of sexual abuse themselves.

Salter is understandably dubious about any self-report of being sexually abused, querying the motivation of someone who has been convicted, or is going to court for allegations of perpetrating abuse. In support of her position, she refers to 3 studies where the reporting of being a victim of sexual abuse dropped from 67%, 65% and 61% when subjects were given immunity, down to 29%, 32% and 30% respectively, where the subjects thought a polygraph (or lie-detector) would be involved.

These results can be interpreted in a variety of ways and not necessarily that these are the hard facts on face value. A key factor worthy of acknowledgement is that being sexually abused is not the *only* form of severe abuse, extreme stress or cruelty to which a child can be subjected. A corollary to this is that sexually abusing others is not the *only* way of reacting cruelly to ones suffering.

Studies show that 70% of us will experience what is categorized as a trauma in life. However, we do not have research for the extent of emotional, mental or spiritual abuses or cruelty. In general, and in therapeutic circles, we tend to focus on acts of commission that leave scars, blood, broken bones, death or physical evidence. I propose this narrow view contributes to our extreme outrage at, or alternatively denial of, all types of cruelty because in short, it is one-sided and very lopsided. Our collective dissociation from all forms of cruelty results in over-reacting to some and under-reacting to other abuses. For example, in Australia teachers legally can no longer touch children despite the benefits of physical caring (driven by concerns of abuse allegations) and yet, at other times, children known to be at risk are not protected.

We have all felt ‘stressed out’ at times, to the point we can be short, impolite, hurtful, dismissive, unreasonable, obstructive and less than helpful. It would be the rare human being who has not “dumped” their hurt, anger, insecurity or distress on others - or felt like doing serious damage to someone, or some thing, at least once in their lifetime!

When under stress or threat we may implode or explode without significant emotional maturity and supports. It is human to want to lash out or eradicate what appears to be the source of our intensely distressing feelings, confusing thoughts, distorted meaning and physical discomfort. The less psychologically stable or emotionally mature someone is, the more likely this will occur. Academic qualifications and professional reputation do not make therapists or researchers any less likely to behave badly in either their personal life - or professionally with colleagues and clients. This can be expressed as passive

aggression, outright threatening behaviour and abuse of power in Professional Sexual Misconduct.

It is also immensely human in response to reacting badly to stress or threat, to want to atone or heal or take responsibility for it, in order to be at peace. This is necessary to restore a sense of self-respect and be open to embrace love and life in a meaningful way.

We can appreciate this in many aspects of our interactions. However, the greater the perceived sense of cruelty and also, social disapproval of it, the more difficult it seems to be for many people to recognize that it is the same fundamental dynamic occurring. In other words, people can not understand how someone could hurt others through sexual or sadistic abuse when that person perpetrating these behaviours has experienced the very same suffering they are causing.

And yet this should not be hard to understand. We have *all* had this experience. We all know that at times we have caused pain and suffering to other people or things and inflicted considerable hurt. It is a value judgement to believe it is better or less traumatizing because it is not physical or sexual. It can be helpful to explore this by considering the idea in terms of extreme behaviours.

Firstly, I would suggest that we are more than the sum of the things that happen to us, or genetics, or personality. Hence, in Diagram 1 below, I have represented a person as being the greater blue oval that encompasses what is considered by an individual to be “me” along with the various arenas in which we relate and experience life. Our experience and ways of being can be categorized as emotional, mental, sexual, physical and spiritual which really overlap or intermingle.

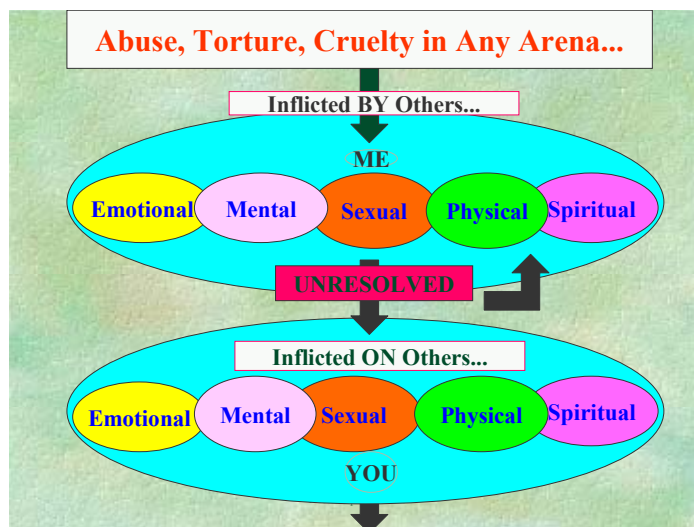


Table 1

When someone behaves out of a lack of respect for our safety and well-being by either force *or* coercion in any way, they are behaving in ways we deem abusive, cruel and / or irresponsible.

So when someone behaves this way to another who is unable to address it, suffering is the consequence. We identify it as emotional, mental, spiritual, sexual or physical irresponsibility / maltreatment / abuse. In truth, they are not discreet entities. Sexual or physical abuse also entails emotional abuse. Emotional stress or trauma without direct physical involvement has a biochemical component making this also a physical impact. Research and clinical experience indicates that a person is impacted to varying degrees depending on all sorts of factors such as:

- age
- severity or extreme stress nature of the behaviour
- relationship with the person who inflicts it
- duration over which it occurs
- supports available
- a history of any previous such experiences
- biological, psychological and spiritual predisposition and resilience.

Perhaps a key, often dismissed factor is the context in which it occurs. If someone is being forced or coerced into a prescribed behaviour, and given no real choice, this is in effect torture. The responsibility for what the person does under such circumstances can not *fairly* be attributed to him or her. It lies with any adult rendering an individual powerless. Yet, for the same reason, it is not always as neat and tidy as finding the direct perpetrator/s that initially victimized the child or adult now perpetrating cruelty / abuse on others. Furthermore, it is also the responsibility of the community at large to address these issues. More than one shoulder bears the responsibility when we explore the dynamics of abuse and cruelty and I suggest it is not just the people directly involved.

If a child (or adult) is told his or her cat or puppy or loved one will be hurt or killed if he or she does not hurt another child/adult/animal, who is responsible for this? If this goes on in some form periodically throughout childhood and the child dissociates in order to carry out the required task, coping psychologically by not remembering the experiences, who is responsible for this? I would suggest to blame the person is to deny our collective social responsibility and not be able to imagine our self, or our child, in these shoes.

I would also suggest the victim of being forced to perpetrate, or who later retaliates in reaction, once having resources as an adult has a personal and social responsibility to seek help and address the impact of these experiences on him or her, and others. This is no different to any form of suffering (originating internally or externally) that impacts us, and therefore, how we interact with others and view the world.

While it remains unresolved, the person will inevitably inflict suffering on others and/or on him/herself. This may not be via physically beating or sexually forcing or manipulating someone, or even name calling or puts downs etc., or instilling the fear of God's wrath, or advocating fundamentalist views in whatever name. It is just as destructive in more 'socially acceptable' forms such as emotional withdrawal, refusal to talk, avoiding conflict, unavailability, discomfort in being physically affectionate or recoiling from any form of conceptualizing metaphysical or spiritual experience.

Essential to this is an understanding of the response to perceived threat. Threat can be very real, or it can be a misunderstanding, or a result of our own limitations and weaknesses. Threat is not always because of what others do, or fail to do, that would be responsible to do. Regardless, if threat is *perceived* the response is the same - and the options are also the same.

A situation is perceived as a threat because it is deemed dangerous and not acceptable. In turn this arouses fear of not being able to return the situation to non-threatening. This results in anger in response to the fear as well as at the situation deemed unacceptable. Anger has the function of alerting us that something is perceived as problematic and action needs to be taken to remedy it. This action can be positive or negative - constructive or destructive. Whatever action is taken determines the nature of the learning from the experience.

Action that decreases the threat, either in that instance, or of it recurring needs to be based in regard or respect for all parties for a healthy outcome. This occurs when it is motivated by anger channelled from compassion, and not the desire for revenge. This results in constructive / positive / healthy learning and enhances the Self, thereby also offering that opportunity to others. Aggression or violence against others or self is the failure to express anger. It is fuelled by the desire to make others suffer and to punish. This diminishes Self and others resulting in a negative learning and an increase of the threat whether it be on that particular occasion or, of that threat occurring again.

Sometimes a person's choices regarding healthy outlets and support for their suffering are limited if not all but eliminated. For instance, in situations of torture or child abuse where the person being victimized is rendered powerless physically, and no external supports are available, his or her genuine feelings, thoughts, sensations and beliefs may be disconnected or dissociated of necessity, to endure the situation and survive it. This is especially so if it is at the hands of ones family.

Prolonged dehumanizing, degrading and inhumane treatment, especially that is repeated at intervals over time, can impact a person's perception of the power they have to extract themselves from the situation. We must consider this in attributing responsibility when people implode or explode or behave in cruel or abusive ways. By no means is this an *excuse* at all. It most definitely is not. However, being a victim of behaviour that erodes the healthy capacity for empowerment is not his or her *fault*. It is however, in my view, his or her *responsibility* to *identify and resolve* the impact of it. Healing is the ultimate statement that abuse, torture or insufferable cruelty was unnecessary, wrong and inexcusable. When we continue to behave in kind, we reinforce that people do not have choice and so be condone that behaviour. This is a more comfortable position because it does not challenge defences and personal responsibility.

The diagram below (Diagram 2) describes the victimization cycle very simply. Firstly, threat or abuse is experienced or believed to be occurring. This leads to actual or perceived powerlessness depending on those factors mentioned before. In turn this leads

to submission or forced compliance. In order to endure this, there is a disconnection from the genuine responses the person has i.e. survival defences kick in. This feeds the sense of powerlessness so survival mechanisms and defences are further increased and reinforced. The consequence of this is that it reinforces or extends the disconnection from Self creating further increasing pain and suffering. If that pain and suffering (or its symptoms) are not seen as a signpost or invitation to the option of resolving what has created it in order to transform the trauma, then the Self will be further diminished. In turn, this reinforces the sense of threat and inability to change it, and so the cycle continues.

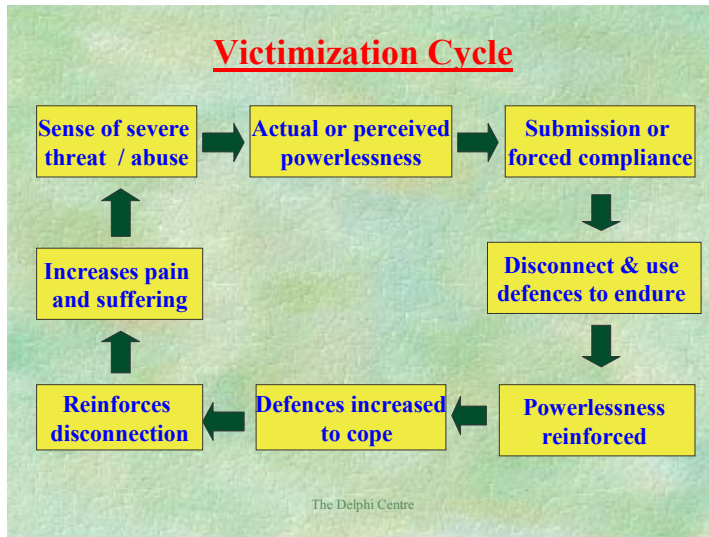


Diagram 2

The dynamic is precisely the same for perpetrating. There are 2 reasons a person may victimize another. The first is that they are being *forced or coerced* into doing so, where someone else is directly or indirectly behind the victimizing. This happens when a person's freewill or choice is ignored and some sort of threat of severe suffering is used to create a double-bind resulting in no *real* choice and learned behaviour. The second reason someone may victimize or perpetrate is in *reaction or retaliation* to struggling with his or her own suffering or victimization.

In both situations the person may not necessarily be conscious or able to associate with what, or why, or even *that*, they are behaving this way. No doubt some, if not much, denial of sexually abusing another is due to repression and/or dissociative defences rather than outright lying or disavowal of responsibility.

Whichever reason, it results in the actuality of no real choice or the perception of this being the case (see diagram 3). This leads to powerlessness and fear resulting in further anger / rage, grief and other feelings. A lack of availability for healthy expression of these feelings or support to make sense of things results in further imploding or exploding. This effectively translates to mistreatment, abuse or harm of Self and/or

others. This further disconnects and reinforces powerlessness, thereby increasing pain and suffering. And so, the cycle is reinforced and perpetuated.

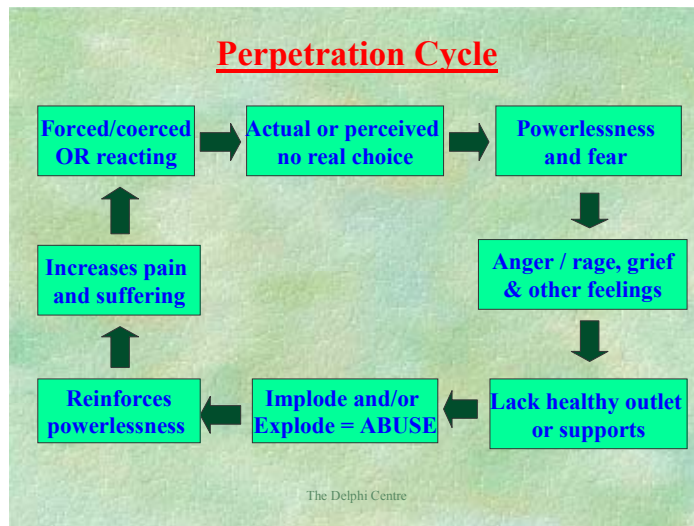


Diagram 3

So what can we do about intervening and taking responsibility as therapists, researchers and as part of our collective social responsibility to help people understand and heal the link between victimization and perpetration?

Firstly, we need to recognize that it is human - we have all behaved this way to a lesser or greater degree, in some way - and there is *no excuse* whether it is in a 'mild' or 'severe' form. We also need to appreciate that people are not always conscious of how or why they have behaved in a certain way. Their denial of it, or ideas of what has motivated them, is likely to be entangled with psychological defences and also behaviours to avoid personal, social and/or legal repercussions. This will continue until the person is more engaged with the choice to resolve the suffering, relate productively, restore self-respect and have peace of mind.

The fundamental reason people either behave aggressively (whether by intimidating with force or withdrawal) or play victim, or want to save or rescue, is because it creates an illusion of power and control. We all want to do these things at times as it seems easier than being genuinely responsible. To do this we need to embrace what we can change, accept what we can not, and be able to discriminate the difference from a position of integrity and wisdom.

However, when we take a position of victim, persecutor or saviour, we enter Karpman's Triangle (see Diagram 4). Inevitably, we will continue to bounce between all 3 positions until we recognize we are positioning ourselves in disempowerment and take action to change it.

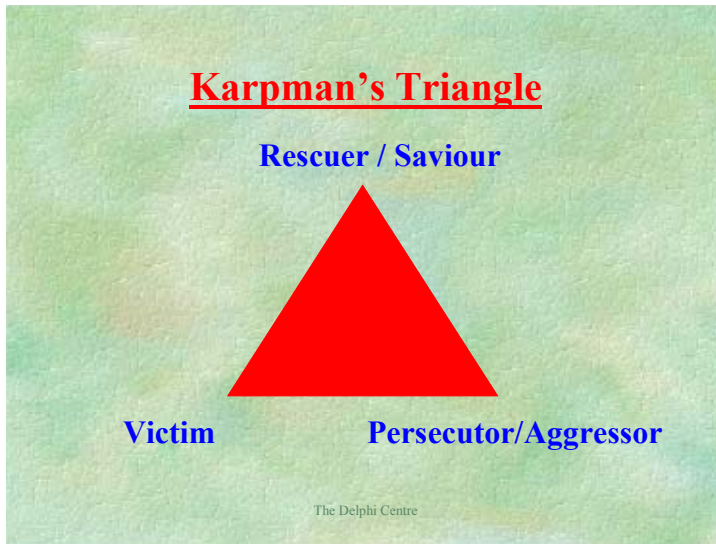


Diagram 4

How do we change it? Before we can assist others therapeutically we need to be able to understand and apply this personally and not merely academically. It is not a concept but a way of respectful relating. Clients will naturally endeavour to test boundaries in order to know how safe they will be and therefore how much help the therapist potentially can be.

Empowerment comes from responsibility and vice versa (see diagram 5). In order to help someone who has been traumatized, we need to embrace our own vulnerability and face that any of us could potentially be rendered powerless or helpless and that we do not have control over some things in life. We need to have *compassion for ourselves and others and at the same time, not use adversity as an excuse or limitation.*

We also need to accept that all of us, including those among our clients who may seem inordinately vulnerable and struggling, do in fact have *choice in how we allow adversity or suffering to impact us or continue to do so after the event.* We can clutch at the illusion of safety and control behind familiar defence mechanisms or *work with them* to develop skills, attitudes and behaviours that empower and create resilience. This entails seeking from and giving to others and Self, the support and opportunity to enhance resilience. Regardless of whether we like, disagree with, despise or have any negative opinion of someone, we always have choice about behaving with dignity, integrity and respect for the rights of everyone.

Of course, all this is easier said than done for all of us – not just people impacted by trauma or extreme stress. It requires, courage, insight, emotional maturity, spiritual awareness and the willingness to develop these things by challenging defences while pacing what can be assimilated.

When working with people who have been subjected to abuse or severe trauma it is imperative to address cognitive distortions, create healthy emotional outlets, address somatic symptoms and learn how to use insight to ground, pace and sustain in order to

turn things around and transform the pain. Perpetrating sexual or sadistic abuse is certainly an extreme trauma necessitating the need to heal in order to be at peace. I would contend that the *greatest* tragedy is not what happened but not learning from it and becoming a better person despite it.

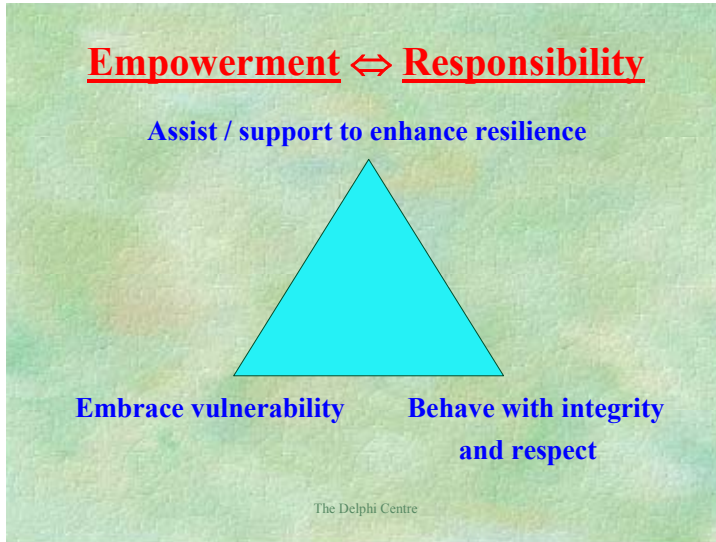


Diagram 5

In terms of creating a safe therapeutic environment for people to disclose sexual or sadistic or extreme forms of abuse they may have perpetrated it is useful to consider what not to do, as well as what to do. It is not helpful to take a polarized view of 'us versus them' or 'victims and therapists (i.e. rescuers) against perpetrators'. This is not accurate and reinforces the collective denial of the very problem we are trying to help people heal in their lives - the impact of suffering and the enhancement of love, compassion and respect.

Labelling people is counterproductive. Instead, refer to behaviours i.e. people who have been victimized or engaged in abuse. I am always disheartened to hear children who commit murder or sexual or sadistic abuse labelled as 'murderers or abusers'. This merely allows us to absolve ourselves of the more challenging task of taking responsibility to explore what has happened to these children, in their homes or at school or crèche or wherever, to cause such suffering that they lash out in these ways. It is easier to denigrate and dismiss them as non-human, lesser than others, evil or deviant, than to sit with how our society creates such monstrous behaviour. They are not monsters; they are kids acting out pain.

Humiliating or blaming people as 'sick', 'evil', 'cowards', 'deranged', 'scum' or such is an understandable but unhelpful response to the capacity we do not wish to face in ourselves or fellow human beings. These behaviours are *always understandable but never, ever excusable*. Do not absolve someone of their responsibility to navigate the complexities of building skills that would enable him or her to no longer require defences that deny their role, or alternatively 'blame' themselves for what they had no choice in.

They have a responsibility to learn to attribute responsibility appropriately to others, and to Self, for what occurred.

Reassuring a client that he or she is a “good” person and “incapable” of committing terrible cruelty, is cruel and victimizing in itself. It is placing the person on a pedestal, idealizing him/her, leaving them nowhere safe or supportive to go, and therefore less able to heal and change destructive behaviours of this nature.

It is helpful to do the following:

- take cues about your position on perpetration and the link to victimization
- use scenarios easy to identify with to illustrate your position
- acknowledge great courage is required to face inflicting abuse / cruel behaviour (whether resulting under duress or in retaliation without being forced in that instance)
- reframe perpetration as a self-protective drive
- provide healthy outlets for feelings (particularly rage and grief)
- clarify the difference between a therapeutic versus legal role

Clients will consciously and subconsciously test the therapist often well before they disclose abuse they have inflicted. They may raise all manner of things to assess your attitude to inhumane, cruel and sadistic behaviours. Many will not disclose if they sense they will be viewed as ‘bad’ or diagnosed as having some form of mental disorder that ignores the disclosure is based on reality (even if not literally accurate in detail). Certainly, in desperation for help, people may volunteer this early on in therapy. This can also be a form of aggression – shock value as well as testing the water. However, many people have seen numerous health professionals from various disciplines before seeing me and eventually disclosing for the first time the nature of what they have done to others. The feedback has generally been that they felt it was a safe, non-judgemental environment in which accountability and compassion were not mutually exclusive. This is not to say that despite often specific clarification about your stance, that people will not also be extremely anxious you will punish them or engage in a re-enactment of abuse as a result. Nor does it guarantee that people will take up the opportunity to deal with this aspect of traumatization even if they take the risk to disclose.

Testing the capacity to hear, and respond to, disclosures of perpetrating abuse/cruelty is part of self-protection and not simply a reflection of lack of integrity, responsibility or human decency. It is part of assessing if you have the mettle to begin the process or go the distance. If clients feel they are wasting their time with someone who will not be able to manage this knowledge then the therapist is of limited help even if they can be present and effective in assisting with the trauma or abuse the client endured from others. Of course, the more common reaction to the failure of the therapist to be able to support the client with this aspect of traumatization is that the client will keep the lid on it. He/she will accommodate what you will work with in order to get *some* support rather than risk seeking another therapist whom is also unable to help and having to start over again.

Sometimes when clients raise bizarre things that people in general would think were “sick or depraved” it is also a way of testing you about other experiences they have had

that they fear you will "disbelieve" and will result in them being "carted them off to a "loony bin" or "put in a straight jacket" or variations on this theme. For instance, one client (who had a history of severe and sadistic child abuse) was very distressed when her young son came running in having hurt himself, and at the sight of his bleeding hand, she had an instant orgasm.

It is always useful to use scenarios or stories that are easy for anyone to identify with that parallel the dynamics of victimization and perpetration to let a client know where you stand. It is paramount that there be acknowledgement of the enormous courage to face behaviour in reaction to abuse whether it was under duress or retaliatory at some point later on.

Fundamental to helping people take responsibility, and/or place responsibility appropriately with others, is appreciating how inflicting cruelty is based on a protective drive. Simply, it is driven by the need to reinforce defence mechanisms that distort reality in order to make sense of it, or to survive it, and/or an attempt to get caught as a plea for help and to be stopped, or to break through defences and interrupt the cycle by feeling so bad about what has been contemplated or actually carried out - or not considered or done that would have been reasonable to do so.

Therapeutic approaches based on cognitive processes i.e. 'talk' therapies, have important value in the repertoire of interventions; however, they are limited and inadequate in themselves particularly in situations of severe trauma. It is essential to provide people with tools for healthy outlets for feelings, in particular anger, grief and vulnerability and skills to connect with, and be in, the body.

It is crucial to clarify the difference in your role as a therapist versus a researcher or law enforcement officer. Equally, it is also essential to recognize your role does not include playing god or trying to rescue the client from him or herself, other perpetrators, the legal or mental health system, or society. The urge to take the saviour/rescuer role can not be ignored in understanding the link between victim and perpetrator.

Understanding some of the typical cognitive distortions and defences that a person will use to "make sense" of, or defend, what they are doing can be a useful starting point.

Some commonly reported beliefs are:

- It happened to me and I turned out Ok
- I'm doing you a favour – toughening you up
- This is because you are / we are special
- Others will do it anyway, so it may as well be me – I can do it quicker / kinder because I really care
- You deserve this because you are bad / disgusting / evil / weak / perverted / dirty etc.
- If you didn't exist, I wouldn't have to do this to you
- You're not my child so it doesn't matter
- You are my child so I can do what I like

- Your sexual arousal / orgasm / screaming / initiation / pleading means you really like / want it
- Other people don't and can't understand – they're inhibited or don't appreciate what we know

Clients typically draw themselves, or the dissociated part of themselves that perpetrated abuse, as some sort of monster. The 'monster' in this picture below (Illustration 1) is actually relatively harmless looking despite being big and hairy and carrying a bone, and in the other hand, a decapitated bloodied head.

Often the picture is of a grotesquely evil looking being, or a vampire, or some sort of terrifying wild animal or hideous creature. This is an internal representation of how the person feels about what he or she has done as well as depicting the perception of that part of Self holding these experiences. It is a metaphor for feeling inhuman and monstrous. At times, it would appear to also be deliberately induced as part of mind control or brainwashing techniques.

However, despite all the Satans, Lucifers, evil beings, vampires, creatures of the dark and so forth that I have encountered, in working with the person, behind every single image of supreme omnipotent power aligning with all manner of cruelty, was a small, defenceless, powerless, vulnerable child in a great deal of pain and suffering.

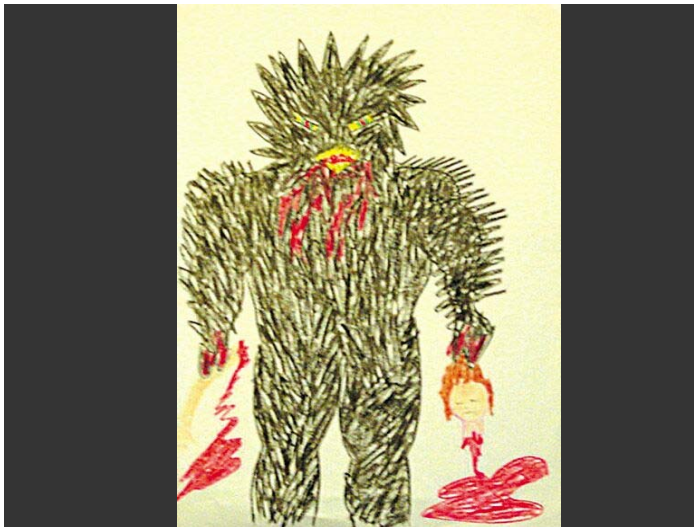


Illustration 1

In the drawing following, (Illustration 2) the client who drew the previous illustration, drew what brought the monster into being.

It depicts a very small child lying naked in her own excrement and chained to a cot by her wrists and ankles. She is unable to do anything, utterly defenceless and at the mercy of those who put her there. This was the beginning of her realization that "MONSTER" (from the previous picture) was in fact connected to a human, to "MONSTER MARY" and was borne of all her rage and powerlessness.

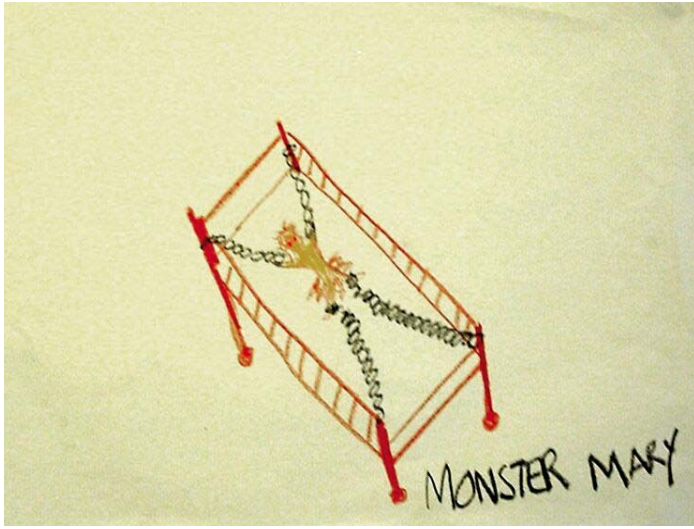


Illustration 2

We must be mindful that there will be differences in presentation, attitudes and defences between clinical, research and forensic settings - and voluntary versus imposed therapy. The motivations are entirely different for being in these various situations and relating to the person in authority. Consequently, different aspects will be emphasized by an individual in relation to his/her behaviour.

The issues of abuse dynamics, defence mechanisms, dissociation and responsibility can not be separated in any meaningful approach to healing. Definitions of abuse and what is dismissed or rationalized as "not as bad" are also issues. These include our personal, social and cultural expectations. The bias of the interviewer or therapist, his or her counter-transference, vicarious traumatization and any history with similar or other forms of extreme abuse, may have significant impact in how he or she interacts and interprets material. These are crucial to factor in any understanding of perpetration of sexual abuse or sadistic cruelty.

The diagram below (Diagram 6) outlines the process of healing from extreme stress or abuse. What we first do in therapy is help clients identify what it is that is not working for them in their lives i.e. what is felt to be a threat or problem and how they would prefer it to be. The next step is to assess the choice or power they have to facilitate change and acknowledge any real limitations. Then it is possible to develop understanding for defences and strategies utilized to try to manage or endure overwhelming threat. An appreciation of the functional nature of these builds the capacity for compassion. In turn, this helps to increase choice, develop resilience and skills and a positive sense of power.

Therefore, it decreases the need for use of defences and frees this energy and these parts of Self for greater connection with Self and others, resulting in a decrease of threat and suffering. This brings about increasing safety, pleasure, and empowerment, enhancing life. In short, healing occurs.



Diagram 6

In order to heal, clients and therapists need to be willing to open Pandora's Box. Pandora was told never to open the box given to her by the gods but her curiosity demanded she know what was in it. One day she lifted the lid. Out flew plagues, misery, sorrow and all manner of torment for humankind. Terrified, she quickly shut the lid but, of course, it was too late.

However, the last thing in the box had been something quite different. It was Hope. Hope is our sole comfort in misfortune or misery. It is why clients take the enormous risk of seeking help - because there is always hope. It is also fundamental to why we as therapists do this work.

In working with clients, it seems to me that the ultimate victimization is to force or coerce someone to perpetrate or victimize someone else, or to believe you are powerless in your pain and suffering and to behave as if you have no other choice. It is far more challenging and requires the ultimate courage, integrity and wisdom, to face what one has done to others that is hurtful or horribly cruel, than it is to address the worst of what was experienced at the hands of others.

There are those among our clients, who not only want, but are ready for our help with this core issue in healing. They can only hope we will be there when they choose to open Pandora's Box and be willing to assist their brave healing process.

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