

Life's Bitter Pills: Dealing with Difficult Issues in Abuse¹

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Sometimes, it is difficult to judge how a paper is going to be received. Thus, I once gave a lecture entitled "Looking for the good in Hitler and acknowledging the bad in Mother Teresa". I anticipated that the lecture would receive a hostile response, but quite the opposite happened. The audience loved it! On another occasion, I gave a lecture entitled "The counsellor as educator" which I thought was quite uncontroversial in content. However, I was lucky to get of the lecture theatre alive, such was the level of hostility that the lecture engendered. The latter lecture was given in Dublin and I hope that the gentle folk of Belfast will give me at least five minutes start before chasing me should you want to lynch me once I have finished delivering the current lecture.

Thus, with some trepidation, let me outline what I plan to cover in this lecture. First, I will take a close look at the concepts of "abuse", "victim" and "perpetrator" from a conceptual perspective and then reflect on the therapeutic implications of this analysis. Second, I will argue that using the concept of "abuse" in treatment is often too vague and that we need to pinpoint what it is about what happened to the person that the person is currently disturbed about. Third, I will look at a number of taboo topics in therapy with people who have experienced severe adversity often labelled as "abuse".

Before I begin, let me make it crystal clear that as I am only qualified to work with adults, all my points concern this group and are not applicable to children and adolescents.

Abuse: A Conceptual Analysis with Therapeutic Implications

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I will begin by considering the term “abuse” and I will do so purely from an academic perspective, but, I will discuss the therapeutic implications of my analysis shortly. The term "abuse" is problematic from a conceptual perspective for the same reasons as the concepts of "stress" and "trauma" are problematic in that they all bring together in one concept: i) an event or events, ii) an interpretation of that event, and iii) the person's emotional response to that event. Thus, if I say that I was abused, I could mean that the situation that I experienced constituted, in fact, an abuse; I could mean that it was an abuse because I interpreted it as an abuse or that it was an abuse because I felt that it was an abuse.

Abuse as Consensus

Probably the most acceptable scientific approach to this issue is to consider that something constitutes an abuse when such behaviour has been agreed upon consensually as being abusive. Thus, in a study of 407 adult women in the State of Georgia in USA which focused on behaviour in couples' relationships, there was consensual agreement of over 90% among both women who had reported being abused and those who reported that they had not been abused that the following behaviours were abusive: using a knife; threatening the other person with a gun or knife; beating up the other person; hitting or trying to hit the other person with something; kicking, biting or hitting the other person with a fist; slapping the other person; pushing, grabbing or shoving the other person, throwing something at the other person. However, not all women in both groups found these behaviours abusive. In addition, 7% of women not reporting abuse did not consider throwing something at the other person to be abusive. Applying this consensual approach in clinical practice has its problems. Thus, imagine being told that what you consider to be abusive behaviour is not abusive because research has discovered that it isn't or that it is not abusive because most people do not consider it to be abusive. You may even consider such responses to be abusive in that they invalidate your experience

Abuse as Interpretation

When we consider the position where something is abusive because a person has interpreted it as abusive, some important issues are raised. In the same research that I have just cited, interesting differences emerged among the two groups in that more women reporting abuse than those not reporting abuse considered the following behaviours abusive: insulting or swearing at the other person; sulking or refusing to talk; doing or saying something to spite the other person. This result shows the inferential nature of abuse. Some people find certain behaviours abusive while others do not. It is of interest to note the relationship between reporting abuse and finding behaviours abusive. Does the experience of abuse lead someone to be more likely to consider sulking, for example, to be abusive? Or does the interpretation of sulking as abuse lead the person to report that they have been abused?

When regarding the inferential or interpretational nature of abuse some interesting findings emerged from the research. Thus, two women of the 269 in the group reporting abuse considered “discussing an issue calmly” to be abusive and 9% of the abused group and 10% in the non-abused group considered “bringing in a third-person to help settle things” to be abusive. Therapeutically, many therapists regard the best stance to take when someone reports abuse is to regard it as abuse. This is to avoid invalidating the person’s experience and thereby to unwittingly “re-abusing” the person, if I may be permitted to use such a term. However, the risk here is that by taking this stance you agree with the person that behaviours such as “discussing the issue calmly” are abusive in fact rather than by interpretation at that point. It is better, therefore, to communicate to the client that their interpretation of abuse is an interpretation rather than a fact, but to treat it as a fact until processing and working through has taken place in therapy so that the person can take another look at their interpretation.

This would involve saying things like “as you saw it” and “from your perspective”. Once adequate processing has taken place of the abusive nature of “discussing an issue calmly” then the person may come to realise that what they considered to be abusive is, at later review, non-abusive. On this point, of course, a good therapist would ask a question such as “what was abusive for you about his discussing the issue calmly?” to tease out the idiosyncratic interpretation of abuse that is not immediately apparent at first glance. I will return to the importance of identifying and working with idiosyncratic interpretations later in the paper.

Some interesting research focused on the experiences of a group of 97 deaf undergraduate females, a population that is at particular risk of partner violence. This research found that over half of this group did not interpret past-year experiences of psychological aggression, physical assault, and sexual coercion as abuse, even when these experiences included severe violence. Here, then there is a clash between the consensual approach to what constitutes abuse with the interpretative approach with the quite reasonable assumption being made that failure to interpret consensually agreed upon abuse as abuse constitutes the problem. This phenomenon is frequently encountered in the field of domestic violence. However, in the same way that those who interpret that they have been abused would react poorly to therapists who argue that the behaviours that they experienced from others were not abusive because most people would not regard them as abusive, some may react poorly when therapists take the stance that certain behaviours are abusive from a consensual perspective when they have not been interpreted as such by those experiencing such behaviours.

Abuse as Feeling

A similar problem conceptually occurs when we consider the situation when people say that they have been abused because they have felt they have been abused. Again, strictly from a conceptual perspective this is problematic because it involves defining something as abusive on the basis of somebody’s feelings. Thus, I could say hello to you and you could say that I have abused

you because you felt abused. My behaviour would thus be regarded as abusive. However, from a therapeutic perspective, similar points apply as with abuse as interpretation; that is that it is important to go along with the person's experience rather than to question it, but to avoid communicating that the experience constituted a fact in the scientific sense. Again this can be done by saying things as "your experience was...."

Having considered the concept of "abuse" and the therapeutic implications that arise from this analysis, let me do something similar with the concepts of "victim" and "perpetrator".

Victim and Perpetrator: A Conceptual Analysis with Therapeutic Implications

It is very common to come across the term "victim" with respect to abuse both in the field of counselling and psychotherapy and in wider societal discourse. Looking at the Oxford English Dictionary (OED), the term "victim" has two major meanings. First, there is what might be called a factual meaning. Here, a "victim" is the person who has been harmed or injured. I call this a factual definition in that it does not consider how the person responds to the harm or injury. From this perspective, a person is a victim whether they cope well with the adversity or whether they cope poorly with it. However, enshrined in the second meaning of the term "victim" is the notion that the person is coping poorly with the event and that such poor coping is characterized by passivity and helplessness. Thus, the OED says that a victim is "a person who has come to feel helpless and passive in the face of misfortune or ill-treatment". It is important, therefore, when working with people therapeutically in this area to be careful concerning how you use words and the differential meaning that may be placed on such words. Thus, when I use the word "victim" with a client, I may mean that they experienced an adversity while they may think I am implying that they not only experienced the event but did so in a passive or helpless manner. This is why it is important to

check out with clients what meaning words such as “victim” and “abuse”, for that manner, has for them.

Interestingly, the companion term, “perpetrator” has only a factual definition in the OED. Thus a “perpetrator” is someone who has carried out or committed a harmful, illegal or immoral action.

When we look at the terms “perpetrator” and “victim” together we can see that the “perpetrator” is given responsibility for their actions in that they are the ones who committed or carried out the action, but the “victim” is not accorded any corresponding responsibility. In the factual definition they are said to be harmed or injured and in what might be said to be the psychological definition they have come to feel helpless and passive in the face of such harm or injury. There is no sense of responsibility in the crucial phrase “have come to feel”.

Responsibility and Blame

One of the problems with using the term responsibility is that in many peoples’ minds it is confused with the term ‘blame’. Thus, for these people any suggestion that the “victim” has any responsibility for their response to the abuse is resisted because it is tantamount to blaming the victim. Consequently, the perpetrator has complete responsibility and should thus be blamed for what they have done and for the victim not to be blamed, they are deemed to have no responsibility. While this way of looking at things is simple and does not lead us to wrestle with a number of dilemmas, from an academic perspective it is simplistic and inaccurate. So let me enter into the minefield of responsibility, discuss this concept and consider its therapeutic implications.

The former Chief Rabbi of the United Hebrew Congregations of the Commonwealth, Dr. Jonathan Sachs, once said that you are responsible for matters that are within your sphere of influence. From this perspective, what are you able to influence in your life? The prime areas that you are able to influence are those that belong to you as an individual. By this, I mean your

thoughts, your feelings , the decisions that you make and the way you act. You also, in my view, have some influence over the consequences of your actions. It is important to state that you are not in perfect control of any of the processes that I have just listed. Thus, if you think of a pink elephant and then try to eliminate that thought from your mind, then you will fail. However, if you allow yourself to think of the elephant, you will soon become bored of this thought and it will fade away. Your thoughts are, broadly speaking then, within your sphere of influence and therefore you are responsible for them. Nobody else is responsible for them. For example, I am not responsible for you thinking of a pink elephant, even though I am responsible for inviting you to thinking of it. My invitation is within my own sphere of influence and therefore I am responsible for issuing it.

I practise a form of Cognitive Behaviour Therapy known as Rational Emotive Behaviour Therapy. From this perspective your enduring feelings are deemed to depend largely on your beliefs that you hold about yourself, other people and the events that you experience in your life. Since you are largely responsible for the beliefs that you hold about yourself, other people and the world, you can be said to assume the major responsibility for the feelings that stem from these beliefs. You do not have total control over your beliefs or your feelings because you will encounter adversities that will influence the beliefs that you hold and the feelings you experience. However, despite this influence, you still have a fair measure of control over what you believe and what you feel in the face of these adversities.

For example, let's suppose that you enjoy the company of close friends, but your job has taken you away to another country where you do not know anybody. You are experiencing an adversity which is a negative activating event. Being in this situation, therefore, has some bearing on the way you are going to think, given your desire to be with people that you know and love. Since you are facing an adversity, it is unlikely that you will think, 'Good. I'm pleased that I am away from my close friends', or, 'It doesn't matter to me one way or the other that I am cut off from the people I care about.' Indeed, it would be unhealthy for you to think in such ways. However, facing this adversity does not deprive you of your responsibility altogether for the way you think

about your plight. You will have a choice between holding a flexible and/or non-extreme belief (henceforth referred to as healthy beliefs) e.g. ‘I don’t like being in this situation but I can stand it’, and holding a rigid and/or extreme belief (henceforth referred to as unhealthy beliefs) e.g. ‘I can’t stand being in this situation, I’ll go crazy if I have to put up with it for another moment.’ This was vividly expressed by Viktor Frankl in his book, “Man’s search for meaning” when he said: “Everything can be taken from a man but one thing: the last of human freedoms - to choose one's attitude in any given set of circumstances, to choose one's own way”.

The events that you experience in your life, particularly negative events (or what I call adversities), do restrict your choices of how you are going to think, but they rarely *cause* the way you think and feel. You almost always have a choice of thinking in a flexible and non-extreme way or in a rigid and extreme way.

You are also largely responsible for the decisions you make in life, even though you may not have all the information you need when you make a decision. Imagine, for example, that you have been offered two jobs. You are unemployed and you are faced with making three choices. First, you could take job A. Second, you could take job B. Or, third, you could choose to remain unemployed and wait for a better job to come along. (Here, of course, you are taking the risk that you will not find a better job.) It is your responsibility to find out as much as you can about the two jobs that have been offered to you and also about the chances of finding a better job if you decide not to take either of them. Let’s suppose that you decide to take job A. It quickly transpires, however, that important information was withheld from you which, if you had known about, would have meant that you would have made a different decision. You are still responsible for making the decision that you took, but you are not responsible for the fact that important information was withheld from you. It would be counter-productive for you to demand that you should have known this information when the reality was that you didn’t know it. This is an important point: you are not responsible for knowing what you did not know. While you cannot be held responsible for something that you didn’t know at a given moment, you are responsible for learning from this

experience. Thus, next time you could ask certain questions about a job that you didn't ask about job A.

You also have some responsibility for the likely consequences of your actions. Imagine that you have made a promise to do something for a friend. However, when the time comes for the favour, something more interesting crops up and you decide not to keep your promise. It is very likely that your friend is going to be displeased that you did not help him in the way you agreed. Here, it can be said that you are responsible not only for your failure to keep your promise (i.e. your action) but also for the disappointment of your friend. However, you cannot be held responsible for your friend's feelings of severe depression, since his depressed feelings stem largely from the disturbed way that he was thinking about your failure to keep your promise. So, if your friend accuses you of making him depressed, he is wrong in that while you are responsible for breaking your promise to him, he is largely responsible for his feelings of depression.

What all this means is that it is very important for you to take responsibility for your thoughts, feelings, decisions, actions and the likely consequences of these actions. Unless you assume personal responsibility, you will not strive to change what you can change; rather you will tend to blame other people or life events for the way you think, feel, act and the decisions that you make. Blaming other people and external events for what you are really responsible for is a hallmark of poor mental health. When you do this, you tend to see yourself as a victim in the psychological sense rather than the factual sense and take an 'I am helpless', self-pitying view towards life. Refusing to accept personal responsibility means that you also refuse to take control of your life. As such you look towards others to rescue you and become overly dependent on them. Being a victim you will tend to complain bitterly about your lot and how unfairly you have been treated by others and by the world.

If you do this you will tend to blame your past and other people for the way you think, feel and act today. Unfortunately, some schools of psychology tend to reinforce this by not distinguishing between past events *contributing* to the way you think, feel and act today, and those

same events *causing* your thoughts, feelings and behaviour. My view is that your past certainly has an influence, but it can rarely be said to cause the way you respond to life events now. The way you respond now depends largely upon the beliefs you hold now about current and future events. You may have learned from your parents, for example, that if you fail to do well in life this means that you are a failure. However, don't forget that in all probability you have spent many years keeping this philosophy alive in your own head. Thus, my view is that you are responsible for choosing, yes choosing, to keep alive these philosophies and that you can learn to change them.

Responsibility is different from blame

It is very important to distinguish between responsibility and blame. While I am arguing that people are responsible largely for the way they think, feel and act, it does not therefore follow that they need to be blamed for their thoughts, feelings and actions, and the consequences of their decisions and actions. For blame involves the beliefs that others absolutely must not behave badly, that they are bad people if they do bad things and that they need to be punished for so doing rather than penalised. Rather, people are fallible human beings, neither good nor bad: when they do something bad they need to take responsibility for it, but they do not have to blame themselves for their wrongdoings. As I have shown in my book, *Eight Deadly Emotions* (Sheldon Press, 2012), blame stops you from learning from your errors. If you are to be blamed, this means you are a bad person, and if you are a bad person you will continue to do bad things.

To summarize, take responsibility for that which is within your sphere of influence, but do not take responsibility for what is not within your sphere of influence, particularly for what is within the sphere of influence of others. When you take responsibility for your thoughts, feelings and actions, doing so will encourage you to change your unhealthy thinking patterns which are linked to your self-defeating emotions and self-defeating behaviours.

What does all this mean for people who have experienced abuse? I think there are several lessons to be learned

- Encourage the victim of abuse to reflect on the two meanings of the term "victim". Help the person to see that the factual version validates the facts of their experience while the psychological version promotes passivity and helplessness
- Giving the victim responsibility empowers them and counters passivity and helplessness
- Giving the victim responsibility does not mean that they should be blamed for anything – not their initial response to the abuse nor their subsequent response to it and they should certainly not be blamed for any behaviour that may have contributed to the abuse happening
- Giving the victim responsibility does not, in anyway, mean that the perpetrator should not take responsibility for and be accountable for their abusive behaviour.

Common Criticisms

I would imagine that you may have a number of doubts, reservations or objections to what I have said so far. So let me deal with some common criticisms of this viewpoint.

The Cause of Emotions

The viewpoint that I have expounded so far is that events don't in themselves cause emotions. You may agree that this can be the case when negative events are mild or moderate, but not when these events are highly aversive like being raped or losing a loved one. This point relies on the distinction that REBT makes between healthy and unhealthy negative emotions. Let me take the example of rape. There is no doubt that being raped is a tragic event for both women and men who have experienced it. As such, it is healthy for the person who has been raped to experience a lot of distress. REBT conceptualizes this distress as healthy even though it is intense. Other approaches to therapy have as their goal the reduction of the intensity of negative emotions. They take this

position because they do not keenly differentiate between healthy negative emotions (distress) and unhealthy negative emotions (disturbance).

Now, REBT does keenly distinguish between healthy distress and unhealthy disturbance. Healthy distress stems from your flexible and non-extreme (healthy) beliefs about an adversity, whilst disturbance stems from your rigid and extreme (unhealthy) beliefs about the same event. REBT theory holds that the intensity of your healthy distress increases in proportion to the negativity of the event that you face and the strength of your healthy beliefs. Now, when a person has been raped, her intense distress stems from her strongly held healthy beliefs about this very negative adversity. As virtually everyone who has been raped will have strongly held healthy beliefs about this event, we could almost say that being raped 'causes' intense healthy distress. Now let me introduce unhealthy beliefs into the picture. REBT theory argues that human beings easily transmute our healthy beliefs into unhealthy beliefs, especially when the events we encounter are highly aversive. However, and this is a crucial and controversial point, the specific principle of emotional responsibility states that we are largely responsible for our emotional disturbance because we are responsible for transmuting our healthy beliefs into unhealthy beliefs. We retain this responsibility even when we encounter tragic adversities such as rape. So REBT theory holds that when a person has been raped, she is responsible for transmuting her strongly held healthy beliefs into unhealthy beliefs, even though it is very understandable that she should do this. Actually, if we look at the typical rigid and extreme beliefs that people have about being raped, we will see that these beliefs are not an integral part of the rape experience, but reflect what people bring to the experience. Examples of such unhealthy beliefs are:

- 'I absolutely should have stopped this from happening.'
- 'This has completely ruined my life.'
- 'Being raped means that I am a disgusting person.'

Whilst it is understandable that people who have been raped should think this way, this does not detract from the fact that they are responsible for bringing these unhealthy beliefs to the experience.

It is for this reason that REBT theory holds that severe adversities do not 'cause' emotional disturbance. This is actually an optimistic position. If such adversities did cause emotional disturbance then we would have a much harder time overcoming our disturbed feelings than we do now when we make the assumption that these feelings stem largely from our unhealthy beliefs. One more point. Some REBT therapists distinguish between disturbed emotions that are experienced when a very negative event occurs and disturbed feelings that persist well after the event has happened. These therapists would argue that being raped does 'cause' disturbed feelings when the event occurs and for a short period after it has happened, but if the person's disturbed feelings persist well after the event then the person who has been raped is responsible for the perpetuation of her disturbances via the creation and perpetuation of her unhealthy beliefs. These therapists argue that time-limited unhealthy beliefs in response to very negative activating events are not unhealthy reactions, but the perpetuation of these beliefs is unhealthy. Thus, for these REBT therapists a very negative event like rape does 'cause' emotional disturbance in the short term, but not in the long term.

Enduring Concerns about Emotional Responsibility

Even when REBT therapists take care to indicate that the principle of emotional responsibility does not lead to blaming the victim this link tends to remain in people's minds so let me address it once again here. As I have just argued, when someone is raped, it is possible to argue that this very negative event 'causes' the intense healthy distress that the person almost invariably experiences. However, if she experiences emotional disturbance, particularly well after the event happened, REBT theory holds that she is responsible for her disturbed feelings through the unhealthy beliefs that she brings to the event. However, there is a world of difference between being responsible for one's disturbance and being blamed for having these feelings. The concept of responsibility in this situation means that the person largely disturbs herself about the event because of the rigid and

extreme beliefs she brings to that event. The concept of blame here means that someone believes that the person absolutely should not experience such disturbed feelings and is a bad person for having these feelings. This is obviously nonsense for two reasons. First, if the person disturbs herself about being raped then all the conditions are in place for her to do so. In other words, if she holds a set of unhealthy beliefs about the event, then empirically she should disturb herself about it. It is obviously inconsistent with reality for someone to demand that the person absolutely should not disturb herself in this way. Second, even if we say that it is bad for the person to have disturbed herself, there is no reason to conclude that she is a bad person for doing so. There is, of course, evidence that she is a fallible human being who understandably holds a set of rigid and extreme beliefs about a tragic event. Rather than being blamed for her disturbance, she should preferably be helped to overcome it. The concept of blame in this situation also tends to mean, at least in some people's eyes, that she is responsible for being raped and therefore should be blamed for it happening. This is again nonsense. Let me be quite clear about this. Rape inevitably involves coercion. Even if the woman is responsible for acting in a sexual way, the man is responsible for raping her. Nothing, including whether the woman experiences distressing or disturbed feelings, absolves him from this responsibility. So, if a woman has been raped nothing that she did or failed to do detracts from the fact that the rapist is solely responsible for committing the rape. As such, the woman cannot be held responsible for being raped. She can be held responsible for her behaviour, but, I repeat, she cannot be held responsible for being raped. Thus, the principle of emotional responsibility means in this situation that the woman is responsible for her disturbed feelings only. She is not to be blamed for this, nor is she to be held responsible for being raped no matter how she behaved in the situation.

The Cop-out Criticism of Emotional Responsibility

The cop-out criticism of emotional responsibility can be stated thus. If a person is largely responsible for her own disturbed feelings, then if you act nastily towards her all you have to say is that because she largely disturbs herself about your bad behaviour then her feelings have nothing to do with you. Earlier on, I pointed out that a rapist is responsible for carrying out a rape regardless of how the person who has been raped feels and regardless of any so-called mitigating circumstances. Now if I act nastily towards you I am responsible for my behaviour regardless of how you feel about my behaviour. If my behaviour is nasty then I cannot be absolved of responsibility for my action just because you are largely responsible for your making yourself disturbed about the way I have treated you. Don't forget, if my behaviour is that bad, it is healthy for you to hold strongly a set of flexible and non-extreme beliefs about it and, whereas I cannot be held responsible for your disturbance, I can be said to be responsible for your distress. Thus, I cannot 'cop-out' of my responsibility for my own behaviour nor for 'distressing' you.

The cop-out criticism is also made of the REBT position on guilt. As I have showed in my book, *Overcoming Guilt* (Dryden, 1994), guilt is an unhealthy emotion that stems from a set of unhealthy self-blaming beliefs about breaking one's moral code, for example. The healthy alternative to guilt is remorse which stems from a set of healthy self-accepting beliefs about a moral code violation. The important point to note about remorse is that it does not absolve the person from taking responsibility for breaking his or her moral code. It does not, in short, encourage the person to 'cop out' of assuming responsibility from what he did. Now this is apparently a difficult point for people to grasp. For example, Marjorie Proops, who was a famous agony aunt, claimed to have read my book on guilt - in which I continually reiterate the non 'copout' position of remorse - but said in response to a letter from a reader who sought help to stop feeling guilty about sleeping with her best friend's husband that the reader *should* feel guilty. Proops feared that remorse and even guilt (which she clearly failed to differentiate) would provide the person with a 'cop-out' or an excuse for continuing to act immorally. The truth is, however, very different. Remorse is based on the flexible and non-extreme belief, 'I wish I hadn't broken my moral code, but there is no reason why I

absolutely should not have broken it. I broke it because of what I was telling myself at the time. Now let me accept myself and think how I can learn from my past behaviour so that I can act morally in the future.' As you see, in remorse, the person takes responsibility for her behavior and is motivated to act better next time by her flexible and non-extreme belief which also enables her to learn from her moral code violation. By contrast, guilt is based on a rigid and extreme belief which will either encourage her to deny responsibility for her past action or interfere with her attempt to learn from it. So far from encouraging the person to 'cop-out' of her responsibility, the principle of emotional responsibility encourages the person to take responsibility for her actions and for her disturbed guilt feelings. It further encourages the person to challenge her rigid and self-depreciation guilt-producing beliefs and adopt a flexible and self-accepting, remorse-invoking philosophy so that she can learn from her past behaviour, make appropriate amends and act differently in the future.

What are Victims Really Disturbed about Concerning Abuse?

If you think that being abused causes emotional disturbance then one consequence of this is that you will be less likely to investigate further than if you do not make this assumption. The REBT model of emotions states that different negative emotions (both the healthy and the unhealthy version of the negative emotion) are experienced about different inferential themes. Consequently, if a person indicates, in general terms, that he (in this case) feels disturbed about being abused, then it is important to ask him to specify what his disturbed feelings were. Then this disturbed feeling and its healthy alternative will indicate what the person was most disturbed about. So here is a list of unhealthy negative emotions, their healthy negative alternatives and their associated inferential themes.

- When the person is feeling anxious or healthily concerned about an abuse-related issue then that person is inferring some kind of threat

- When the person is feeling depressed or healthily sad about an abuse-related issue then that person is inferring that they have lost something, failed in some way or are facing an undeserved plight
- When the person is feeling ashamed or healthily disappointed about an abuse-related issue then that person is inferring that they have fallen very short of their ideal, have revealed this publicly and others are depreciating them in some way
- When the person is feeling guilt or healthy remorse about an abuse-related issue then that person is inferring that they have broken a moral code, failed to live up to a moral code or has hurt someone
- When the person is feeling angry (either healthily or unhealthily) about an abuse-related issue then that person is inferring that someone or they themselves have transgressed a personal rule, for example
- When the person is feeling hurt or healthily sorrowful about an abuse-related issue then that person is inferring that another person has betrayed their trust , for example
- When the person is feeling envious (either healthily or unhealthily) about an abuse-related issue the that person is inferring that someone has something that the person wants but lacks

Therapeutically, the helper first assists the person to distinguish the unhealthy negative emotion from its healthy counterpart. Then she helps him to use that emotion to identify the aspect of the situation that he is most disturbed about in the abuse-related situation. Next, she helps him to see that his unhealthy beliefs about this aspect explains his disturbed emotion rather than the aspect itself. She helps him to assume temporarily that this aspect is true and encourages him to see that his healthy counterpart negative emotion is a constructive emotional goal to aim for and that changing his unhealthy beliefs to their healthy belief alternatives is the best way to achieve this.

X-rated Topics in Abuse

I mentioned just now that once the person has been helped to identify what she is most disturbed about in the abuse-related situation, she is encouraged to assume temporarily that this aspect is or was true or that it actually occurred. This is to help the person deal fairly and squarely with what she is most disturbed about. This may appear cruel to outsiders and even the person herself and thus the therapist here, as elsewhere, needs to proceed carefully, respectfully and tactfully and above all with the person's agreement once the strategy of doing so has been explained.

I was once running an open therapy group at a private hospital where each group member was given an opportunity to discuss an emotional problem. A woman was brave enough to discuss her crippling feelings of guilt about an abortion that she had had after contracting a serious illness while she was pregnant which meant that she either had the abortion or she would have died herself. Before she entered the private hospital she had had a great deal of grief counselling to help her deal with her loss, but to little avail. The woman explained that she felt guilty about committing murder and that she was a bad person for not sacrificing her own life to allow her child to live. After she had spoken the group members attempted to help her in predictable ways. They attempted to help her see that a) she had not committed murder; b) she had a legitimate reason to have an abortion; c) it was a woman's right to choose to have an abortion. As the group members talked to the woman I could see her eyes glaze over and that she was withdrawing from the discussion. At this point I intervened. I asked the woman whether it would be helpful for us to assume temporarily that she had committed murder so that she could deal head on with issues from that perspective. Before she could answer, several group members erupted in fury. "How could I even suggest such a thing? "Do I really think that she murdered her child?" "Shouldn't I be trying to make her feel better rather than worse?" Before the group could really get going in this vein, the group member intervened and defended me. "Look," she said, "let the therapist be. Anytime I tell anyone that I murdered my

unborn child, they try to talk me me out of it. They tell me things that I know but don't believe. So please shut up and let the therapist help me in the way he thinks is best".

What I then did was to help the client to see that her inference, "I murdered my unborn child" was not the cause of her unremitting guilt. Rather her extreme self-depreciation belief "I am an evil person for killing my unborn child" was the source of her guilt. After much debate in the group session and in her subsequent sessions with her individual therapist along the same lines, this person came to accept herself for her "crime" and having begun to do that she became more open to the arguments that singularly failed to help her when she held her extreme self-depreciation belief. What I am saying here is that in therapy with victims of abuse, it is important to create a setting where the person can articulate publicly what they find difficult to even think privately. And when they do so, it is important to help them work through the issues that are important to work through. This is best achieved, in my view, by adopting the "let's assume temporarily that 'X' is true" approach. In doing so, it is important to help the person understand what the group members in the vignette just discussed did not understand; that the "let's assume" approach does not validate the person's inference, rather it enables the person to think the unthinkable and to say the unsayable so that she can be helped to deal with what I have called 'X-rated' topics without another person discouraging them from thinking such things. Like the group members in the above vignette, helpers who try to discourage victims from exploring the unexplorable often do so because they, themselves, find it difficult to stay with such ideas. Remember this when a victim of abuse tells you things like:

- "I enjoyed aspects of the experience"
- "I provoked the abuse"
- "I must have wanted it to happen because I did nothing to stop it"
- "Having been abused, I am likely to abuse others in a similar way"

To make clear, encouraging people to assume temporarily that such inferences are true or might happen and then to help them to take the horror out of such inferences, assists them later to stand

back and consider and respond to the validity of these inferences. By contrast, if they process such inferences with horror then that evaluation will more likely lead them to think that either such inferences are true or may well happen.

In this talk, I have considered a number of issues relating to the concepts of “abuse”, “victim”, “perpetrator”, “responsibility”, “blame”, the nature of disturbance in abuse and what determines such disturbed responses. It is my hope that clear thinking about these concepts will help empower victims of abuse to transcend their experience and live healthy and fulfilled lives.