

**“Walking Together”:**

**The elements of the retrospective construction of safety in marriages  
where the wife is a survivor of incest.**

**Lydia Graham**

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## **Abstract**

Many intimate relationships do not survive the process of working through issues to do with incest. However, some relationships do well despite these upheavals. Therefore the focus of the current study was on how lasting marriages manage to construct emotional safety in order to maintain emotional intimacy.

The relationship issues of marriages where one partner is a survivor of incest have not been widely researched. Yet it is in the survivor's relationship where many issues arising from the incest may be played out.

Literature in the survivor area focuses on the need for safety and support. Therefore, models of couple counselling may need to include these issues in their notions of healing within the process of counselling.

This study was conducted using qualitative research methods. Focus groups were a primary source of data. The study examined the construction of safety in long-term intact marriages of incest survivors. This examination looked at the three-stage model of counselling for trauma proposed by Judith Herman, and the relationship between these three stages of healing and the construction of safety.

The research participants included female incest survivors and husbands of survivors of incest. Participants were asked to individually make written constructions of safety related to each of the three stages of healing. A group construction process followed these individual constructions and differences within the written materials were also highlighted.

Segregated groups met three times, each time concentrating on a particular stage of healing. A single validating group of the combined women and men's groups met later to do an overall construction of the notion of safety.

Results indicate that emotional safety is indeed an important issue for both partners in relationships where the wife is a survivor of incest. There are differences between survivors and partners about the significance of the three stages. A model of the retrospective construction of safety has been developed. This model includes the important elements of the experience of emotional safety that arose. These elements were knowledge, negotiated control, negotiated trust, communication, how anger is managed and directed, and managing the difficult times and issues such as the times of the disclosure of incest.

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## **A Note about the Origins of this Research**

This project emerged from a long-term experience in, and passion about, the healing journey of survivors of childhood sexual abuse (see also Allender, 1994; Bass & Davis, 1992, 1993; Capacchione, 1991; Davis, 1990, 1991; De Beixedon, 1995; Dietz & Button, 1991a; Engel, 1989; Feldmeth & Finley, 1990; Fredrickson, 1992; Gallagher, 1991; Hancock & Mains, 1990; Kane, 1985; Lew, 1990; MacDonald, Lambie & Simmonds, 1995; Maltz, 1991; Maltz, & Holman, 1987; Matthews, 1990; Wood, 1993 for related work on the healing journey). This journey of experience and passion has had many incarnations, and has explored many different avenues. As a companion, the researcher has sat with survivors as they have struggled with many aspects of their lives and their healing. As a facilitator, the researcher has participated in long-term open support groups for women survivors. As an associate, the researcher has explored with survivors the functioning of spirituality, leisure, creativity, family, parenting, and the meaning of these in their lives. As a counsellor, the researcher has worked with survivors in depth. In all of these situations and roles, the impetus has been a concern for the long-term well-being and coming to wholeness of people who have had to relinquish parts of themselves in order to survive. Witnessing<sup>1</sup> many survivors reclaim their full and healthy selves and their lives in all of these contexts has been a privilege.

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<sup>1</sup> Many therapies are based on the notion of the transformative nature of being listened to and heard. The idea of witnessing as a therapeutic intervention arises from this notion. (See also Dayton, 1997; Herman, 1994; Kennerley, 2000; MacDonald et al., 1995; Matsakis, 1994, 1998; Rothschild, 2000; Stevens, 1988; Van der Kolk, MacFarlane and Weisaeth, 1996 for therapy ideas). Much of the literature of childhood sexual abuse, its effects, and healing from it also utilises the notion of the transforming empowerment of having the telling and retelling the abuse story witnessed (See also Bass and Davis, 1992, 1994; Brewer, 1991; Davis, 1990; Eastel, 1994; Engel, 1989; Feldmeth and Finley, 1990; Fredrickson, 1992; Gallagher, 1991; Gannon, 1992; Hancock and Mains, 1990; T. Hansen, 1991; Kane, 1989; Kroeger and Beck, 1998; Lew, 1990; Maltz, 1991; Maltz and Holman, 1987; Matthews, 1990; McClelland, n.d.; Mullinar and Hunt, 1997; Ormerod and Ormerod, 1995; Rush, 1980; Wood, 1993 for comments on telling the story).

However, in all these experiences there have been many, many times of witnessing much grief, anger, resentment and loneliness about the personal cost for survivors of becoming whole. There has appeared to be the perception for many of these survivors that this healing has come at the cost of losing their previously close, intimate, relationships as their partners have been unable, or have appeared unwilling, to follow the survivor down the path of exploration and healing. As well, there have been times of witnessing the ongoing struggle for some survivors of trying to maintain an intimate relationship in which recognition of these survivors as whole and capable people is extraordinarily challenging. The embracing of change in others is often very difficult (MacDonald et al., 1995), and the possibility of negative responses to change is commonly and routinely to be expected in people intimately affected by change (Hendrix, 1988). However, the depth and breadth of this healthy change in survivors, the enormity of the recognition of change by both survivors and their partners, and the extent of accommodation consequently required by survivors' intimate partners, are all equally formidable.

The frustration of this researcher at the apparent lack of capacity in couple counselling to address these issues at this depth of intensity and complexity has been high. As a counsellor one of the challenges is to meet the client at this depth, then to sit with patience with clients in a process that can be excruciatingly slow, and to allow clients time to find and to own their answers in this process.

One of the vastly under researched areas in childhood sexual abuse is the area of relationships and couplehood, and the implications of the depth and complexity of the

issues of healing in these areas for both individual and couple counselling (see also P. Hansen, 1991; Serafin, 1996). What is needed is to know more about the impact of challenges in healing from childhood sexual abuse on the couple, and also the impact of the couple on the issues of childhood sexual abuse.

From these experiences, this frustration, and these challenges this research emerged. Because this is such an under researched area, the scope for research is immensely broad. To define limits for this research became necessary in order to make it useful. The impacts and effects of childhood sexual abuse are diverse and far-ranging. There are many areas that this research does not address. Instead this thesis focusses deliberately on those impacts and effects of childhood sexual abuse that directly pertain to survivors' intimate relationships.

Thus, this thesis is exploratory, uses a qualitative approach to expose elements that may allow the area to be more clearly defined, and aims to empower the participants not only as subjects in a research project, but as whole and real people. The research hopes to permit the participants' voices to be heard and hopes to allow these voices to represent voices particularly in those areas that have been lost in the challenges of the individual healing journey, and thus to begin to be heard.