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# Wrestling for the Souls of the Survivors: Helping Partners who are Married to Survivors of Childhood Sexual Abuse

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GEORGE FOX UNIVERSITY

WRESTLING FOR THE SOULS OF THE SURVIVORS:  
HELPING PARTNERS WHO ARE MARRIED TO SURVIVORS  
OF CHILDHOOD SEXUAL ABUSE.

A DISSERTATION SUBMITTED TO  
THE FACULTY OF PORTLAND SEMINARY  
IN CANDIDACY FOR THE DEGREE OF  
DOCTOR OF MINISTRY

BY  
JOHN N. RAYMOND

PORTLAND, OREGON

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Portland Seminary  
George Fox University  
Portland, Oregon

CERTIFICATE OF APPROVAL

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DMin Dissertation

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This is to certify that the DMin Dissertation of

John N. Raymond

has been approved by  
the Dissertation Committee on February 13, 2018  
for the degree of Doctor of Ministry in Leadership and Spiritual Formation.

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In honor of my parents Carol Ann and Armando—They did what they knew how.

In deep appreciation to my graciously wonderful wife, Janet, who wrestled with me for years in the production of this document. Profound appreciation for the sacrifice of my incredibly delightful daughters for my being away many hours working on this paper.

Thank you to my enjoyably committed journey partner/friend David Beach; delightfully funny Cynthia Beach, who diligently and gracefully edited my language challenges; Our dear friends and support, Rod and Alyse Lehrke; Rochelle Deans, Turabian editor extraordinaire of dits and dahs; my second reader, Jeff Savage who offered a fresh set of eyes; my patient advisor Deborah Loyd, who directed this ship to safe harbor; and my passionate lead-mentor MaryKate Morse for helping navigate institutional obstacles.

Thanks be to God:

“Wonderful Counselor, Mighty God, Everlasting Father, Prince of Peace” (Isaiah 9:6)

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## ABBREVIATIONS

BPD	Borderline Personality Disorder
CSA	Childhood Sexual Abuse
CQ	Charge of Quarters
DoS	Differentiation of Self
DSI	Differentiation of Self Inventory
DSI-R	Differentiation of Self Inventory-Revised
EC	Emotional Cutoff
AEDP	Accelerated Experiential Dynamic Psychotherapy
ER	Emotional Reactivity
FO	Fusion with Others
FOO	Family of Origin
FPP	Family Projection Process
IP	I Position
NEO-I	Neuroticism Extraversion Openness Inventory
NFES	New Family Ego Mass/Nuclear Family Emotional System
PAFS-Q	Personal Authority in the Family Questionnaire, Version A
PTSD	Post Traumatic Stress Disorder
RELATE	Relationship Evaluation Questionnaire
TAT	Thematic Apperception Test
TIP	Trafficking in Persons
TMC	Transtheoretical Model of Change

## ABSTRACT

For some who partake in the wonders of marriage, the experiences of pleasant memories and successful challenges mark their dreams in their twilight years. For couples where one or both experienced childhood sexual abuse (CSA), marital challenges have far greater negative effect on each of the marital partners—their twilight dreams may not be so pleasant.

Although many couples experience setbacks and hardships, for the couple affected by CSA, the setbacks are experienced with greater intensity and duration. This dissertation will highlight research quantifying the negative long-term consequences of CSA. I also will give examples of qualitative research that describes the partner's experience.

Section one presents the problem CSA inflicts on marriages as well as the challenges the partners face.

Section two is a review of current popular literature written to assist partners who are married to a CSA survivor.

Section three describes how using Bowen's Family Systems Theory, spiritual formation practices, humility, and projective exercises can assist the partner and couple in experiencing a rewarding relationship. This section informs the trajectory of the artifact.

Section four introduces the artifact—a curriculum. The section begins with how the frog projective exercises were developed and how they work within the book. There are eleven chapters in the artifact, which covers various areas of marital concerns. Areas covered include, introduction to spiritual formation, dissociation, church resources, and intimacy challenges to name a few.

Section five contains the formal presentations that will be presented to a publisher. In conclusion, section six is a summary of my experience researching and developing the ideas presented in this dissertation. This section provides the reader with ideas of further study, what surprised me, and what I found to be the most important parts of discovery during this process.

## SECTION 1

Troubles abound for adults who experienced childhood sexual abuse (CSA). Their world was and is disrupted by shame, identity confusion, and mistrust. Confusing early sexual experiences can impact developmental milestones that influence later intimate relationships especially marriages.<sup>1</sup> Marriages, in general, face challenges, but for those marriages where one or both partners experienced CSA, they face challenges other couples do not experience.<sup>2</sup>

My original interest in this topic started in 2009, after reading an article stating that survivor partners have a reduced life expectancy.<sup>3</sup> That I was a partner of a survivor and that we both were licensed professional counselors piqued my interest. We worked through many of the issues these couples experience, but at a cost. I hope that this project will assist other couples touched by CSA in struggles they have or will experience in life as individuals, couples, and families. The process of researching, writing, and understanding this dissertation topic helped us. We hope it helps others.

Much has been written regarding the abuse survivor. But what of the partner? Unfortunately, a quick literature search on partners of CSA survivors reveals that much of it relates to current partner violence and little relates to partners of CSA survivors.

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<sup>1</sup> Sheri Oz, "When the Wife was Sexually Abused as a Child: Marital Relations Before and During Her Therapy for Abuse," *Sexual and Relationship Therapy* 16, no. 3 (2001): 287-298, accessed April 23, 2017, doi:10.1080/14681990123154.

<sup>2</sup> Stacey Hunt-Amos, Richard J. Bischoff, and Rene Pretorius, "The Husband's Experience of His Wife's Childhood Sexual Abuse," *Journal of Couple & Relationship Therapy* 3, no. 4 (2004): 1-21, accessed April 23, 2017, doi:10.1300/j398v03n04\_01.

<sup>3</sup> Luigi Solano et al., "Unresolved Trauma in Spouses as a Risk Factor for Myocardial Infarction in Men," *Psychology, Health & Medicine* 10, no. 4 (2005): 355-364, accessed April 23, 2017, doi:10.1080/13548500500093647.



Some research addresses the survivors' non-violent partner; however, these findings do not fully embrace the spiritual, emotional, and physical needs of the partner. Much of the research reports that the spouses finally realize that they needed to support their partners during their healing process.<sup>4</sup> My questions are as follows: 1) What is the problem that needs to be addressed? 2) What are the best available resources for partners and couples? and 3) What other solutions are there that can help not only the partner but also the survivor and the family? In this section, I briefly tell my story and then provide hypothetical stories to illustrate some of the issues couples present in counseling sessions. Next, I will describe the issues CSA survivors experience. I will then define what the spouses report to be issues of concern.

It is my desire that the reader will see marriages where one or both experienced CSA as a potential for a strong and engaging intimate partnership where both parties become responsible for their individual role in the discord and in the harmony. Of course, the reader may already be aware of this mystery.

## Story

### *My Story*

To give the reader a frame of reference or an understanding of the lens through which I experience life, this first story is mine. This story is not of my adult life, but one from my youth—a story of formational understanding. Of course, the picture I portray may seem to exclude any positive aspects of my story and paint my parents as “not nice”

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<sup>4</sup> Stacey Hunt-Amos, Richard J. Bischoff, and Rene Pretorius, “The Husband’s Experience of His Wife’s Childhood Sexual Abuse,” *Journal of Couple & Relationship Therapy* 3, no. 4 (2004): 1-21, accessed April 23, 2017, doi:10.1300/j398v03n04\_01.

people. There were positive aspects of my childhood, and my parents did the best that they knew how. My intent is to give you a baseline or simply a disclosure of my biases.

Growing up in northern Virginia during the 1960s and 1970s had its own challenges with the riots in Washington D.C. and the continuation of a culture focused on money and power. I was oblivious to most of it. Issues at home glared more prominently in my view.

My mother kept a very clean house and was a great cook. Her mother was harsh and her father, even when in the house, was absent. At fifteen years of age, my mother left home to live with a friend who had three teenage brothers and no father present. She married one of the brothers a year later. She had lied on her marriage certificate and said that she was eighteen. She had two miscarriages before she had my oldest brother at nineteen. She eventually divorced the man due to his alcoholism and because he ended up in jail after building a still in his Army barracks. While he was in jail, she started a relationship with my father and married him.

My father was often absent, and when he was home, was neglectful or violent; strangely enough, with his friends he was jovial. I have maybe one or two memories of doing things with him. One was ice-skating on a local pond, but that would only happen during half time if the seasonal game was bad or if there wasn't a game. I did not know if he really cared about us. He was raised by his enmeshing mother and over-bearing grandfather.

Of the memories I have, few at home left a sense of comfort. My mother's hospitalization from my childbirth complications is not consciously remembered. Yet I have a felt sense that I remember some form of it—maybe unexplainably emotional.

I remember my father's psychiatric institutionalization when I was around five years old. He thought he was talking directly with Satan. My memory of this event is one of a toddler visiting someone in a hotel he barely knew. I wondered why there were strangers standing around Dad and why they seemed protective of me. The memory leaves a strange sense of bewilderment felt on the roof of my mouth. I was not told much about the event.

When I was five years old, I remember my parents fought violently. On the surface my mother seemed upset about Dad's drinking and going to bars. As a child it terrified me to see my caregivers physically assault each other with not only their hands and fist, but also by using or throwing household objects. Many vases were sacrificed to the god of anger. On occasion, Mom grabbed a knife and waved it. One day as my father was driving, Mom jumped out of the car. It was a strange feeling sitting in the parking lot of the emergency room in a 1960s station wagon wondering how my mother was doing. It was not pleasant. My nights were filled with terror.

My father eventually left when I thirteen years old. They divorced. Mom was left to rear her four children. She ruled with a violent hand, which was a preferred option over the belt. There is no doubt she loved her children; however, if people knew what was going on, she would probably have been charged with child abuse.

My mother quickly remarried. Her new husband, her third, while not violent was an odd pick for her. Eventually, that relationship was on the rocks. I remember a November day in 1978 one week before I was to begin The United States Army Airborne School (jump school), and a few weeks before I was to turn nineteen, I spoke with her through a pay phone in a barracks at Fort Benning, Georgia. She told me that it was hard

thinking about going through her third divorce. Although she had become very financially sound through starting her own medical billing business, she didn't think she could make the transition. She was also in a lot of pain. We later determined that she possibly was experiencing untreated celiac symptoms all her life. She ended the call, as most mothers would, with "I love you." I could tell she was crying, so I nervously chuckled and responded with the same. A week later as I was preparing for morning formation which was to be the beginning of jump school, I was called to the CQ's office. As I entered one door everyone left through the other door except the person holding a phone out to me. It was my brother. He told me my mom had shot and killed herself.

Growing up listening to the morning's rattling bottles, I always thought she would die from a prescription drug overdose.

In her note, she told me to see the world.

It did not dawn on me that my mother was violent until a little over ten years past her suicide. I was seeing a therapist prompted by the dissolution of my first marriage. I painted a picture of a loving caring mother who gave her life for her children. The therapist brought to my attention the vivid nature of violence of my mother's suicide. I was overwhelmed by the curtain being ripped down and seeing my mother as a human being acting out of much, too much, pain.

Later in life I became a little closer to my father, who also became a Christian. He alluded to my wife that my mother had been sexually abused by a janitor at school. Was this the catalyst that sparked a series of unhealthy relationships, her physical pain, and ultimate demise? If my father's assertion is true, which was most damaging to Mom's emotional and mental state, the CSA or her parents?

The above story illustrates the complexities of CSA and how family systems can be a breeding ground for abuse and debilitate its victims.

### *Sue and Joe's Story*

Couples generally present for counseling with complaints such as infidelity, lack of sexual intimacy, financial difficulties, child rearing perplexities, poor health, poor communication, and problems establishing healthy relationships outside the marriage. Many of these couples have attended premarital counseling and a few have attended weekend marriage retreats. Although fictional characters, Joe and Sue are no different. During counseling sessions, Joe complained about Sue's lack of interest in sex while Sue complained Joe was mean and abusive. What brought them in for counseling was that Joe was caught having an affair with a co-worker and was fired. Joe reported that he felt alone and was never able to connect with Sue. She treated him like he was a monster, he said, even before the affair. Sue acknowledged that she had withdrawn from Joe, but didn't know why. Whenever they became close, fear and anxiety filled her—starting on their honeymoon. They sought help in the past, but received little actual help. They were desperate and finally found a therapist who connected with some hard issues. During the beginning stages of therapy, Sue started remembering what it was like growing up. She remembered that she was sexually abused when she was six. The focus of therapy became treating the trauma of her past sexual abuse. Joe was told to support Sue. Unfortunately, Joe did not know what supporting Sue meant.

### *Ed and Mary's Story*

Ed and Mary have a similar story except that they have many more past traumas. Mary was not only sexually abused by a babysitter, but also her parents were neglectful to the extent that she found herself in foster care. Mary eventually ran away from a foster home and was caught in the streets of New York City in the sex trafficking trade. Ed met Mary at a bar one night. Ed had gotten divorced after several deployments to the Middle East and was out with some friends celebrating his new-found freedom. Ed was nice to Mary, more than any other man she had been with. She started dating Ed. They eventually married. During the process of marriage, they became Christians and started going to church. Later, she was diagnosed with hepatitis C, probably acquired when she worked as a sex-worker. Life was not turning out as they expected. She was angry, and he withdrew, turning to alcohol as a friend. They both started experiencing flashbacks.

In therapy, presenting problems are assessed for two domains: duration (how long) and intensity (level of pain). While the above are fictional couples, they represent many of the issues most traumatized couples experience. What differentiates them from most other couples is the intensity or level and or how long the problems persist without improvement. For many couples where one or both partners experienced CSA, their health problems, financial struggles, interpersonal skills difficulties, family of origin complications (to name a few) reach a greater level of dysfunction and often last longer. The next section will present research that points to the concerns many in the helping profession see daily with duos like these two examples.

## Problem

### *Childhood Sexual Abuse Survivor*

CSA creates many poor health outcomes that cost individuals, families, and society in income and human resources.<sup>5</sup> Through the mechanism of vicarious and/or secondary trauma, spouses risk developing symptoms that can be debilitating. For men married to women who experience the long-term effects of CSA, the cost may be an increased risk of coronary artery disease.<sup>6</sup> There is limited research into the full impact on husbands who are married to CSA survivors compared to husbands who are not married to CSA survivors; however, there is much research into the impact of the abuse on the survivor. Understanding the cost to the survivor illuminates the need to produce supportive systems for this understudied population including the partners of CSA survivors. This section will highlight some of the areas CSA survivors experience difficulties. In the next section I will address the partner's experience.

One outcome for survivors of CSA is suicide. A multinational survey was given to 109,377 individuals to determine if there was a correlation to childhood adversity and suicide rates.<sup>7</sup> Of the participants, 14.5% (1 in 6) reported CSA. Analysis revealed sexual abuse survivors had a major increased risk of suicide attempts and thoughts of suicide over all other childhood adversities such as physical abuse. In fact, physical and sexual

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<sup>5</sup> Kirsten Havig, "The Health Care Experiences of Adult Survivors of Child Sexual Abuse," *Trauma, Violence, & Abuse* 9, no. 1 (2008): 19-33, accessed April 23, 2017, doi:10.1177/1524838007309805.

<sup>6</sup> Solano et al., "Unresolved Trauma in Spouses," 357.

<sup>7</sup> Ronny Bruffaerts et al., "Childhood Adversities as Risk Factors for Onset and Persistence of Suicidal Behaviour," *The British Journal of Psychiatry* 197, no. 1 (July 2010): 20-27, accessed January 20, 2018, doi:10.1192/bjp.bp.109.074716.

abuse had the highest risks of suicide. For participants between 20 and 29 years of age, there was a 2.9-fold increase.

Considering the numerous cases of reported CSA, suicide rates of CSA survivors are a large reason to further investigate and assist this population and its cost on society's resources. The U.S. Department of Health & Human Services Administration for Children and Families 2009 report states that per 1,000 children 9.3 (702,000) were unique victims of abuse or neglect. Of the 9.3 victims, 9.5% were results of sexual abuse.<sup>8</sup> That would make the amount of reported CSA cases to be about 66,690 per year. These rates have stayed consistent from 2005 to 2009; however, they only reflect those cases that were reported. The agencies' 2015 report indicates fluctuation since the 2009 report. Over all abuse rose 3.8 percent while sexual abuse reduced to 8.4% of total abuse.<sup>9</sup> There are probably many more cases that have not been reported either because of fear of family reprisal or the belief reporting will not make a difference. It is a fact that many families cut-off the survivor from family functions such as weddings and memorial services.

The reported cases might illustrate that the economic costs of CSA are high. For example, Currie and Widom tracked a matched cohort of children under 11 years of age from 1967 to 1971. The number of participants started with 1,575 and dwindled to 807.<sup>10</sup>

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<sup>8</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, "Child Maltreatment 2009," 2010, accessed January 20, 2018, [http://www.acf.hhs.gov/programs/cb/stats\\_research/index.htm#can](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can).

<sup>9</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, "Child Maltreatment 2015," 2015, accessed January 20, 2018, <http://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>

<sup>10</sup> Janet Currie and Cathy Spatz Widom, "Long-Term Consequences of Child Abuse and Neglect on Adult Economic Well-Being," *Child Maltreatment* 15, no. 2 (2010): 111-120, accessed April 23, 2017,



One sample under analysis was a population of children who experienced neglect or abuse as compared to another sample being a control group of children who did not experience neglect or abuse. Even with the longitudinal attrition, the cohort representations of the two groups' relationship remained stable with the abuse and neglect group accounting for 56-58% of the sample. The average reduction in income for the neglect or abused sample was \$8,000 per year.<sup>11</sup>

Along with suicide and reduced income, poor health outcomes are also factors in CSA's effect on society.<sup>12</sup> In a meta-analysis of literature that examined the long-term effects of CSA, researchers found an increase in poor health outcomes for the CSA group than control groups.<sup>13</sup> With the increase in poor health outcomes such as cardiac incidents, CSA survivors place more stress on the health care system. Hospitalization rates have shown to increase 23.85 percentage points for abused women than those not abused.<sup>14</sup>

Lifespan also is affected. In a stratification analysis of data collected by Kaiser Permanents in 1997, Corso, Edwards, Fang, and Mercy researched an adult population

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doi:10.1177/1077559509355316.; (N = 1575), 1989-1995 (N = 1196), 2000-2002 (N = 896), and 2003-2004 (N = 807)

<sup>11</sup> Ibid.

<sup>12</sup> Elliot C. Nelson et al., "Association Between Self-Reported Childhood Sexual Abuse and Adverse Psychosocial Outcomes," *Archives of General Psychiatry* 59, no. 2 (2002): 139, accessed April 23, 2017, doi:10.1001/archpsyc.59.2.139.

<sup>13</sup> Leah Irish, Ihori Kobayashi, and Douglas Delahanty, "Long-term Physical Health Consequences of Childhood Sexual Abuse: A Meta-Analytic Review," *Journal of Pediatric Psychology* 35, no. 5 (2009): 450-461, accessed April 23, 2017, doi: 10.1093/jpepsy/jsp118.

<sup>14</sup> Amy E. Sickel, Jennie G. Noll, Philip J. Moore, Frank W. Putnam, and Penelope K. Trickett. "The Long-Term Physical Health and Healthcare Utilization of Women Who were Sexually Abused as Children." *Journal of Health Psychology* 7, no. 5 (2002): 583-597, accessed April 23, 2017, doi:10.1177/1359105302007005677.

who reported childhood maltreatment and those who did not.<sup>15</sup> The purpose of the study was to evaluate the long-term life expectancy cost of childhood maltreatment, so a cost analysis of prevention cost could be performed. The authors reported overall yearly loss for maltreated adults was eleven days per year compared to the non-maltreated group or two lost years with a lifespan of 75 years. Reduced lifespan may also carry over to those married to a survivor.<sup>16</sup>

The stress and expense of seeking medical care is another consequence of childhood abuse or neglect further impacting the economic status of this population. Thus, health care costs are greater for CSA survivors. Walker, Unutzer, Rutter, et al. reported women who experienced CSA had a \$245 increase in health care cost per year.<sup>17</sup> As Walker et al. states, individual increases may not seem significant; however, considering the large amount of CSA survivors, the total societal cost is extremely large. In another study, Bonomi, Anderson, Rivara et al. reports increased health care cost for women who reported both physical and sexual abuse was \$790 more per year.<sup>18</sup> Of note is the increase in mental health services provided to those who report childhood abuse. Those who experienced both physical and sexual abuse (16.9%) sought mental health

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<sup>15</sup> Phaedra S. Corso et al., "Health-Related Quality of Life Among Adults Who Experienced Maltreatment During Childhood," *American Journal of Public Health* 98, no. 6 (2008): 1094-1100, accessed April 23, 2017, doi:10.2105/ajph.2007.119826.

<sup>16</sup> Solano et al., "Unresolved Trauma in Spouses," 361.

<sup>17</sup> Edward A. Walker et al., "Costs of Health Care Use by Women HMO Members with a History of Childhood Abuse and Neglect," *Archives of General Psychiatry* 56, no. 7 (1999): 609-613, accessed April 23, 2017, doi:10.1001/archpsyc.56.7.609.

<sup>18</sup> Amy E. Bonomi, Melissa L. Anderson, Frederick P. Rivara, Elizabeth A. Cannon, Paul A. Fishman, David Carrell, Robert J. Reid, and Robert S. Thompson, "Health Care Utilization and Costs Associated with Childhood Abuse," *Journal of General Internal Medicine* 23, no. 3 (2008): 294-299, accessed April 23, 2017, doi: 10.1007/s11606-008-0516-1.

services more often than those who did not experience the abuse. There are no studies exploring the mental health costs for those married to a survivor.

Women are not the only population who experiences the effect of CSA. Men are also CSA survivors.<sup>19</sup> Though my focus in this paper is husbands as the partner, it is important to mention the male survivors' experience in that some partners are also survivors. Not only is it difficult for some men to identify that they were abused as a child, but also when they do realize it, they generally do not say anything. To admit to being sexually abused as a child by a woman would be like admitting they do not like sex. More damning, admitting to being abused by a male sets people's perception that the abused is a homosexual. Many men cover up the pain and inner turmoil by either becoming uber-masculine or turning to addictive behaviors. Interestingly, current reports of prominent men sexually harassing women will eventually initiate some males to report similar incidents of being harassed by women or men. There will probably be a different response to the men than there currently is with the women.

Men and women are affected differently by CSA. Comparing women and men CSA survivors with a control group, Currie and Widom report that the abused or neglected sample experienced significant reduction in IQ, earnings, and education.<sup>20</sup> They point out that women had a much higher level of overall harmful economic impact in middle age than men. It is unclear what variables may be at play to account for the men's improved scores. Considering these numbers, it is evident that CSA costs our

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<sup>19</sup> William C. Holmes, "Men's Childhood Sexual Abuse Histories by One-Parent Versus Two-Parent Status of Childhood Home," *Journal of Epidemiology and Community Health* 61, no. 4 (2007): 319-325, accessed April 23, 2017, doi:10.1136/jech.2005.040188.

<sup>20</sup> Currie and Widom, "Long-Term Consequences," 6-8.

society on many fronts—and not just for women. As Havig states, “What is no longer debatable is the potential for physical and psychological effects for survivors of sexual abuse of all ages.”<sup>21</sup> For those CSA survivors who experience physical and psychological effects of CSA, “potential” is a current reality.

In 2002, 46% of women between the ages of 15 to 44 were married and 42% of men were married.<sup>22</sup> Looking at these numbers, the possible number of people within marriages affected by CSA is quite large.

### *Partners of Childhood Sexual Abuse Survivor*

For this dissertation, I will focus on relationships with an overt commitment such as that in a marriage. A modern family systems theorist, Bowen suggests that, after selection of a partner, two people become fused into a *new family ego mass* (NFES).<sup>23</sup> The partners’ pseudo-selves blend into one relational self to form the basis of the NFES. This notion finds support in the Bible. Genesis 2:24-25 states, “Therefore shall a man leave his father and his mother, and shall cleave unto his wife: and they shall be one flesh. And they were both naked, the man and his wife, and were not ashamed.”<sup>24</sup> As previously stated, this does not happen until a commitment to the relationship is made as in marriage.

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<sup>21</sup> Havig, “The Health Care Experiences,” 20.

<sup>22</sup> Paula Y. Goodwin, William D. Mosher, and Anjani Chandra, “Marriage and Cohabitation in the United States: A Statistical Portrait Based on Cycle 6 (2002) of the National Survey of Family Growth,” *Vital and Health Statistics. Series 23, Data from the National Survey of Family Growth* 28 (2010): 1-45, accessed April 23, 2017, <https://jhu.pure.elsevier.com/en/publications/marriage-and-cohabitation-in-the-united-states-a-statistical-port-7>.

<sup>23</sup> Murray Bowen, *Family Therapy in Clinical Practice* (New York: J. Aronson, 1978), 110.

<sup>24</sup> Gen. 2:24–25 (KJV).

Husbands of CSA survivors face specific challenges. The origins of marital-relationship struggles have been viewed in the literature as primarily emanating from the CSA survivor; though, a few researchers have examined possible preexisting traits of the husbands.<sup>25</sup> This section will explain some of the challenges reported by the husbands married to survivors that differ from those of husbands not married to CSA survivors. Included will be examples from interviewed couples who agreed to participate in this project.

Husbands of CSA survivors contend with multiple challenges. There are some indications that men who are in a relationship with an untreated survivor of CSA have higher incidence of cardiac failure.<sup>26</sup> Coronary complications place increasing stress on families and society.<sup>27</sup> Interestingly, King, and Reis report that couples who have higher scores on marital satisfaction surveys survive longer than those who have lower scores after a coronary artery bypass.<sup>28</sup> Because couples where one or both experienced CSA have lower relational satisfaction scores, helping this population increase marital satisfaction may reduce early deaths.<sup>29</sup> One possible way to increase marital satisfaction

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<sup>25</sup> Jessica E. Lambert and Myrna Friedlander, "Relationship of Differentiation of Self to Adult Clients' Perceptions of the Alliance in Brief Family Therapy," *Psychotherapy Research* 18, no. 2 (2008): 160-166, accessed April 23, 2017, doi:10.1080/10503300701255924.

<sup>26</sup> Solano et al., "Unresolved Trauma in Spouses," 355.

<sup>27</sup> Randall L. Hilscher, Alise G. Bartley, and John J. Zarski, "A Heart Does Not Beat Alone: Coronary Heart Disease Through a Family Systems Lens," *Families, Systems, & Health* 23, no. 2 (2005): 220-235, accessed April 23, 2017, doi:10.1037/1091-7527.23.2.220.

<sup>28</sup> Kathleen B. King and Harry T. Reis, "Marriage and Long-Term Survival after Coronary Artery Bypass Grafting," *Health Psychology* 31, no. 1 (2012): 55-62, accessed April 23, 2017, doi:10.1037/a0025061.

<sup>29</sup> Debra C. Cobia, Robin R. Sobansky, and Meredith Ingram, "Female Survivors of Childhood Sexual Abuse: Implications for Couples' Therapists," *The Family Journal: Counseling and Therapy for Couples and Families* 12, no. 3 (July 3, 2004), accessed August 11, 2017, doi:10.1177/1066480704264351.

is to increase touching and social interaction which is of primary concern when treating CSA. Not only do couples feel isolated from each other, they also feel isolated from society. Being or feeling alone has many implications, including biblical ones. The former Pope John Paul II states, “The first step of temptation is to bypass the family structure. Satan approaches Eve alone.”<sup>30</sup> Some dispute this narrative and suggest Adam was merely silent during the deception. It is clear, though, being alone, emotionally or physically, can be harmful. Husbands who are married to a CSA survivor have shown increase risk of loneliness<sup>31</sup> and cardiac arrest.<sup>32</sup>

Feeling alone, isolated, and hopeless was a recurrent theme in stories from the survivor’s husbands.<sup>33</sup> The feelings of being alone and isolated extended beyond the marital relationship. The husbands report that the marital relationship has a negative effect on outside relationships. These experiences did not get better over time. In fact, as Bowen suggests, complete isolation tends to happen with low Differentiation of Self (DoS) levels.<sup>34</sup> These husbands cut off relationships to where there were few if any friends left in later life.<sup>35</sup> The above-mentioned literature implies causation for isolation as attributable to the CSA influence in the relationship.

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<sup>30</sup> J. Brian Bransfield, *The Human Person: According to John Paul II* (Boston, MA: Pauline Books & Media, 2010), 126.

<sup>31</sup> Hunt-Amos, Bischoff, and Pretorius, “The Husband’s Experience,” 8-9.

<sup>32</sup> Solano et al., “Unresolved Trauma in Spouses.”

<sup>33</sup> Brenda Bacon and Laura Lein, “Living with a Female Sexual Abuse Survivor: Male Partners Perspectives,” *Journal of Child Sexual Abuse* 5, no. 2 (1996): 1–16, accessed January 20, 2018, doi:10.1300/j070v05n02\_01.

<sup>34</sup> Differentiation of self is defined in section 3.

<sup>35</sup> Bowen, *Family Therapy in Clinical Practice*, 383.

The husbands even may feel alone and isolated in therapeutic settings.<sup>36</sup> Much of the struggle in therapeutic sessions centers on the CSA survivor's flooding (the overwhelming feelings that the past trauma is actually happening now) and focuses on the CSA, while the partner feels isolated and expected to limit self-expression of needs and desires. This is an example of triangling. Bowen calls the concept *triangling* as opposed to the more common, *triangulating*, with the husband being the out-group and the therapist and survivor being the in-group. I will discuss the issue of triangling in a later section.

Even more frustrating than this tendency toward isolation, a limiting force of the relationship for some, is the perceived hopelessness that the relationship would ever become a mutually rewarding experience. Avoidance of hopeful feelings becomes the normal response for some of these men, and as reported by Bacon and Lein, "the men felt they could not allow themselves to experience a sense of joyful anticipation or security. 'You have to look after yourself. Don't expect.' Another agreed. 'Above all, don't expect.'"<sup>37</sup>

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<sup>36</sup> Dennis Balcom, "The Interpersonal Dynamics and Treatment of Dual Trauma Couples," *Journal of Marital and Family Therapy* 22, no. 4 (1996), accessed April 23, 2017, doi:10.1111/j.1752-0606.1996.tb00218.x.; Heather B. Macintosh and Susan Johnson, "Emotionally Focused Therapy for Couples and Childhood Sexual Abuse Survivors," *Journal of Marital and Family Therapy* 34, no. 3 (2008), accessed April 23, 2017, doi:10.1111/j.1752-0606.2008.00074.x.; Oz, "When the Wife Was Sexually Abused as a Child."

<sup>37</sup> Bacon and Lein, "Living with a Female Sexual Abuse Survivor," 10.

Not only is there a disconnection of emotional intimacy, but there is also a lack of physical intimacy<sup>38</sup> and trust.<sup>39</sup> Unsurprisingly, physical intimacy was reported as a troublesome area for these couples.<sup>40</sup> In fact, some men reported feeling like the abuser. The troubled feelings started soon after marriage. The wives became angry when physical intimacy was discussed. Some wives suggested their husbands hire a prostitute. As a result of blaming intimacy issues on the CSA, the wife would seek every latest treatment for CSA that looked promising. With every new therapy or hopeful new form of engagement, the husbands would get their hopes up that something would finally help, only to have their dreams dashed again.

For the survivor, the focus on the CSA encouraged feelings of stigmatization. Stigmatization has been reported as a main contributor of sexual inhibition and frustration.<sup>41</sup> Possibly in an attempt to hide stigmatization, some survivors withheld information. In the process of what Kochka and Carolan described as an alliance protection mechanism, women CSA survivors withheld information concerning their abuse.<sup>42</sup> The information was pertinent to the relationship; however, it was withheld in order to protect the relationship from the CSA. Having developed a capacity to withhold

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<sup>38</sup> Ibid.

<sup>39</sup> David Dilillo and Patricia J. Long, "Perceptions of Couple Functioning Among Female Survivors of Child Sexual Abuse," *Journal of Child Sexual Abuse* 7, no. 4 (1999), accessed April 23, 2017, doi:10.1300/j070v07n04\_05.

<sup>40</sup> Bacon and Lein, "Living with a Female Sexual Abuse Survivor," 7.

<sup>41</sup> Candice Feiring, Valerie A. Simon, and Charles M. Cleland, "Childhood Sexual Abuse, Stigmatization, Internalizing Symptoms, and the Development of Sexual Difficulties and Dating Aggression," *Journal of Consulting and Clinical Psychology* 77, no. 1 (2009), accessed April 23, 2017, doi:10.1037/a0013475.

<sup>42</sup> Patricia Kochka and Marsha Carolan, "Alliance Protection: The Influence of Childhood Sexual Abuse Memories on Couple Dynamics," *Journal of Couple & Relationship Therapy* 1, no. 4 (2002), accessed April 23, 2017, doi:10.1300/j398v01n04\_03.



information and a paradigm that in doing so the relationship would be protected, it is likely that these wives may withhold other information deemed harmful to the relationship as well.

Kochka and Carolan reported different responses by the husbands to the withholding of information.<sup>43</sup> Some husbands engaged with the therapeutic process, others did not, or they did so in a manner that the wife did not view as helpful. Although this research did not focus on DoS, it stands to reason that the husbands in this study of CSA-survivor unions were at different levels of DoS with higher DoS score meaning a healthier way of being. While engagement may seem to be a trait indicating higher DoS level, the reverse may actually be true. It is quite possible that those husbands who pursued fusion with their spouses did so in an attempt to alleviate their anxiety about self and not as a means to understand their spouses.<sup>44</sup>

This study indicated that a sense of withholding and dishonesty in the relationship could be beneficial. The authors refer to this as *coordinated alliance*. It would seem that, in order to accomplish this task, a husband may need elevated levels of DoS. For those husbands with lower DoS levels, coordinated alliance has the potential of placing partners in a precarious and lonely situation where the partner wants to know in order to relieve anxiety and not to better understand their spouse.

On the same trend of understanding, in his audio recording *Secrets of a Passionate Marriage*, Schnarch explains that limitations in disclosures inhibit the growth

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<sup>43</sup> Kochka and Carolan, "Alliance Protection," 64-65.

<sup>44</sup> Bowen terms such as fusion will be explained in the next section.

of the individual.<sup>45</sup> A differentiated person would be able to handle the anxiety of not having a certain skill or experience and could, if he desired, move into being this someone or reject the proposition without elevated levels of emotional reactivity (ER) or cutoff. From Schnarch's explanation, it follows that being willing to limit self requires higher levels of DoS.

What Kochka and Carolan did not address was whether the husbands themselves were not fully disclosing.<sup>46</sup> Bowen reported that people will choose partners similar in DoS to their own.<sup>47</sup> The survivor may at least be picking partners with certain patterns. Cherlin, Burton, Hurt, and Purvin found that the women who had experienced CSA were more likely to have a history of several partners.<sup>48</sup> They suggest the CSA survivors had fewer social support networks and psychological resources to draw from to be able to identify and withdraw from abusive relationships. They also reported women who were CSA survivors cohabitated three times more often than being married. This form of self-selection for the women in the study suggests that the partners also may have an avoidant noncommittal nature.

While the dynamics of being in a relationship with an abuse survivor has been qualitatively explored, there is a dearth of studies that explore possible preexisting

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<sup>45</sup> David Schnarch, *Secrets of a Passionate Marriage: How to Increase Sexual Pleasure and Emotional Fulfillment in Committed Relationships*, CD, Boulder, CO: Sounds True, 2003.

<sup>46</sup> Kochka and Carolan, "Alliance Protection."

<sup>47</sup> Bowen, *Family Therapy in Clinical Practice*, 109-110.

<sup>48</sup> Andrew J. Cherlin et al., "The Influence of Physical and Sexual Abuse on Marriage and Cohabitation," *American Sociological Review* 69, no. 6 (2004), accessed April 23, 2017, doi:10.1177/000312240406900602.

conditions of the husbands that may be a determining factor in well-being outcomes for this population.<sup>49</sup>

While there are few studies that indicate the husband's preexisting conditions such as low DoS, there are some researchers who suggest that it is not the abuse that should be the focus, but the family dynamics, as explained by Bowen's Family Systems Theory.<sup>50</sup> While women who were traumatized as children do not have an increased chance of neuroticism, it is unknown if there are enduring traits of the husband which may pronate these men in the direction of poor well-being outcomes.<sup>51</sup>

Husbands of CSA survivors may experience some form of trauma or emotional instability absent that of his spouse's CSA.<sup>52</sup> Oz states that for both partners, there may be a shared component of lack of "trust, emotional expressiveness and intimacy, communication, sexual relations, addictions, household, money and time management, and parenting."<sup>53</sup> Preexisting conditions may be variables implicated in the issues with this husband population.

Some researchers suggest that CSA survivors may be selecting partners who have certain traits. Gelinas posits that the parentification, a child becoming a parent to the parent, of a daughter who is sexually abused by her father establishes a pattern where the

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<sup>49</sup> Hunt-Amos, Bischoff, and Pretorius, "The Husband's Experience," 1.

<sup>50</sup> Steven M. Harris and Dean M. Busby. "Pant-Legs and Pathology: The Marriage of Individual and Family Assessment," *Contemporary Family Therapy* 19, no. 4 (1997): 507-521, retrieved from Academic Search Complete, 518.

<sup>51</sup> Valentina Moskvina, et al., "Interrelationship of Childhood Trauma, Neuroticism, and Depressive Phenotype," *Depression and Anxiety* 24, no. 3 (2007), October 19, 2012, doi:10.1002/da.20216.

<sup>52</sup> Oz, "When the Wife Was Sexually Abused as a Child," 228.

<sup>53</sup> *Ibid.*, 289.

daughter will find a mate whom she can care for.<sup>54</sup> The daughter is parentified when she assumes the role of the mother, including sexual relations with her father, the mother's husband. Gelinas states that the husbands had higher incidents of depression, were more immature, and had narcissistic and sociopathic traits. He also posits that the husbands were more likely to have been deprived as children and wished to be cared for by the spouse. Gelinas suggested that, if the CSA survivor is not diagnosed with a borderline personality disorder (BPD), the spouse may be the one acting out.

Other researchers also found that CSA survivors chose dysfunctional partners<sup>55</sup> and family of origins like their own.<sup>56</sup> When a group of husbands was told this information, they became distressed and questioned themselves. In a support group for husbands, many heard that CSA survivors married men who had the potential for being an abuser.<sup>57</sup> This information further discouraged the men. In addition, some men were confrontational while others were in denial. Some thought that they had pressed too much, forcing their wives to talk about the abuse when the wives were not ready. Others realized that their own denial was what their spouses were looking for so that they would not have to address their CSA problems.

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<sup>54</sup> Denise J. Gelinas, "The Persisting Negative Effects of Incest." *Psychiatry* 46, no. 4 (1983): 312–332, accessed January 20, 2018, doi:10.1080/00332747.1983.11024207

<sup>55</sup> Maria Testa, Carol Vanzile-Tamsen, and Jennifer A. Livingston, "Childhood Sexual Abuse, Relationship Satisfaction, and Sexual Risk Taking in a Community Sample of Women," *Journal of Consulting and Clinical Psychology* 73, no. 6 (2005), accessed April 23, 2017, doi:10.1037/0022-006x.73.6.1116.

<sup>56</sup> Chingju G. Chen and Marsha T. Carolan, "The Phenomenon of Comparative Development Between Female Survivors and Their Partners: Implications for Couples Therapy," *Contemporary Family Therapy* 32, no. 4 (2010), accessed April 23, 2017, doi:10.1007/s10591-010-9128-0.

<sup>57</sup> Lawrence J. Cohen, "Providing Treatment and Support for Partners of Sexual-assault Survivors" *Psychotherapy: Theory, Research, Practice, Training* 25, no. 1 (1988), accessed April 23, 2017, doi:10.1037/h0085327.

Unlike Gelina's suggestions that link these husbands to narcissism, however, other researchers dispute this link. Lambourn-Kavcic and Day compared husbands married to incest survivors to husbands who were not married to incest survivors.<sup>58</sup> The researchers found no significant differences between the two groups on measures of narcissism and depressive episodes. This research suggests that there were two groups of husbands: those who can help and those who cannot help.

Placing husbands into categories helped some therapists better understand the husband's involvement.<sup>59</sup> Survivor husbands were subdivided into two groups: "(a) the significant other who wants and is able to improve his relationship to the survivor, and (b) the significant other who is unable to assist his survivor-partner of his own problems."<sup>60</sup> These two discrete classifications alluded to domains that have not been clearly expounded or defined and may point to critical DoS levels.

Certain constructs are more prevalent in couples where CSA is experienced. Walker, Sheffield, Larson, and Holman,<sup>61</sup> working from the Bowen (1978) Family Systems perspective of family systems dysfunction, used the instrument *Relationship*

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<sup>58</sup> Bonnie Lambourn-Kavcic and H. D. "Jim" Day, "Characteristics of Male Partners of Adult Female Incest Survivors," *Journal of Contemporary Psychotherapy* 25, no. 4 (1995), accessed November 8, 2017, doi:10.1007/bf02306570

<sup>59</sup> David E. Brittain and Karen Merriam, "Groups for Significant Others of Survivors of Child Sexual Abuse," *Journal of Interpersonal Violence* 3, no. 1 (1988): 92, accessed April 23, 2017, doi:10.1177/088626088003001007.

<sup>60</sup> Ibid.

<sup>61</sup> Eric C. Walker et al., "Contempt and Defensiveness in Couple Relationships Related to Childhood Sexual Abuse Histories for Self and Partner," *Journal of Marital and Family Therapy* 37, no. 1 (2011), accessed April 23, 2017, doi:10.1111/j.1752-0606.2009.00153.x.

*Evaluation Questionnaire* (RELATE)<sup>62</sup> in measuring constructs from Gottman's research.<sup>63</sup> This study connected the two worlds of Bowen and Gottman.<sup>64</sup> RELATE contains Bowen's Family of Origin influence as well as Gottman's constructs such as the four horseman: criticism, contempt, defensiveness, and stonewalling. Walker et al. found contempt and defensiveness to be prevalent in couples where there was CSA influence.<sup>65</sup> Not only did they have contempt and defensiveness for themselves, but they also had contempt and defensiveness towards each other more than the non-CSA group.

An accretion of this author is that a more differentiated male may choose not to marry a female CSA survivor, but if he did, he may eventually either leave or affect the relationship in a positive direction without fusion or cutoff. On the other hand, a less differentiated male partner may not only choose to marry a female CSA survivor, but he will stay in the relationship while using fusion or cutoff. There needs to be research into potential problematic contributors in couples where at least one partner experienced CSA.<sup>66</sup> With the research that has already been presented, it is clear the Church needs to respond with resources that can assist in the care and nurturing of these families.

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<sup>62</sup> Dean M. Busby, Thomas B. Holman, and Narumi Taniguchi, "RELATE: Relationship Evaluation of the Individual, Family, Cultural, and Couple Contexts," *Family Relations* 50, no. 4 (2001), accessed April 23, 2017, doi:10.1111/j.1741-3729.2001.00308.x.

<sup>63</sup> John Gottman, *Why Marriages Succeed or Fail* (New York: Simon and Schuster, 1994).

<sup>64</sup> John and Julie Gottman are renowned relationship researchers, educators, and clinicians.

<sup>65</sup> Walker et al., "Contempt and Defensiveness in," 43.

<sup>66</sup> David Dilillo, "Interpersonal Functioning Among Women Reporting a History of Childhood Sexual Abuse: Empirical Findings and Methodological Issues," *Clinical Psychology Review* 21, no. 4 (2001), accessed April 23, 2017, doi:10.1016/s0272-7358(99)00072-0.

## SECTION 2

While there are numerous resources to assist the survivor, there are only a few resources that offer support for those partners married to a survivor of CSA. Many of these books have helped countless numbers of couples. I will list some of those resources with their strengths and weaknesses. The intent of my presentation is not only to show the need for further research and more helpful books, but to also inform as to what is already published for the partner.

***What About Me: A Guide for Men Helping Female Partners Deal with Childhood Sexual Abuse.*<sup>67</sup>  
Grant Cameron**

Grant Cameron's book has been one of the most prominent books related to my topic. The book was first published in 1994, with its fifth printing in 2006. Cameron is a journalist who married a CSA survivor. He states his then girlfriend's declaration of her abuse stunned him. Cameron laments:

At first, I didn't know what to think. I was from a good upbringing and it hadn't entered my thoughts that such things happen in this world. I had lived a life sheltered from abuse. It was something I'd only read about—something I'd seen only on television or in the movies. I'd never really given the problem much thought. And never in my wildest dreams did I think it really happened to real people like her.<sup>68</sup>

Cameron first encourages the “supporter,” the person who is married to the survivor, that he is not alone. As stated in the problem section, feeling alone is a common experience for the partner. He then discusses the erratic behavior of the survivor. He

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<sup>67</sup> Grant Cameron, *What About Me?: A Guide for Men Helping Female Partners Deal with Childhood Sexual Abuse* (Carp, ON: Creative Bound, 2006).

<sup>68</sup> Ibid., 12.

encourages the partner to hold on for the ride. He also states that the survivor needs to do the healing in her own way and on her own. Much of his presentation in the book alludes to the Bowen construct of Differentiation of Self (DoS).<sup>69</sup> He concludes this section with these Points to Remember:

- Don't blame your partner for what happened.
- The sooner you face the situation the better.
- The healing process isn't easy.
- Be prepared for mood swings.
- Find a good counselor.
- Don't get overwhelmed.<sup>70</sup>

Cameron then proceeds to explain how the CSA affects the survivor. He presents a brief overview of some symptoms the survivor might experience. The survivor may develop other personalities or disassociate.

He presents his three stages of healing for the survivor. The three stages are 1) crisis, 2) suffering, and 3) resolution.<sup>71</sup> He explains that the survivor moves through the stages at her own pace: "It is important that the survivor retain control over her healing, even during the crisis stage. The survivor has to know that she got through the crisis on her own."<sup>72</sup> During the process, the survivor may get angry and attempt to use the partner as a target. Cameron suggests avoiding anger and remaining patient. He also recommends

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3. <sup>69</sup> Differentiation of Self (DoS) is a key construct I will use in my solution, as explained in section

<sup>70</sup> Cameron, *What About Me?*, 26.

<sup>71</sup> Ibid., 33.

<sup>72</sup> Ibid.



the partner “not to get too frazzled when the subject of suicide is mentioned.”<sup>73</sup> The approach Cameron presents is like most of the other books I will review.

In discussing the crisis stage, Camron gives this advice:

You can ‘t be angry here. You can’t be sad or impatient. The survivor won’t be able to hurry herself through this period just for your sake. So, relax and take a deep breath. You’ll need some patience, real patience, understanding and a lot of compassion. ...There is one word of warning here, though. Don’t get sucked into her anger. Don’t get angry with her. It’s good to talk with her about her anger, but it doesn’t do any good to be angry with her. It doesn’t do any good to have two angry people trying to deal with their feelings. Also, be very careful not to become the object of her anger. Remember, she’s looking for a place to vent her frustration during this stage. She’s looking for a place to blow off some steam and you’ll likely be the prime target for her if you don’t watch yourself.<sup>74</sup>

His statement leaves the reader with the expectation of the partner placing all his desires, wants, and needs aside. The direction he gives has an overtone of avoidance. Again, this can be accomplished well by partners who avoid issues. Additionally, he states, “Remember, you have to consider the feelings of the survivor. Your feelings aren’t the important thing here: you’ll have to work them out elsewhere.”<sup>75</sup> While Cameron’s relational posture may seem to help the survivor, taking a different approach, which I will discuss in the next section, is not only better for the survivor, but also the partner.

Cameron suggests that both partners work with a counselor. For the partner, having a counselor can provide a space for the partner to vent his frustrations.<sup>76</sup> Doing so, he says, will help take pressure off the survivor. While this may be true, there are better

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<sup>73</sup> Ibid., 58.

<sup>74</sup> Ibid., 55.

<sup>75</sup> Ibid., 137.

<sup>76</sup> Ibid., 52.

ways to view the need for counseling such as working on the partner's own issues. Later in the book, he does talk about building trust by admitting shortcomings.<sup>77</sup>

He reports trust is an important issue with the survivor because her trust was broken at an early age. He suggests the best way to build trust is to be trustworthy.

The confusion of the book is that Cameron suggests trust is important while suggesting that any request for a sexual relationship should be relinquished to the survivor's initiation. I suggest that honesty is an important component of trustworthiness. Withholding desires and needs does not comport well with honesty.

Cameron reports being in a relationship with a CSA survivor can be like being a child in a candy store. His solutions? "Taking a long cold shower"<sup>78</sup> and "bite your lip."<sup>79</sup> He reports: "If you're having real problems dealing with all this—and find you really have to relieve yourself in some way—remember that's your problem to solve. It's not hers. You're going to have to find another way of relieving those built-up desires."<sup>80</sup> Again, I suggest there is a need for another approach as finding ways "to relieve" oneself may not promote building trust.

Cameron ends the book well by stating, "Don't forget that a union between two people is based on more than sex."<sup>81</sup> Indeed, there is more to a marriage than sex. Including the discussions about sex with other aspects of the marriage are vital not only for the partner, but also for the survivor.

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<sup>77</sup> Ibid., 105.

<sup>78</sup> Ibid., 133.

<sup>79</sup> Ibid., 136.

<sup>80</sup> Ibid., 137.

<sup>81</sup> Ibid., 138.

***Ghost in the Bedroom: A Guide for Partners of Incest Survivors***<sup>82</sup>  
**Ken Graber**

Ken Graber is another author who is the partner of an incest survivor. His approach to treatment focuses on the partner who also probably needs help. He states, “This is an essential rule. If one partner in a relationship needs or is receiving treatment, the other partner is also in need of treatment.”<sup>83</sup>

Though Graber does not explicitly state that partners probably are undeclared CSA survivors, he expands the traditional definition of CSA to include exposure to pornography. Since this book’s writing in 1991, the proliferation of pornography through the internet would include much of the male and female population.

Chapters in the book clearly summarize the direction of the book: “It’s Driving Me Crazy,” “My Core Issues,” “Supporting the Survivor,” “Understanding the Abuser,” and “Getting and Staying Healthy.” Throughout the book, he talks much about the partner dealing with his own issues and how those issues will play out in the survivor’s healing process.

For example, Graber states, “Finding ourselves in a relationship with the survivor of sexual abuse means we must look at ourselves to see why we were attracted to a person like that.”<sup>84</sup> While the statement might seem critical to the survivor, it is an important question to address. He states that partners seek people who are similar to them: “When we meet people who are at our own level there is an immediate report and

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<sup>82</sup> Ken Graber, *Ghosts in the Bedroom: A Guide for Partners of Incest Survivors* (Deerfield Beach, FL: Health Communications, 1991), Kindle.

<sup>83</sup> Ibid., Loc. 283.

<sup>84</sup> Ibid., Loc. 279.

sense of comfort.”<sup>85</sup> As I will discuss in the next section, Bowen’s Family Systems Theory states people will choose partners who are at a similar level of DoS.

Some of the issues Graber highlights are contained in four categories. They are 1) primary dependency, 2) secondary dependency, 3) codependency, and 4) shame-based identity.<sup>86</sup> These core issues encapsulate the process of persons attaching themselves to either a substance such as in primary dependency, a behavior as in secondary dependency, a person as in codependency, or a distorted view of themselves as in shame-based identity. He does briefly discuss boundaries.

Graber suggests that while we may pick partners who are similar in their dysfunction, we may be able to utilize that connection to affect positive change. He states, “Sexual abuse survivors need to re-experience the process of seeing themselves through the mirror of loving eyes to reclaim their sense of self.”<sup>87</sup> He adds, “... We remain in balance and retain a healthy and independent sense of ourselves as we offer appropriate support and interaction with those we love. Healthy independence is like holding hands, while codependency is like chaining heart and soul.”<sup>88</sup> To round out his thoughts, he states:

Just doing our best is all it takes for our behavior to rub off on others and for them to adopt a higher level of functioning. Recovering adults begin to be able to recognize healthy, functional behavior and can choose to adopt new models to replace or supplement defective parental models.<sup>89</sup>

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<sup>85</sup> Ibid., Loc. 279.

<sup>86</sup> Ibid., Loc. 298-335.

<sup>87</sup> Ibid., Loc. 366.

<sup>88</sup> Ibid., Loc. 366.

<sup>89</sup> Ibid., Loc. 391.

An important communication process for the couple is for the partner to be a confidant. Part of being a confidant, says Graber, for the survivor is having the ability to listen to her story without judgment. To do this the partner needs to be able to establish some form of boundaries or to acknowledge appropriate boundaries while the survivor tells her story. However, the boundaries are not there to enable the partner to withdraw from the relationship; they are to help the couple stay close without enmeshment.<sup>90</sup> I will talk more about enmeshment and tolerating the tension of engagement in the next section.

Graber describes how effectively to resolve problems. He states there are three steps: 1) express the underlying feelings, 2) identify the unmet needs, and 3) negotiate an acceptable solution.<sup>91</sup> My clinical experience has convinced me that these well-informed steps can be extremely difficult to accomplish when a couple does not have the internal capabilities required. He makes other recommendations, which most authors suggest, which can be very difficult for some partners and couples. For example, Graber states regarding sexual interactions, “The partner must give the survivor absolute authority to say when to stop and when to proceed.”<sup>92</sup> Again, this is a very difficult task for many partners and questionable in wisdom. Simply telling a partner this is the new norm does not help. There needs to be more equal negotiations to help the couple work with the survivor’s triggers.

Isolation, as previously stated, is a major issue for partners. To tend this common challenge, Graber suggests that both the survivor and partner seek outside support from

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<sup>90</sup> Enmeshment will be defined in the next section.

<sup>91</sup> Graber, *Ghosts in the Bedroom*, Loc. 464.

<sup>92</sup> Ibid., Loc. 565.

friends, groups, and therapists. Although Graber is not writing to a Christian or religious audience, it seems reasonable to those who are religious for the Church to assist in the connection of its congregation in the support of these couples.

Graber also mentions the partner's frustration in trying to connect with the survivor. He presents a partner's exasperation in stating:

Sometimes we have great sex; the next time I do everything the same and she says I'm pushing her. The next time I'm very tender and gentle and that works for a while, until she complains that I don't love her anymore because the passion and fire as there used to be. I feel like I just can't win.<sup>93</sup>

The process for the partner becomes demeaning as they become incompetent lovers.

Lastly, Graber does address the issue of sex outside of marriage. He is one of the few authors who suggests that if a couple agrees and that if the relationship is not committed then the couple can talk about other sexual activities outside the confines of the relationship. From a Christian perspective, which I will address in a later section, it is not healthy for there to be a sexual relationship outside the marital commitment. Secular authors, such as David Schnark, also suggest that outside sexual relationships are not helpful.

Graber's book is a valuable read for partners and survivors. His suggestions are helpful and well thought-out. But he has a two-fold weakness: the core trait needed to execute his suggestions is not addressed, and his approach to sexual relationships are not biblically based.

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<sup>93</sup> Ibid., Loc. 943.

***Allies in Healing: When the Person You Love Was Sexually Abused as a Child*<sup>94</sup>**  
**Laura Davis**

Laura Davis, co-author of *Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse*, writes *Allies in Healing* for the survivors' partners. The brief introduction expresses the need for partners to seek help. She also writes a note to the survivor about the book's focus. *Allies in Healing* is then broken into two main sections. Questions from partners fill the first section. She answers each and then goes to the next. The answers are designed to guide the partner in the direction of health. The second section contains eight stories from partners.

"Compassion, flexibility, resourcefulness, patience, humor, and knowledge of your own needs and limits" are traits Davis reports to be important for partners.<sup>95</sup> As with most books written for partners, she points out *what* to be, but gives little instruction on *how* to be. She states, "Give yourself permission to leave or to consider leaving."<sup>96</sup> What if the partner does not have the internal ability to even consider the idea of *giving one's self permission*. For example, consider a Christian who was taught that leaving is a sin and thus staying is a required law? The staying is experienced as an imposition and not a choice.

She thoughtfully explains the effect of the abuse as a child and what it means as an adult.

The duration of the abuse, its severity, the closeness of the child to the offender, the dynamics of the family, and the presence or absence of support for the child all have a role in determining the later effects of abuse. In families where children

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<sup>94</sup> Laura Davis, *Allies in Healing: When the Person You Love was Sexually Abused as a Child* (New York: Harper Collins, 1993), Kindle.

<sup>95</sup> Ibid., loc. 319.

<sup>96</sup> Ibid.

are supported, listened to, and protected, the effects of the abuse in adulthood can be negligible. When children are discounted or further abused, the damage is made worse.<sup>97</sup>

Though research methods used in examining the family environment's influence in predicting psychological and physical health in persons who experienced CSA has been challenged, there does seem to be some correlation of the family environment and future health.<sup>98</sup> Her assertion stands.

As part of the book's offering, Davis gives healing stages of the survivor: 1) The Decision to Heal, 2) The Emergency Stage, 3) Remembering, 4) Believing it Happened, 5) Breaking Silence, 6) Understanding it Wasn't Their Fault, 7) Getting in Touch with the Inner Child, 8) Grieving and Mourning, 9) Anger, 10) Confronting the Abuser, and 11) Resolution and Moving on.<sup>99</sup> However, this offering is not unique. Most if not all of the reviewed books highlight the survivor's journey with the expectation to help the partner understand.

While Davis desires to be inclusive, she does not address the abuse perpetrated by women. She primarily identifies the perpetrator as a male although she did briefly mention once that a woman could be a perpetrator. Her reasoning for focusing on the male as a perpetrator was that men are the primary assailants. It is curious that Davis chose to exclude women as the perpetrator, since research supports this reality. Writer

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<sup>97</sup> Ibid., loc. 332.

<sup>98</sup> John Briere and Diana M. Elliott, "Sexual Abuse, Family Environment, and Psychological Symptoms: On the Validity of Statistical Control," *Journal of Consulting and Clinical Psychology* 61, no. 2 (1993), accessed September 10, 2017, doi:10.1037//0022-006x.61.2.284.

<sup>99</sup> Davis, *Allies in Healing*, loc. 510-608.



Dawn Scott Jones points out that years ago, in the 1980s, there was research illustrating the devastation of women/mothers as perpetrator.

Her general *advice* for the partner tends to be to live with it. However, she reports one partner's frustrating revelation and her response.

“For the first six months after she remembered, I just kind of held my breath, waiting for it to be over. After half a year went by, I realized that I couldn't hold my breath forever. I couldn't continue to make myself that small and insignificant. I couldn't put myself on hold forever. I had to start breathing. I had to learn to live with it.” Learning to live with it is a painful, lonely challenge. If you are not flexible, if you can't stretch, if you can't let go of your life as it was before and accept the way it is now, you will be fighting every inch of the way.<sup>100</sup>

Here Davies hints of participating in a grieving process.

Another suggestion she offers to the partner is to find someone to talk with about this difficult experience. She also gives suggestions about how to find that person or persons. She suggests one of the best places to find support is Al-Anon.<sup>101</sup> Her reasoning is because Al-Anon helps the person focus on their own issues instead of the other person's issues.

Davis presents many helpful suggestions on what to do and not to do as a partner of a survivor. Unfortunately, telling someone to “chill,” which seems to be her underlying message, can sometimes have the opposite effect. There needs to be more concrete methods for the what and the how.

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<sup>100</sup> Ibid., 638.

<sup>101</sup> Ibid., 877.

***When a Woman You Love Was Abused: A Husband's Guide to Helping Her Overcome Childhood Sexual Molestation***<sup>102</sup>  
**Dawn Scott Jones**

If you want to know a little of what it feels like to be in a relationship with some survivors, Dawn Jones' book *When a Woman You Love Was Abused: A Husband's Guide to Helping Her Overcome Childhood Sexual Molestation* is a book to read, though I do not recommend its suggestions for the partner. As with the other books, Jones explains CSA and its impact on an intimate relationship. One area she covers that most authors do not is when the perpetrator was a woman. She states: "Our cultural beliefs make it difficult for us to imagine that a woman would sexually assault a child. But it happens, and when it does, the effects are sometimes more devastating than when abuse occurs at the hands of a man."<sup>103</sup> She reports 25 percent of survivors were assaulted at the hands of a woman. I suspect that this number is vastly under-representative.

There are some highlights in the book as to what she expects from a supportive husband. Some of them are as follows: assure her she is beautiful, do not allow her to deny the abuse, comfort her, hold her but don't be sexual, be trustworthy, be honest, don't fix her, don't minimize her pain, don't be passive, help her identify control areas, and pray aloud for her. Of all her suggestions, praying aloud rings true and needs further exploration: She states, "I think if he'd prayed with me and had done spiritual warfare against the Enemy while I was feeling low and angry, that would have helped more than anything and would have helped bring healing faster."<sup>104</sup>

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<sup>102</sup> Dawn Scott Jones, *When a Woman you Love was Abused: A Husband's Guide to Helping Her Overcome Childhood Sexual Molestation* (Grand Rapids, MI: Kregel Publications, 2012), Kindle.

<sup>103</sup> Ibid., 33.

<sup>104</sup> Ibid., 182.

Although she presents some helpful suggestions, her tone about her partner is not helpful. She negatively describes her husband of twenty-seven years as stubborn. Throughout her book, she laments over Terry's lack of empathy and his "pushy, angry" stance towards her. She explains his relational posture with an understanding that he was like most men who are struggling within the CSA relationship. She states, "I was wounded, and he was stubborn..."<sup>105</sup> Does this mean that she has an excuse and that he is just wrong? For true healing, I will assert later that both spouses must own their faulty patterns and identify harmful relational nuances such as this statement.

Because of what seemed to be a singularly focused fault-finding, I would hesitate to suggest this book to clients. The level of contempt for her first husband, I believe, overrides the good the book may contain. As a counselor and partner, I would not recommend this book. The book does not offer a redemptive journey for the husband of the CSA wife. In fact, Terry, her first husband, did leave her, they divorced, and then twenty months later, she remarried. She states of her second husband, "*Something beautiful* breezed into my life like a gentle, fresh wind on a warm, spring day. Twenty months later, I married Paul Damon... You are the love of my life, my soul mate. I love you with every fiber of my being."<sup>106</sup> Terry lived through the trauma of the first twenty-seven-year marriage but is portrayed as only a stubborn man while Paul becomes her soul-mate. The blaming of her first husband as weak or not emotionally intelligent enough to be in relationship with the survivor is not helpful for partners. Being that this

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<sup>105</sup> Ibid., 169.

<sup>106</sup> Ibid., 201-02.

book's intent is to be a supportive resource for the partner, it seems reasonable that the author would not target her partner as the problem.

Jones additionally presents more gender contempt in how she names a relational dynamic. She states that "Men and women are wired differently. Often women tend to pour out their hearts while their husbands look for ways to solve problems."<sup>107</sup> Being a therapist, I would describe this dynamic differently. Many men do not feel safe in sharing feelings and, thus, keep to themselves. When men start to share in sessions, their wives often discount their feelings or try to fix the men. Other health care workers and thinkers speak out against gender stereotyping. Dale Trimble, who "co-founded the first court-ordered treatment program for men who assault their partners in the province of British Columbia" stated in a conference titled *Speaking to the Hearts of Men* that stereotypes placed on men, such as this, are not only inhibiting the men from addressing their own pain, but keeps them out of therapy sessions.<sup>108</sup> If a therapist does not realize this dynamic is possible, the nuanced relational injury will not be acknowledged, and the men will struggle needlessly. Obviously, Trimble's position needs attention within the Christian community. I will speak more to this issue in the next book review.<sup>109</sup>

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<sup>107</sup> Ibid., 157.

<sup>108</sup> Dale Trimble and Diana Fosha, "Speaking to the Hearts of Men: Applying AEDP with Gender in Mind" (lecture, New York, November 21, 2015).

<sup>109</sup> Trimble teaches a therapeutic treatment model called Accelerated Experiential Dynamic Psychotherapy (AEDP) that helps therapists compassionately help men change. He addresses many of the stereotypes that keep men from engaging in emotional intimacy. Persisting and insisting on stereotypes, such as what Jones presents, sets in stone a culturally expected relational dysfunction. Awareness of these relational nuances is vital in helping the couple see each other as human and to be open to relational tones that may go against popular opinion. I will speak more to this issue in the next book review. (For more information about Trimble, see Appendix C.)

***Haunted Marriage: Overcoming the Ghosts of Your Spouse's Childhood Abuse*<sup>110</sup>**  
**C. Barshinger, L. LaRowe, A. Tapia**

Barshinger, LaRowe, and Andrés Tapia's book speaks to the survivor's partner from a Christian perspective. Barshinger and LaRowe are PhD psychotherapists and a husband and wife team. Tapia is a partner of a CSA survivor. Each chapter starts with a story from Tapia followed by suggestions and explanations from Barshinger and LaRowe. As with Graber's book, this book was published in the 1990s.

Tapia and his wife, Lori, did not experience the effects of her CSA until after their fourth year of marriage. Their story highlights the scores of other couples who don't experience the memories of the abuse until after the marriage and for some years after. In addition, he reports his initial experience with the healing process was one of being "out of the loop."<sup>111</sup> He was, however, able to connect with a group of men whose wives were going through the same process.

Tapia states:

My process was typical. Many of my reactions to Lori's chaos, for example, had less to do with the effects of her past and are present in the effects of my own past. As much as I had thought I had escaped scar-free, the reality was that growing up in a home with an alcoholic mom and a workaholic dad had wounded me in serious ways.<sup>112</sup>

Here Tapia shows self-awareness and describes some of his own challenges.

This book presents a comprehensive view of what a partner needs to be aware of while his spouse and himself go through the healing process. The authors divide the book

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<sup>110</sup> Clark E. Barshinger, Lojan E. LaRowe, and Andrés Tapia, *Haunted Marriage: Overcoming the Ghosts of Your Spouses Childhood Abuse* (Downers Grove, IL: InterVarsity Press, 1995).

<sup>111</sup> Ibid., 14.

<sup>112</sup> Ibid., 13-14.

into four parts: 1) Walking on Eggshells: Why Is She Crying Every Time We Make Love?, 2) Becoming a Responsive Spouse, 3) Overcoming the Sins of the Fathers, and 4) Thriving Alone & Together. They discuss multiple topics, including both the survivor's and the partner's experiences, how to relate to family members, work and home responsibilities, and faith.

The authors report there are three major stages in the recovery process for the survivor: 1) acceptance, 2) exploration, and 3) resolution. The first stage, acceptance, can be a volatile and confusing stage. The following exhortation is like other authors' recommendations:

In this stage, your mission, should you decide to accept it, is to do the almost impossible: *don't take it personally*. As the survivor fires in all directions, you need to learn how to duck. This is a time when many couples begin a journey down a self-destructive road, as the unfairly accused spouse understandably fights back. But given the survivors precarious emotional state, aggressive self-defense on your part becomes confirmation in her mind that her accusations are true. And that only makes you angrier and more desperate. This is not a rational stage at all for the survivor. One of the most important things you can do is to *not fight back*. Instead, explore with your spouse what is going on between the two of you and why.

While we counsel against aggressive counterattacks, we are not suggesting passivity.<sup>113</sup>

The authors' suggestion assumes, again, that the partner has a certain level of functioning to be able to accomplish the suggested task. They do report they want to help the reader "gain an overall philosophy of life."<sup>114</sup> However, unfortunately, they leave out a few specifics on how to accomplish this task.

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<sup>113</sup> Ibid., 38.

<sup>114</sup> Ibid., 31.

The authors do reference Leanne Payne's book *Restoring the Christian Soul* where she discusses three barriers to healing.<sup>115</sup> They are the "inability to forgive others, the inability to forgive oneself, and an inability to receive forgiveness."<sup>116</sup> They further their suggestion with a well-stated summary of what the result of successful therapeutic process looks like: "Evidence of incomplete therapy is bitter resolutions and sarcasm. Good therapy leaves you sadder, wiser and calmer. Only after the wound has been opened fully and long enough to be drained and healed by adequate grieving can forgiveness occur."<sup>117</sup> Learning to grieve properly is an important component to forgiveness.

During Tapia's process of helping his wife, he realized he needed to examine his own childhood. He writes:

I thought I chased to help save Lori, but, in fact, I chased to save myself. ... While there were some parallels between my relationships with my mother and with Lori, it was my inability to see myself as separate from Lori that fused various unresolved relationships in my life into one big mass of dysfunction.<sup>118</sup>

Here the authors give an example of Murray Bowen's construct of fusion with others, a construct further explained in the following section. It is important to note that many of the authors I am reviewing hint to the constructs postulated by Bowen.

The authors give several examples of Bowen's constructs. They discuss how our culture is "frightened of interpersonal tension and conflict."<sup>119</sup> They report "one of the

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<sup>115</sup> Leanne Gil, *Restoring the Christian Soul: Overcoming Barriers to Completion in Christ Through Healing Prayer* (Grand Rapids, MI: Baker Books, 1996), Kindle.

<sup>116</sup> Barshinger, LaRowe, and Tapia, *Haunted Marriage*, 42.

<sup>117</sup> Ibid.

<sup>118</sup> Ibid., 57.

<sup>119</sup> Ibid., 70.

most difficult tasks in a marriage is creating oneness without losing individuality.”<sup>120</sup>

They further give a few examples of what becoming an individual may look like.

Included in the book is a frank discussion of what might be permitted sexually. They discuss the couple’s sexual relationship and the possibility of abstinence for a period of time. Like many of the other books these authors suggest the partner participate in masturbation; however, these authors do not call it masturbation they call it “solo sex.”<sup>121</sup> They condone solo sex with a caveat that the partner only use it as “practical release rather than an opportunity to indulge in fantasies.”<sup>122</sup> Again, as with the other books being reviewed, they discuss the sometimes-hopeless sexual interactions between the partners. They encourage the partner to be patient and to understand her sometimes *freaking out* during lovemaking.

Barshinger restates the theme of patience in his contribution of a chapter to another book written to assist the partner of the CSA survivor.<sup>123</sup> These books are helpful in many areas; however, they do perpetuate stereotypes such as I mentioned in the Jones’ book. It is important to highlight the soft, persistent imposition of stereotypes onto men—hopefully to assist the reader to be open to the possibility that there is another perspective on a human response. For example, Barshinger states, “Males typically seek *solutions* and *closure*. To achieve this, they often employ an aggressive style, becoming bombastic,

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<sup>120</sup> Ibid., 84.

<sup>121</sup> Ibid., 136.

<sup>122</sup> Ibid.

<sup>123</sup> Clark Barshinger, “Chapter 22: The Spouses of Adult Survivors,” in *The Long Journey Home: Understanding and Ministering to the Sexually Abused*, ed. Andrew J. Schmutzer (Eugene, OR: Wipf & Stock, 2011), Kindle.



challenging, and intimidating.”<sup>124</sup> He furthers his argument against “some” men:

“Unfortunately, some men bully and intimidate by preaching Bible verses or offering the example of ‘local saints’ to make the survivor see the light of their sinful, unsubmitive attitude.”<sup>125</sup> He then states, “Through conflict avoidance, many men are actually the opposite of aggressive and domineering. They are uncomfortable with confrontation and work to avoid it.”<sup>126</sup> Though this next statement is an extremely relevant message, it does perpetuate unhelpful stereotypes: “Since men tend to be taught to manage conflict by either withdrawal or combat, the rigorous demands of fair fighting with an abuse survivor can be one God uses to upgrade their humanity.”<sup>127</sup> Even this statement where he mentions cowardice hints to societal impositions on men: “Ultimately, whether by exhaustion, discouragement, anger, or cowardice, the partner of the survivor may feel like giving up.”<sup>128</sup> These human experiences Barshinger reports are not exclusive to men.

Thankfully, there is more to *Haunted Marriages* than these unfair stereotypes. Even Barshinger might be moving in the direction of reducing harmful stereotypes in this statement: “A male spouse of an abuse survivor should resist a common masculine need to ‘fix things’ or insist on some plan of action.”<sup>129</sup> Here he states the behavior as a “masculine need.” Men and women both have feminine and masculine traits or needs. Though thoroughly examining the construct of gender specific traits exceeds the domain

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<sup>124</sup> Ibid., loc. 11475.

<sup>125</sup> Ibid., loc. 11499.

<sup>126</sup> Ibid.

<sup>127</sup> Ibid., loc. 11524.

<sup>128</sup> Ibid.

<sup>129</sup> Ibid., loc. 11363.

of this dissertation, examining the societal impositions of traits is an important conversation. (For an exposition on gender differences, please see Appendices C and D.) Lastly, Barshinger might also be moving in the direction of what I mentioned in my review of the Jones' book; that men are scared to share feelings. Barshinger states, "Do not be too busy or scared to engage the partner's need to share and process memories, therapy, and feelings."<sup>130</sup>

This book and Barshinger's chapter in another book mentioned above covers many areas of life's experience such as friendships, money, and faith. They do focus on the "polar needs between intimacy and autonomy."<sup>131</sup> These are highly valuable resources, especially for the Christian reader.

***Healing the Wounded Heart: The Heartache of Sexual Abuse and the Hope of Transformation*<sup>132</sup>**  
**Dan Allender**

Dan Allender's book is a continuation of his popular book written decades ago—*The Wounded Heart: Hope for Adult Victims of Childhood Sexual Abuse*. The majority of this newer book is written for the abuse survivor. There is one chapter, "Restoring the Marriage Relationship," designated for the marriage. Allender is a psychologist and educator. He is also an abuse survivor. He was abused by his mother at the neglect of his father.

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<sup>130</sup> Ibid., loc. 11548.

<sup>131</sup> Barshinger, LaRowe, and Tapia, *Haunted Marriage*, 195.

<sup>132</sup> Dan B. Allender, *Healing the Wounded Heart: The Heartache of Sexual Abuse and the Hope of Transformation* (Grand Rapids, MI: Baker Books, a division of the Baker Publishing Group, 2016), Kindle.

Allender addresses the healing from abuse from a far different perspective than other authors. He requires the survivor to face the internal and behavioral response from the abuse. He acknowledges the survivor's harmful actions within the marriage:

Sexual abuse is a shadow that darkens one's capacity for loyalty, conflict resolution, and pleasure, and almost without exception it will be issues of trust, loss of emotional and sexual intimacy, confusing extremes and unpredictability, helplessness, and hopelessness.<sup>133</sup>

Some survivors have told me that they dislike his books because he seems hard on the survivor. There are many people who have stated they wanted to throw Allender's book across the room; however, they pick it back up and reengage. As with any self-help book, some do not pick it back up. My wife, a CSA victim and therapist, is one who did pick it back up. What originally upset her was that she was learning how the abuse taught her relational patterns that were harming her, which is Allender's point. She never once felt blamed by Allender for being sexually molested.

Allender asserts that when one of the partners in a couple, often the sexually abused survivor, begins the healing process through counseling or self-discovery, that she may become labeled as the sick one. The following statement is a clear demarcation from what other authors report should be the partners' relational posture: "The well spouse is then supposed to be supportive and understanding and put his needs aside while the other gets well. This may appear noble, but it is a failure of honor. It sets up resentment and pressure."<sup>134</sup> Allender does not specifically address other authors; however, what can be drawn from his statements is that the assumption with the other authors is that the "well"

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<sup>133</sup> Ibid., 197.

<sup>134</sup> Ibid., 198.

partner can put their needs to the side and at the same time acknowledge they have issues themselves. The individual ranking of levels of health leaves no other option than for partners to consider themselves better than the survivors, which is a breeding ground for contempt.

Allender suggests that spouses tend to pick partners that complement their relational patterns. He states:

Angry wives find passive husbands. Controlling husbands find compliant wives. We find a partner who doesn't threaten us or disrupt the attachment history we have learned to unconsciously manage. This is what must change for both spouses. The gift of this disruptive process is that the status quo can no longer work.<sup>135</sup>

Allender suggests that the marriage is actually a gift in helping each partner address their own wounds.

Issues he covers are loyalty, conflict resolution, sexual pleasure, ambivalence and shame, numbing, triggers, blaming, and sabotage. He talks about *grounding*. He also talks about the “tension between the already and the not yet.”<sup>136</sup> The ability of the partner to engage in grounding while containing the tension within the relationship is an important trait in helping the survivor heal. Yet it is in the relationship that the partner learns or acquires this trait. “The abused spouse needs grounding, soothing kindness, and a willingness to hold the tension and validity without fear or demand for resolve.”<sup>137</sup>

Allender confronts the sexual relationship unlike other authors. His remark on masturbation or what he calls “singular sex” is that it “is an escape from sexual failure

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<sup>135</sup> Ibid., 199.

<sup>136</sup> Ibid., 46.

<sup>137</sup> Ibid., 210.

while still being able to control the orgasmic fantasy.”<sup>138</sup> Allender’s position then is focused on relational growth not merely “relief.” His stance is one of engagement for “growing in the delight for the Creator and his creation.”<sup>139</sup> He is the first author I have read who suggests that “sex requires discipline to grow.”<sup>140</sup> He is not saying to practice positions; he is saying to practice “loyalty and communication.”<sup>141</sup>

In concluding his chapter on marriage, he states that all attempts to support the survivor will have an element of failure. He also states that the process of healing can be accomplished without going on for years. The ability to understand that we can endure far more than we think and to rely on God’s love are two important keys to a successful outcome.

### **Summary**

This section highlighted the books currently on the market that specifically deal with helping the partner who is in relationship with a CSA survivor. Most of the books started sections with a question or statement that was followed by an answer. Much of the information in the books focused on the experience of the survivor. They presented steps the survivor goes through on the healing process. Though the wording and number of steps differed, they all generally described similar processes.

Naming the process may help the partner understand what the survivor experiences. In understanding the survivor, the partner might feel more empathy and/or

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<sup>138</sup> Ibid., 203.

<sup>139</sup> Ibid.

<sup>140</sup> Ibid.

<sup>141</sup> Ibid.

compassion. All the books except Allender's book and a portion of Barshinger's chapter recommended the partner put his or her needs on the back burner. They all suggest that the partner get help from either a therapist, close friend, or support group.

Of note in this section is the discussion of stereotyping men as combative or withdrawing and how statements that shame men are not helpful. Just as the survivor wishes not to be stereotyped and shamed, so do the male partners. I hope the little I wrote to this issue initiates further observation of human interaction for those who have not seen this in the past.

The ability to carry out the suggestions in the books requires a person to have a certain level of relational competency. Some of the authors spoke of establishing boundaries. Others spoke to individuation. None of them specifically spelled out what the partner can do to build the internal competency required to not only assist in the healing process of the survivor but more so the growth of themselves as a partner in the relationship. So how can these partners grow their core internal competencies?

### SECTION 3

In the first section I stated the seriousness of the problem with couples who present with CSA symptoms. The second section I presented what literature is currently available to assist them. In section 3, I will discuss additional information that will assist the partner in responding in a manner helpful to the survivor and himself.

Having a background in psychology (specifically health psychology), counseling, and theology, I examine theoretical treatment models that are appropriate in the treatment of ailments and also evidence scriptural support. There are a lot of marriage related books not mentioned in the previous section that give many supportive suggestions to couples, but not specifically couples where one or both experienced CSA.

Most Christian lay marriage literature uses Bowlby's attachment theory. Milan and Kay Yerkovich's book *How We Love...* is an example of Bowlby's attachment theory applied to Christian marital literature.<sup>142</sup> The Yerkovich's book is an excellent book, and I have facilitated groups with it. It helps people understand their partner and themselves much better in the process of marital growth. This book even briefly discusses differentiation. It is this concept of differentiation that I will present more completely and how it can help these troubled marriages.

As I will show, being able to differentiate within relationships gives one the capacity to engage in the volatile, lonely, and sometimes chaotic environment of a marriage when one or both partners experienced CSA. I will give a brief background of Murry Bowen's development of his theory and explain the theoretical model of

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<sup>142</sup> Milan Yerkovich and Kay Yerkovich, *How We Love: Discover your Love Style, Enhance your Marriage* (Colorado Springs, CO: WaterBrook, 2017).

differentiation along with how the factors of this model impact relationships. I will present research indicating health consequences of high and low differentiation as it may relate to husbands of survivors. Next, I will present how humility and forgiveness are key components to differentiation. Lastly, I will present what the partner can do to increase differentiation levels and introduce a projective exercise.

### **Bowen's Family Systems Theory**

When Murray Bowen presented his theory in 1966, it was the culmination of years of research; however, it was just the beginning of the theory's quantitative development.<sup>143</sup> Bowen's theory now consists of eight interlocking concepts that form an emotional system. Bowen contemplated a ninth concept, the supernatural, before his death.<sup>144</sup> Originally, Bowen developed the *interdependent triad*.<sup>145</sup> Later, he published his system with six interlocking concepts. In 1975, he added two more concepts: emotional cutoff and emotional process in society. The resulting eight interlocking concepts of Bowen's theory are (1) differentiation of self, (2) triangles, (3) nuclear family emotional system, (4) family projection process, (5) emotional cutoff, (6) multiple generation transmission process, (7) sibling position, and (8) societal regression. These concepts will be explained in greater detail in later sections.<sup>146</sup>

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<sup>143</sup> Murray Bowen, *Family Therapy in Clinical Practice* (New York: Jason Aronson, 1978).

<sup>144</sup> Robert Feikema, "Spirituality and the Differentiation of Bowen Theory: A Conference Review," *The Western Pennsylvania Family Center Quarterly: A Publication for Members* 10, no. 1 (2000), 2.

<sup>145</sup> Bowen, *Family Therapy in Clinical Practice*, 399.

<sup>146</sup> Murray Bowen, "Theory in the Practice of Psychotherapy," in *Family Therapy: Theory and Practice*, ed. P. J. Guerin (New York: Garner, 1976), 42-90.



Upon his return from the battlefields of WWII, Bowen began his work with patients suffering from schizophrenia. Later in 1959, working at Georgetown University Medical Center, he studied other less severely ill patient populations and discovered that all families with problems resembled families with schizophrenia; however, the intensity would be less severe.<sup>147</sup> Generalizing to all families, Bowen began postulating that the triadic relationships between all family members had a greater impact on individual traits than dyadic constructs, as presented by theorists such as Bowlby.<sup>148</sup>

Bowlby's attachment theory (dyadic relationship) focused on the relationship between the primary caregiver and the infant.<sup>149</sup> Bowlby did not account for other family dynamics such as those with father or siblings. Unlike Bowlby, Bowen considered all family-of-origin members as influential in the development of the child.<sup>150</sup> Bowlby's attachment theory stated that attachment styles determined how adults would interact within intimate relationships. Bowen took this one step further and stated that a person's differentiation of self level, established during childhood and early adolescence, determined this interactive style. While these two theorists seem to present differing opinions on how individuals develop, I view them as complementary. The child's interactions with the mother are paramount; moreover, other relationships within the family are also determinants of individual functioning. Because much Christian marriage literature seems to emphasize Bowlby's theory at the neglect of family systems, I will use

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<sup>147</sup> Michael E. Kerr and Murray Bowen, *Family Evaluation: The Role of the Family as an Emotional Unit that Governs Individual Behavior and Development* (New York: Norton, 1988), xv.

<sup>148</sup> John Bowlby, *Attachment* (New York: BasicBooks, 1982).

<sup>149</sup> Ibid.

<sup>150</sup> Bowen, *Family Therapy in Clinical Practice*.

Bowen's theory in my artifact. In the following sections, I will explain the concepts Bowen presented in his theory that is pertinent for this paper. Appendix D expands on the other concepts Bowen presents.

### *Differentiation of Self (DoS)*

Bowen purports that differentiation means that a person interacted with self and the environment in a manner that showed that he or she was independent, yet connected without the anxiety of not being true to self.<sup>151</sup> A differentiated person was able to balance the emotive, feeling, and action systems by using cognition. An undifferentiated person acted out of emotion without incorporating thought. Schnarch, a popular researcher, author and sex/relationship therapist who works within Bowen's theory, summarizes what DoS consists of with the following four points: (a) to have the ability, when faced with pressures from others, to retain a clear sense of who one is without thinking that one has to conform, (b) to have the ability to self-soothe and regulate one's own anxiety, (c) the ability to control one's reactivity to others, and (d) the ability to tolerate willingly discomforts for growth.<sup>152</sup>

Current researchers are inclined to claim that what Bowen purported was completely wrong. Gottman and Gottman, for example, state that Bowen focused on thought at the exclusion of emotion.<sup>153</sup> Bowen, however, was not suggesting that

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<sup>151</sup> Ibid.

<sup>152</sup> David Schnarch, *Secrets of a Passionate Marriage: How to Increase Sexual Pleasure and Emotional Fulfillment in Committed Relationships*, CD (Boulder, CO: Sounds True, 2003).

<sup>153</sup> John M. Gottman and Julie S. Gottman, *Bridging the Couple Chasm: Gottman Couple Therapy: A New Research-Based Approach*, DVD (United States: The Gottman Institute, 2013).

emotions and feelings were irrelevant. What Bowen did point out was that, when people's behavior was activated solely by an emotive response—that is, without thoughtfulness and or cognition—the individual became less differentiated. In response, people use triangles, cutoff, or fusion<sup>154</sup> to make the discomfort tolerable and also wrongfully believe the problem could not be themselves. I will explain triangles, cut-off and fusion in later sections.

Bowen explained the levels of differentiation on a scale of 1 to 100. The low end of the scale denotes fusion or cutoff. At the high end is differentiation. Someone who possesses a high level of DoS can experience an instinctual emotional event, yet act intellectually or rationally. Jesus is a prime example of this relational posture. DoS is the balancing of emotion and intellect while acting on beliefs or opinions, noted Bowen, and not on instinctual emotion.

Bowen conceptualized the feeling system as different from the emotional system; while feelings can be verbalized, emotions are not verbalized.<sup>155</sup> Feelings are experiences such as being sad, happy, embarrassed, or glum. Emotions, according to Kerr and Bowen, are more of an innate response to an environmental cue. An emotive response or emotional reactivity would be jerking away if one was being hit. The movement away would require no conscious thought. Although the emotional response may bring certain feelings, it is an innate construct that one does not feel, but from which one simply responds. The feeling system, suggests Bowen, connects the emotional system to the

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<sup>154</sup> These constructs will be explained in subsequent sections.

<sup>155</sup> Kerr and Bowen, *Family Evaluation*, 31.

intellectual system and forms a subjective experience.<sup>156</sup> Those who solely respond from emotion, without the assistance of reason, have a reduced level of differentiation. It is the proposition of this dissertation that the overwhelming emotional interaction with couples where the wife has experienced CSA may not necessarily be a result of the CSA but, additionally, the interaction of the husband with a possibly reduced level of DoS. For example, he may blame her for being rejecting, but he is emotively reacting to the slightest moving away from her.

Differentiation of self has two important components: the solid self and the pseudo-self.<sup>157</sup> The solid self is a self that rarely changes and is slowly developed. The solid self is formed by fact-based beliefs and opinions. The solid self knows what he or she knows and does not instinctively have to defend or attempt to convince others. It stands in contrast to the pseudoself. Stressors or anxieties of and about one's environment mold the pseudoself. The pseudoself compromises parts of the true self to stay in relationship to others. There is a trading of true self between people to maintain a functioning unit; however, the functioning unit is prone to dysfunction and possibly bizarre behavior, if enough stress is placed upon it. Less differentiated persons develop a pseudoself because they have to, not because they want to, in relation to others. Group think is a form of pseudoself dysfunction of a group. Those who can stay within a relationship without unwillingly giving up self are said to have high levels of differentiation. Couples with extreme emotional context such as a couple with CSA

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<sup>156</sup> Bowen, *Family Therapy in Clinical Practice*, 158.

<sup>157</sup> Kerr and Bowen, *Family Evaluation*, 104-106.

influence may not be able to maintain a sense of self. They relate emotionally with little reason and create pseudoselves to manage the emotional distress of the relationship.

In an undifferentiated person, the giving up of true self is an instinctual emotional response to pressures of the relationship. This differs from someone intellectually reaching a compromise, willing to accommodate another person—with full consent—to maintain the relationship.<sup>158</sup> The ability to live as a differentiated self within a group enables the group to be supportive and avoid an unhealthy, dysfunctional style. At the 49th Symposium on Family Theory and Family Psychotherapy, Papero defined support as the “ability of family members to be resources for others.”<sup>159</sup> If a husband thinks he must give up himself, it is reasonable to assume that he truly thinks he has nothing to give or to contribute that would help when issues become too intense. He becomes a nonperson and either fuses or cuts off from his spouse.

### *Triangles*

Triangles are basic structures of relationships.<sup>160</sup> Triangles are interpersonal constructs, as opposed to the intrapsychic nature of ER; triangles help explain how anxiety is transferred through ER. Triangles explain the how, what, or when in relationships, but they do not ascribe why. Why is a motive determinant, whereas the functionality of how, what, or when is a verifiable function.<sup>161</sup> System theorists are

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<sup>158</sup> Ibid.

<sup>159</sup> Daniel Papero, “Family Emotional Process and Development” (lecture, The Family and the Brain: An Integrated Circuit. Symposium conducted at the meeting of The Bowen Center for the Study of the Family, Arlington, VA, April 2012).

<sup>160</sup> Bowen, *Family Therapy in Clinical Practice*, 174.

<sup>161</sup> Kerr and Bowen, *Family Evaluation*, 134.

interested in observable functions. The triangle helps in observation; however, it is difficult to quantify triangles in research.<sup>162</sup>

The triangle consists of three individuals.<sup>163</sup> Triangles can also consist of three groups of people. Triangles exist to give people a sense of belonging while helping the self relieve anxiety in a relationship. The conflict of being one's own person while allowing the other person to be her or his self can create increased levels of anxiety and an increase in emotional reactivity in undifferentiated individuals. Triangles diffuse anxiety between two people onto a third. The title of Brown's article, *We Don't Need Your Help, But Will You Please Fix Our Children*, illuminates the typical triangle.<sup>164</sup> Brown discusses how parents bring their children into therapy for help, only to realize that the anxiety in the marital relationship is what needs to be explored. In this type of triangle, parents experience anxiety between themselves. To relieve that anxiety, the child becomes the focus.

Two variables determine how triangles operate: levels of differentiation and levels of anxiety or stress within the system.<sup>165</sup> Two people can be in a relationship where both experience low levels of differentiation, yet function well. Issues begin with the increase in environmental stressors.<sup>166</sup> ER will escalate more quickly with undifferentiated persons than with more differentiated ones with low stressor levels. The severity of

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<sup>162</sup> E. Skowron, interview by author, April 2012.

<sup>163</sup> Bowen, *Family Therapy in Clinical Practice*, 174.

<sup>164</sup> Jenny Brown, "We Don't Need Your Help, But Will You Please Fix Our Children," *Australian and New Zealand Journal of Family Therapy (ANZJFT)* 29, no. 2 (2008), accessed September 20, 2017, doi:10.1375/anft.29.2.61.

<sup>165</sup> Bowen, *Family Therapy in Clinical Practice*, 175.

<sup>166</sup> Kerr and Bowen, *Family Evaluation*, 319.

dysfunction of triangles and the people in the triangles are determined by the levels of differentiation, anxiety, stressors, and emotional reactivity. A well-differentiated person, such as Jesus Christ, will not become overly emotionally reactive if he or she is in the out-group, no matter how much anxiety and stress is introduced.

The anxiety in a triangle is not static. Two of the three participants may be in the in-group one day, while the third person attempts to move into the in-group position.<sup>167</sup> The next day there may be a rearranging of the in- and out-group members. One needs only to recall elementary school playgrounds. School children are in the process of developing their differentiation through the stress associated with finding a self. This happens within a group of other children who are also attempting to find self. The playground is a stressful environment in which children triangle to find self. Triangling helps relieve anxiety, but, at the same time, it perpetuates dysfunction.

### *Nuclear Family Emotional System*

The nuclear family emotional system (NFES) consists of the newly formed couple with the addition of children.<sup>168</sup> Bowen originally used the term *undifferentiated family ego mass*, but changed the name to NFES. The new name permitted the use of an emotional system in reference to other types of relationships. Anxious dysfunction or fusion of the individual in the newly formed couple of the NFES can be seen in three areas of the system. The emotional system transfers anxiety to the marriage in the form of conflict, to an individual in the form of dysfunction, or to a child or children. In the

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<sup>167</sup> Bowen, *Family Therapy in Clinical Practice*, 478-480.

<sup>168</sup> *Ibid.*, 165.

marriage, if one spouse does not give in, conflict occurs. This conflict absorbs the undifferentiation of the spouses. If one spouse acquiesces reluctantly, that spouse will absorb the anxiety of the system, which may result in illness. I will speak to illness implication in further sections. That spouse becomes the problem and frees the other spouse to be stronger. The last mechanism of anxiety diffusion within the system can occur with children. Parents can either place a great deal of effort in rearing a child to be the best in whatever area the parents choose, or they criticize to the point that the child becomes the problem.

### *Family Projection Process*

While the NFES is more of a noun, the family projection process (FPP) is more of a verb. The concepts interlock with the FPP being the mechanism in which the NFES operates. The FPP is how the anxiety is transferred through the NFES.<sup>169</sup> The process starts with the mother-infant interactions. The mother senses the discomfort from the child and responds according to her own ability to tolerate the child's discomfort. The level at which she can maintain a rational interpretation of the child's discomfort, without wrongly attributing the discomfort to an internal global failing on her part, is the level of differentiation the child will experience. The father is ancillary in this process as a support; however, the more conflict that mother and father can absorb between themselves, the less anxiety is transferred to the child.

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<sup>169</sup> Ibid., 379.



### *Emotional Cutoff*

Emotional cutoff is an attempt to escape the emotionally induced anxiety a person experiences while in relation to others. Cutoff is learned through multigenerational interactions and chrysalises during adolescences.<sup>170</sup> Adolescence is a period of resolution of parent-child closeness and separateness. Bowen suggests that adolescents who deny their attachment to their parents will usually score lower in differentiation. These children will sometimes cut off their family of origin (FOO) as they progress in development. Cutoff is executed by either moving away or by using some form of intra-psychic mechanism to distance self from others.

When people cut off their FOO, they may think that they are leaving behind all their problems with the FOO; however, the emotional issues transfer to relationships outside the FOO. Bowen suggests that the more intense the removal of self from the FOO, the more emotionally bound the person is to the FOO.<sup>171</sup> The person who uses cutoff by moving away is more prone to be impulsive in behavior and to use cutoff within other relationships such as marriage. Those who stay with parents or in relationships and use an internal cutoff mechanism may become more psychotic or depressed, suffering poor health outcomes. CSA survivors, because of poor FOO functioning, may have applied a more internal process in their cutoff from their FOO. They, then, may attempt to fuse with their spouse.

Some researchers have been able to quantify the process of Bowen's cutoff. Gottman posits that partners who reacted with stonewalling (à la Bowen's cutoff) are

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<sup>170</sup> Bowen, *Family Therapy in Clinical Practice*, 382-383.

<sup>171</sup> Ibid.

experiencing internal physiological distress, as measured by increased pulse, respiration, and sweat production.<sup>172</sup> Gottman et al. suggests that stonewalling is an attempt to control the discomfort of the increased arousal. Partners who reacted with stonewalling, or cutoff, were taught by their FOO that they were incapable of tolerating the distress of being true to self in relation to others while maintaining engagement.

A well-differentiated person can stay engaged with the FOO even when anxiety and stress are high. Bowen remarked that people may disconnect from the FOO and attempt to find another family. The issue is that when the new family develops levels of anxiety and stressors like the FOO, the individual will cut off this relationship as well and seek another. Many people in this type of cycle find themselves more and more isolated with the passing of years and the repeated cycles of cutoffs.

### **Differentiation of Self and the CSA Couple**

Bowen suggests that couples pick spouses who are at the same level of differentiation.<sup>173</sup> Some research argues the merits of this assumption's pros and cons. Day, Clair, and Marshall conclude in a paired-sample *t* test that couples were only similar on the dimension of spousal intimacy on the Personal Authority in the Family Questionnaire, Version A (PAFS-Q).<sup>174</sup> Other researchers such as Rovers, Kocum, Briscoe-Dimock, Myers, Cotnam, Henry, Kwasniewski, and Sheppard suggests that

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<sup>172</sup> John M. Gottman et al., "The Relationship Between Heart Rate Reactivity, Emotionally Aggressive Behavior, and General Violence in Battersers.," *Journal of Family Psychology* 9, no. 3 (1995), accessed September 20, 2017, doi:10.1037//0893-3200.9.3.227.

<sup>173</sup> Kerr and Bowen, *Family Evaluation*, 225.

<sup>174</sup> H. D. Day, Sally A. St. Clair, and David D. Marshall, "Do People Who Marry Really Have the Same Level of Differentiation of Self?" *Journal of Family Psychology* 11, no. 1 (1997), accessed December 3, 2011, doi:10.1037//0893-3200.11.1.131.

couples represent their family of origins and that gender plays a role in differentiation.<sup>175</sup>

Both male and female intergenerational individuation was similar; however, the males scored lower in spousal relationship individuation than their wives on the PAFS-Q. The studies examined couples' similarities. There are no studies that compare a population of husbands who are married to wives who experienced CSA and those who are not.

However, there are studies that report significant effects of differentiation on measures such as well-being, spiritual maturity, and mental and physical health. Sandage and Jankowski state that DoS, as measured by the Differentiation of Self Inventory-Revised (DSI-R), was a "full mediation for spiritual instability and mental health symptoms and partial mediation for well-being."<sup>176</sup> As a mediator, DoS explains how spiritual instability effects mental health symptoms. In a study of fibromyalgia sufferers, Murray, Daniels, and Murray report that higher DoS scores as measured by the DSI-R were significant predictors of reduced fibromyalgia symptoms.<sup>177</sup> Both of these researchers report that self-regulation may be a component of DoS. Jankowski and Sandage, in a 2011 presentation to the American Psychological Association Convention, underscore the foundational value of Bowen's theory. These researchers suggest that a theoretical basis such as Bowen's theory is necessary to test possible mediator variables

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<sup>175</sup> Martin Rovers et al., "Choosing a Partner of Equal Differentiation," *Journal of Couple & Relationship Therapy* 6, no. 3 (2007), accessed December 3, 2011, doi:10.1300/j398v06n03\_01.

<sup>176</sup> Steven J. Sandage and Peter J. Jankowski, "Forgiveness, Spiritual Instability, and Mental Health: Mediator Effects of Differentiation of Self," *Psychology of Religion and Spirituality* 2, no. 3 (2010), accessed September 21, 2017, doi:10.1037/e618352010-001.

<sup>177</sup> Thomas L. Murray, M. Harry Daniels, and Christine E. Murray, "Differentiation of Self, Perceived Stress, and Symptom Severity Among Patients with Fibromyalgia Syndrome," *Families, Systems, & Health* 24, no. 2 (2006), accessed September 21, 2017, doi:10.1037/1091-7527.24.2.147.

of health, managing negative emotion, and spirituality.<sup>178</sup> They state, “Differentiation of self is a dialectical and relational construct which offers theoretical rapprochement for integration with spiritual development....”<sup>179</sup> By understanding DoS, we can develop therapeutic models designed to assist in spirituality thus producing a healthy outcome.

The dialectical nature of Bowen’s theory is its strength. The ability to balance between togetherness and individuality, and between feelings and thoughts is an ability each human has.<sup>180</sup> Differentiation is a malleable human dimension. To help clients, therapies and prescreenings have been developed to effectively increase differentiation. Farmer and Geller report success in increasing differentiation in couples by using co-therapists psychodrama within the session.<sup>181</sup> Lambert and Friedlander report that clients who scored higher on the DSI-R were able to develop stronger working relationships with the therapist.<sup>182</sup>

More importantly, as some qualitative studies suggest, many therapists encourage the husband to be more “supportive” of his wife’s therapy and recovery. The role of being a support has not been clearly defined, and in fact, if Bowen is correct, may indeed increase symptoms of the husband through triangling.

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<sup>178</sup> Peter J. Jankowski and Steven J. Sandage, *Spiritual Well-Being and Psychological Well-Being: The Mediating Role of Differentiation of Self in a Sample of Distressed Adults*, proceedings of American Psychological Association 2011 119th Convention Presentation, Washington (Washington, D.C.: APA, 2011).

<sup>179</sup> Ibid.

<sup>180</sup> Michael Kerr, “Chronic Anxiety and Defining a Self: An Introduction to Murray Bowen’s Theory of Human Emotional Functioning,” *The Atlantic* 262 (1988).

<sup>181</sup> Chris Farmer and Marcia Geller, “The Integration of Psychodrama with Bowens Theories in Couples Therapy,” *Journal of Group Psychotherapy, Psychodrama, & Sociometry* 58, no. 2 (2005), accessed September 6, 2012, doi:10.3200/jgpp.58.2.70-85.

<sup>182</sup> Lambourn-Kavcic and Day, “Characteristics of Male Partners of Adult Female Incest Survivors.”

In addition, thinking all husbands as the “healthy one” may increase the hurtful focus on the wives who were sexually abuse as a child. Increasing awareness of possible preexisting conditions or traits of husbands will bring awareness to clinicians in their treatment of couples who experience CSA. The distress a husband in this population experiences may indeed be self-induced by reduced differentiation. The studies of husbands conducted by Hunt-Amos, Bischoff, and Pretorius, and Solanto, Bonadies, Pecci, Santini, and Pignalberis may have missed mediator effects of family of origin issues and low differentiation within the husbands.<sup>183</sup>

### **Health Implications of Differentiation of Self**

Research frequently has correlated men’s poor health outcomes to their wife’s childhood trauma.<sup>184</sup> While Solano et al. include several forms of childhood trauma, this dissertation focuses on the wife’s CSA. The dynamics of husband-wife relationships where the wives have experienced CSA are quite different from the dynamics of relationships where the wife has no history of CSA.<sup>185</sup> Though authors state the obvious that the husband does bring into the relationship issues, little research attention has been devoted to the exploration of these dynamics beyond the assumption that the wife’s CSA

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<sup>183</sup> Hunt-Amos, Bischoff, and Pretorius, “The Husband’s Experience,”; Solano, “Unresolved Trauma in Spouses.”

<sup>184</sup> Solano, “Unresolved Trauma in Spouses.”

<sup>185</sup> Dennis Balcom, “The Interpersonal Dynamics And Treatment Of Dual Trauma Couples,” *Journal of Marital and Family Therapy* 22, no. 4 (1996), accessed April 23, 2017, doi:10.1111/j.1752-0606.1996.tb00218.x.; Heather B. Macintosh and Susan Johnson, “Emotionally Focused Therapy for Couples and Childhood Sexual Abuse Survivors,” *Journal of Marital and Family Therapy* 34, no. 3 (2008), accessed April 23, 2017, doi:10.1111/j.1752-0606.2008.00074.x.

lies at the basis of the couple's and husband's dysfunction.<sup>186</sup> The problem is that the assumption that the wife's CSA history is the main or even the only basis for the different dynamics in survivors' relationships—at the exclusion of the husbands' dysfunction—could lead to misdiagnosis, and thus, less efficacious treatment. The healthcare provider has no basis other than anecdotal reports that the husband could be at a greater risk of intrinsic relational dysfunction and health-related issues such as cardiac events.

This section will present the implications of Bowen's constructs on the health of the husbands. The instrument used in most of the research I am presenting was the Differentiation of Self Inventory-Revised (DSI-R).<sup>187</sup> The purpose of the DSI-R is to measure Bowen's construct of Differentiation of Self. While DoS has been a difficult construct to quantify, Skowron states that the DSI-R is appropriate for research purposes.<sup>188</sup> Other researchers agree that the DSI-R is one of the best survey instruments available to assess DoS.<sup>189</sup>

The original DSI scale was developed by Skowron and Friedlander.<sup>190</sup> Through factorial analysis, Skowron and Friedlander isolated four subscales of DoS: Emotional Reactivity (ER), I Position (IP), Emotional Cutoff (EC), and Fusion with Others (FO).

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<sup>186</sup> Lambourn-Kavcic and Day, "Characteristics of Male Partners of Adult Female Incest Survivors."

<sup>187</sup> Elizabeth A. Skowron and Thomas A. Schmitt, "Assessing Interpersonal Fusion: Reliability and Validity of a New DSI Fusion With Others Subscale," *Journal of Marital and Family Therapy* 29, no. 2 (2003), accessed September 21, 2017, doi:10.1111/j.1752-0606.2003.tb01201.x.

<sup>188</sup> Personal communication, April 15, 2012.

<sup>189</sup> Richard B. Miller, Shayne Anderson, and Davelyne Kaulana Keals, "Is Bowen Theory Valid? A Review Of Basic Research," *Journal of Marital and Family Therapy* 30, no. 4 (2004), accessed September 21, 2017, doi:10.1111/j.1752-0606.2004.tb01255.x.

<sup>190</sup> Elizabeth A. Skowron and Myrna L. Friedlander, "Differentiation of Self Inventory: Development and Initial Validation," *PsycTESTS Dataset* 45, no. 3 (1998), accessed September 22, 2017, doi:10.1037/t02883-000.

Totaling the scores gives a total differentiation of self score. Because of deficient subscale of FO, Skowron and Schmitt revised the scale in 2003 and published the DSI-R.<sup>191</sup> These subscales do not fully explain all of the eight constructs of Bowen's theory, but they do give a quantifiable assessment of the essence of his theory for research purposes.

The DSI-R is a 46-item self-report survey. There are 11 dimensions each of ER and IP, while EC and FO both have 12 dimensions. Participants respond to questions on a six-point Likert scale format where 1 = "Not at all true of me" to 6 "Very much true of me." In the final scoring, underlined items are reversed scored to achieve, when totaled, a Total DoS score. The higher the Total DoS score, the more a person is differentiated or has a higher DoS.

Reliability has been established for the DSI-R. In the development of the DSI scale, Skowron and Friedlander found a normal distribution of scores. The instrument produced reliable scores.<sup>192</sup> Reliability with several ethnic groups has also been established. Skowron found similar results on measures of DoS with a population of people of color compared to a previous published study with white participants.<sup>193</sup> There was no significant difference between these two groups. Sampling African American college women, Gushue and Constantine found significant positive correlations with IP

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<sup>191</sup> Skowron and Schmitt, "Assessing Interpersonal Fusion."

<sup>192</sup> Skowron and Friedlander, "Differentiation of Self Inventory," 240; "Reliability was assessed using Cronbach' alpha (DSI  $\alpha$  = .88, ER  $\alpha$  = .84, IP  $\alpha$  = .83, EC  $\alpha$  = .82, FO  $\alpha$  = .74). Intercorrelations between scales were "ER and IP  $r$  = .53, ER and FO  $r$  = .48... FO and EC  $r$  = -.04."

<sup>193</sup> Elizabeth A. Skowron, "Differentiation of Self, Personal Adjustment, Problem Solving, and Ethnic Group Belonging Among Persons of Color," *Journal of Counseling & Development* 82, no. 4 (2004), accessed September 22, 2017, doi:10.1002/j.1556-6678.2004.tb00333.x.

and Horizontal Individualism.<sup>194</sup> Another study with African American college women showed positive correlations with IP and Internalization.<sup>195</sup> Gushue et al. reported unexpected result with the FO scale and Internalization.<sup>196</sup> FO's significant relationship with Internalization was discussed as a possible deficiency in the DSI in assessing for cultural differences, specifically collectivism versus individualism. Other researchers found the same issues with the DSI's FO scale. Issues with the FO scale lead to the development of the DSI-R. The following section will highlight the four subscales and then results of research on health using total differentiation of self scale used in the DSI-R.

### *Emotional Cutoff*

An important aspect of Bowen's theory with relevance to the proposed study is emotional cutoff.<sup>197</sup> Bartle-Haring and Probst defined passive ER as a form of cutoff.<sup>198</sup> Bowlby's anxious attachment style has been related to Bowen's emotional cutoff.<sup>199</sup> Emotional cutoff affects marital satisfaction and other relational dynamics. Emotional

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<sup>194</sup> George V. Gushue and Madonna G. Constantine, "Examining Individualism, Collectivism, and Self-Differentiation in African American College Women," *Journal of Mental Health Counseling* 25, no. 1 (2003), accessed September 22, 2017, doi:10.17744/mehc.25.1.hagbhguehtb9xkqh.; ( $F(1, 118) = 18.60, p < .001, \eta^2 = .14$ ).

<sup>195</sup> George V. Gushue et al., "Differentiation of Self and Racial Identity Attitudes," *Journal of Mental Health Counseling* 25, no. 1 (2013), accessed September 22, 2017, doi:10.1037/e633702010-001; ( $F(1, 155) = 9.83, p < .01, \eta^2 = .06$ ).

<sup>196</sup> ( $F(1, 155) = 9.21, p < .01, \eta^2 = .06$ ).

<sup>197</sup> Bowen, *Family Therapy in Clinical Practice*.

<sup>198</sup> Suzanne Bartle-Haring and Devin Probst, "A Test of Bowen Theory: Emotional Reactivity and Psychological Distress in a Clinical Sample," *The American Journal of Family Therapy* 32, no. 5 (2004), accessed September 6, 2012, doi:10.1080/01926180490455105.

<sup>199</sup> Yolanda Ecker, Robert Chope, and Paul Emmelkamp, "Bowlby and Bowen: Attachment Theory and Family Therapy," *Counseling & Clinical Psychology* 3, no. 2 (2006), accessed December 3, 2011.



cutoff in men from their spouses has been shown to decrease marital satisfaction in heterosexual couples<sup>200</sup> as well as in women in lesbian couples.<sup>201</sup> Skowron reported that not only are marital satisfaction scores predicted by DoS scores, but they are also significantly predicted by the husbands' emotional cutoff scores.<sup>202</sup> In addition, those who used more emotional cutoff had a tendency to be more aggressive and not to consider the needs of others.<sup>203</sup> Men tended to cut off more than women.<sup>204</sup> The more emotionally cut off a husband was, the less marital satisfaction there was.

There have been some reported positive aspects of emotional cutoff. Solomon, Jankowski, and Vaughn found that students who experienced more emotional cutoff also prayed more.<sup>205</sup> When interpersonal relationships became difficult, these students would reach out to God. Results showed that the more education, the more there was cutoff from family of origin.<sup>206</sup> In addition, while Klever studied intergenerational fusion, the

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<sup>200</sup> Aaron C. Glade, "Differentiation, Marital Satisfaction and Depressive Symptoms: An Application of Bowen Theory" PhD diss., The Ohio State University, 2005, accessed September 28, 2017, ProQuest Central.

<sup>201</sup> Bernadette Spencer and Jac Brown, "Fusion or Internalized Homophobia? A Pilot Study of Bowen's Differentiation of Self Hypothesis With Lesbian Couples," *Family Process* 46, no. 2 (2007), accessed September 29, 2017, doi:10.1111/j.1545-5300.2007.00208.x.

<sup>202</sup> Elizabeth A. Skowron, "The Role of Differentiation of Self in Marital Adjustment.," *Journal of Counseling Psychology* 47, no. 2 (2000), accessed September 27, 2017, doi:10.1037//0022-0167.47.2.229.

<sup>203</sup> Elizabeth A. Skowron, Krystal L. Stanley, and Michael D. Shapiro, "A Longitudinal Perspective on Differentiation of Self, Interpersonal and Psychological Well-Being in Young Adulthood," *Contemporary Family Therapy* 31, no. 1 (2009), accessed September 22, 2017, doi:10.1007/s10591-008-9075-1.

<sup>204</sup> Elizabeth A. Skowron and Lisa F. Platt, "Differentiation of Self and Child Abuse Potential in Young Adulthood," *The Family Journal* 13, no. 3 (2005), accessed September 27, 2017, doi:10.1177/1066480705276314.

<sup>205</sup> Peter J. Jankowski and Marsha Vaughn, "Differentiation of Self and Spirituality: Empirical Explorations," *Counseling and Values* 53, no. 2 (2009), accessed September 28, 2017, doi:10.1002/j.2161-007x.2009.tb00116.x.

<sup>206</sup> Skowron and Schmitt, "Assessing Interpersonal Fusion."

author also found association with FOO cutoff and nuclear family functioning.<sup>207</sup> While some intergenerational cutoff was helpful in the first few years of marriage, Klever found that intergenerational cutoff later became symptomatic for the nuclear family--where the person's use of cut-off with family of origin becomes easy to employ when difficulties of immediate family arise.

### *Fusion*

Fusion with others is the extreme opposite of cutoff. Fusion with others means that a person accommodates the partner to the extent of feeling as though he or she has to give up his or her own self.<sup>208</sup> An example can be seen in a fundamental patriarchal family where the husband/father's needs are met at the expense of everyone else's in the family. Anxiety in the family is reduced as long as one partner fully accommodates while the other partner dominates. This accommodating system can operate as long as environmental stressors or FOO stressors are at a low level.

In a fused family system, members may function well as long as stressors are at low levels.<sup>209</sup> As soon as stressors such as job issues, moving, or childbirth were introduced, functioning became more difficult.<sup>210</sup> A member of the FOO system may even be able to leave the system and function well; however, this person would find

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<sup>207</sup> Phillip Klever, "Intergenerational Fusion and Nuclear Family Functioning," *Contemporary Family Therapy* 25, no. 4 (2003), accessed September 29, 2017, doi:10.1023/a:1027312819938.

<sup>208</sup> Kerr and Bowen, *Family Evaluation*, 346.

<sup>209</sup> Bowen, *Family Therapy in Clinical Practice*, 425.

<sup>210</sup> Klever, "Intergenerational Fusion and Nuclear Family Functioning."

another system with which to fuse. He or she does not have enough self to function well alone. There must be a borrowing of self from another in order to function well.

This borrowing of self is so pervasive in some family systems that when one member becomes emotionally upset, the other will become physically ill.<sup>211</sup> The interaction becomes somewhat of a shared psychosis, or *folie à deux*. Fusion occurs in the pseudoself in each partner. The pseudoself is created by the real-self in attempt to create a persona the person perceives is required to maintain safety while in a relationship with others. There is interplay between the partners where there is no self independent of the other. Each partner looks for the other to complete or to satisfy his or her needs. Neither partner accepts full responsibility to tolerate the distress of wants and needs not getting met and blames the other.

On occasion, to manage the intensity and stability of fusion, couples insist on complete honesty or on confrontation.<sup>212</sup> Attempting to understand another with complete honesty, at times, is a means to ensure that the partner is in lockstep with one's own opinions and beliefs. This is where ER increases along with conflict and the pseudoself fuses with the other partner to maintain closeness. Being able to be honest without fusion requires higher levels of differentiation, which is the desired process, especially within a marital relationship.

Fusion can also be a form of control. Skowron, Stanly, and Shapiro found that those who had higher levels of emotional fusion as well as ER, were more inclined to be

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<sup>211</sup> Bowen, *Family Therapy in Clinical Practice*, 161.

<sup>212</sup> Kerr and Bowen, *Family Evaluation*, 273.

intrusive with weaker boundaries.<sup>213</sup> They had a greater chance of controlling others. In contrast, Bowen described a mature person as one who is maintaining boundaries even under stress. In addition, Bowen's fusion with others has been related to Bowlby's unresolved attachment.<sup>214</sup>

### *Intrapsychic Emotional Reactivity*

ER may be the result of the perceived inability to contribute to a relationship and is a key component in the study of how one responds to his or her environment.<sup>215</sup> ER is not one of Bowen's eight interlocking concepts; however, Bowen discussed the relationship ER has with other domains such as differentiation and triangling. More differentiated persons should be less emotionally reactive. In addition, Bowen suggests that the level of ER one has is relatively similar to that of one's parents, which is similar to DoS. ER is learned from interacting and relating to parents. If true, husbands bring with them the established levels of ER independent of their spouses. This is an important consideration for the project.

Anxiety is the motivator in elevated levels of ER. Kerr and Bowen suggest that anxiety is a felt threat by those who are self-dependent or independent of reality, whether a real threat exists or not.<sup>216</sup> Family members become absorbers of the family anxiety in

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<sup>213</sup> Elizabeth A. Skowron, Krystal L. Stanley, and Michael D. Shapiro, "A Longitudinal Perspective on Differentiation of Self, Interpersonal and Psychological Well-Being in Young Adulthood," *Contemporary Family Therapy* 31, no. 1 (2009), accessed September 22, 2017, doi:10.1007/s10591-008-9075-1.

<sup>214</sup> Yolanda Ecke, Robert Chope, and Paul Emmelkamp, "Bowlby and Bowen: Attachment Theory and Family Therapy," *Counseling & Clinical Psychology* 3, no. 2 (2006), accessed December 3, 2011.

<sup>215</sup> Bowen, *Family Therapy in Clinical Practice*, 541.

<sup>216</sup> Kerr and Bowen, *Family Evaluation*, 112.

order to maintain an acceptable level of family anxiety for the family to function. Anxiety can transfer from one person in the family to other family members in the form of triangles through ER.<sup>217</sup>

Those who are more aware of their ER are more differentiated.<sup>218</sup> Kerr and Bowen used the ant as an example of emotional reaction. Ants work to support the colony. The ants do not have nationalistic feelings. They just act. The ants probably are not aware of their emotional reactions as something that may be changed or managed. Humans, on the other hand, believe that these responses can be understood and slightly changed. Humans think they have a choice.

The concept of choice brings with it right or wrong, or cause-and-effect thinking. ER is also a result of cause-and-effect thinking. Someone emotionally reactive thinks more about his or her rights and less about responsibility.<sup>219</sup> Such people respond out of feelings of *should* and *have to*, instead of from ownership of thoughts and opinions. Emotionally reactive people place demands on others to be heard or to change their opinions and to fall in step with them. There is much blame in ER. If the person is not blaming others, the blame will be turned on self. The more they are differentiated, the more they are able to take total responsibility for self and allow others to be responsible for themselves, taking the I position. With the increased stress of being married to a CSA survivor, it may be difficult for a low-DoS husband not to be emotionally reactive and to take the I position.

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<sup>217</sup> Bowen, *Family Therapy in Clinical Practice*, 6-7.

<sup>218</sup> Kerr and Bowen, *Family Evaluation*, 112.

<sup>219</sup> Bowen, *Family Therapy in Clinical Practice*, 275.

### *Taking an I Position (IP)*

Taking the I position can be viewed as the opposite of cutoff and fusion, and it can increase well-being. Tuason and Friedlander reported that high IP scores in a Philippine sample were associated with lower symptomatology scores.<sup>220</sup> In an Israeli student population, Peleg-Popko found that students who were able to take the I position had less fusion and lower cutoff scores.<sup>221</sup> Knowing the DSI was designed to differentiate between these constructs, it is not surprising that this study found these results. What is noticeable, however, is that the I position correlated with reduced social anxiety and symptomatic disorders, while fusion was related to health distress.<sup>222</sup>

The I position, or the *differentiating force*, demands that the person be responsible for self and only self.<sup>223</sup> From the I position a person is able to say what he or she believes and feels. Such persons state that this is what they will do or not do without being forceful or defensive. The person who takes the I position does not demand of others to make them feel good or happy. Contrasting the true I position is the I. The narcissistic declares, “I want—I am hurt—I want my rights.”<sup>224</sup> These statements are

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<sup>220</sup> Maria Teresa Tuason and Myrna L. Friedlander, “Do Parents’ Differentiation Levels Predict Those of Their Adult Children? and Other Tests of Bowen Theory in a Philippine Sample,” *Journal of Counseling Psychology* 47, no. 1 (2000), accessed September 29, 2017, doi:10.1037/0022-0167.47.1.27.

<sup>221</sup> Ora Peleg- Popko, “Bowen Theory: A Study of Differentiation of Self, Social Anxiety, and Physiological Symptoms,” *Contemporary Family Therapy* 24, no. 2 (2002), accessed September 24, 2017, doi:10.1023/a:1015355509866.

<sup>222</sup> David M. Harvey, Cynthia J. Curry, and James H. Bray, “Individuation and Intimacy in Intergenerational Relationships and Health: Patterns Across Two Generations,” *Journal of Family Psychology* 5, no. 2 (1991), accessed September 22, 2017, doi:10.1037//0893-3200.5.2.204.

<sup>223</sup> Bowen, *Family Therapy in Clinical Practice*, 218.

<sup>224</sup> *Ibid.*, 162.

different from a more differentiated person's statements, which would sound more like, "I believe, I am, I will do."<sup>225</sup>

Bowen also refers to the I position as the basic self. This basic self will change beliefs and opinions based only on added factual information. People cannot be forced to change their basic self. As previously stated, pseudoselves are created to accommodate other opinions and beliefs into self in order to maintain a semblance of stable relationships with other people. A husband married to a wife who has experienced CSA may have a weak sense of self and assume the position of abuser. Reports of this transference will be discussed later. When people cannot maintain a sense of self, they either cut off from or fuse with their partner.

### **Spiritual Formation and Differentiation of Self**

#### *Differentiation and Spirituality*

Spiritual practices have long been recognized as having transformative influences on people's development.<sup>226</sup> Not only does research indicate spiritual practices can help with personal well-being, they can also encourage people in civic involvement or social justice.<sup>227</sup> Jankowski and Vaughn found some interesting results as to how spirituality and differentiation interact.

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<sup>225</sup> Kerr and Bowen, *Family Evaluation*, 101.

<sup>226</sup> Bruce A. Demarest, *Satisfy Your Soul: Restoring the Heart of Christian Spirituality* (Colorado Springs, CO: Navpress, 1999).

<sup>227</sup> Jankowski and Vaughn, "Differentiation of Self and Spirituality."

They researched three basic forms of prayer: a) outward prayer for self, b) outward prayer for others, and c) upward (contemplative) prayer.<sup>228</sup> Their results indicate a correlation to spirituality and differentiation. The results are mixed, though. Jankowski and Vaughn found outward prayer for self and others correlated with differentiation; however, contemplative prayer results were a negative correlation with differentiation. The researchers posit that the underlying construct similar to spirituality and differentiation is self-regulation, which may account for the negative correlation. With the two positive correlated prayer types, the person needs to recognize a need for a specific challenge. This shows awareness of self and others. The contemplative prayer can be a form of anxiety reducing behavior. A less differentiated person may need contemplative prayer to help regulate emotion. I notice at times, though, that people also use inward prayer for self and others as a treatment for anxiety and avoidance of issues.

These findings indicate awareness and emotion regulation are constructs of differentiation that have a behavioral component. Helping couples with these two intrapersonal behaviors may increase the couple's differentiation and thus ability to address needs and to self-regulate emotional states.

Another aspect of differentiation is the ability to forgive.<sup>229</sup> In this study Jankowski worked with Sandage in an exploration of Bowen's theory as a mediator on forgiveness, and spiritual and mental health. They found that those with higher differentiation levels had increased scores on mental and spiritual health. They report:

The capacity to self soothe and relate in a differentiated manner contributes to the well-being associated with forgiveness. Furthermore, this study offers empirical

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<sup>228</sup> Ibid.

<sup>229</sup> Sandage and Jankowski, "Forgiveness, Spiritual Instability, and Mental Health."



support for the definition of forgiveness as the regulation of negative emotions and prosocial alternative relating, or interpersonal differentiation, rather than seeking revenge or simply distancing from an offender<sup>230</sup>

The need for revenge and or distancing is similar to fusion and cutoff.

The suggestion of forgiveness is an important step that Allender recommends, as well, but other authors highly reject. The research indicates the ability to forgive can lead to a better spiritual and emotional state. They state the reverse of spiritual health is spiritual instability. They suggest spiritual instability is associated with Borderline Personality Disorder symptoms: the reduced ability to regulate emotions and conceptualizing the world as all bad or all good.

Jankowski and Sandage acknowledge that applying these results to practical exercises to assist in a clinical practice needs further work. Being sensitive to the needs of trauma or abuse survivors is imperative. Directly approaching forgiveness in a therapeutic environment may cause the survivor further harm. But building constructs that support and allow forgiveness is needed.

Interestingly, alcohol has been shown to possibly stabilize relationship satisfaction—although I do not recommend using alcohol to increase relationship satisfaction—even in couples where there is low differentiation. Younkin found alcohol consumption did not negatively influence relationship satisfaction.<sup>231</sup> Alcohol allows a person with low differentiation, she posits, the ability to regulate relationship closeness. She suggests that basic levels of differentiation (those levels formed early in life and more of an enduring trait) may be assisted with the use of alcohol to modify functional

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<sup>230</sup> Ibid., 175.

<sup>231</sup> Felisha Lynn Lotseich Younkin, “Differentiation and Relationship Satisfaction: Mediating Effects of Alcohol Use,” PhD diss., Ohio State University, 2013.

levels of differentiation and increase relationship satisfaction. Of interest is Younkin's statement:

The primary intervention in Bowen's Family Systems Theory is insight. Therefore, using this theory as the basis for the study of alcohol use leads to the intervention of providing insight for the client as to how alcohol functions in their relationship (how they use it to relate to one another).<sup>232</sup>

Alcohol may reduce insecurities and allow a person to reveal their true self.

Openness to experiences and awareness of oneself and others seems to be important interpersonal relationship skills. Cultural competence is such a construct and through the insight of contemplative prayer also has been shown to be mediated by DoS.<sup>233</sup>

In contemplating awareness as a mediator to experience, awareness may not help those who experience alexithymia, the lack of experiencing emotion, without employing other traits such as acceptance and forgiveness.<sup>234</sup>

Additionally, other tactics couples use in remaining differentiated are a) fostering personal interests, b) investing in a positive connection, and c) enhancing personal integrity.<sup>235</sup> Many of these virtues have been well researched. There is a new direction of

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<sup>232</sup> Ibid., 50.

<sup>233</sup> Peter J. Jankowski and Steven J. Sandage, "Meditative Prayer and Intercultural Competence: Empirical Test of a Differentiation-Based Model," *Mindfulness* 5, no. 4 (2013), accessed October 3, 2017, doi:10.1007/s12671-012-0189-z.

<sup>234</sup> Ricardo J. Teixeira and M. Graça Pereira, "Examining Mindfulness and Its Relation to Self-Differentiation and Alexithymia," *Mindfulness* 6, no. 1 (2013), accessed October 4, 2017, doi:10.1007/s12671-013-0233-7.

<sup>235</sup> Luana Cunha Ferreira et al., "Is Committed Desire Intentional? A Qualitative Exploration of Sexual Desire and Differentiation of Self in Couples," *Family Process* 54, no. 2 (2014), accessed October 4, 2017, doi:10.1111/famp.12108.

research that correlates with DoS, which stems from the positive psychology branch, and that is humility.<sup>236</sup>

### *Humility*

Before the past decade, psychologists had not surveyed humility as a focal point of research. Much has changed since Beck's 1999 report: "Humility, however, does not loom large as a topic of investigation for modern psychology."<sup>237</sup> Beck also states, in his contribution to the book *Baker Encyclopedia of Psychology & Counseling*, the early Christian mystics had a self-defacing interpretation of humility. He observes:

[The early Christians] viewed humility as an active process of debasing self in order to glorify God. For example, Bernard of Clairvaux wrote in *The Steps of Humility* that humility is an important monastic virtue that helps Christians see their own miserableness. The Benedictine Rule gives 12 steps of humility: fear of the Lord, ignoring desire, submission to superiors, perfect obedience, complete confession, admission of inferiority, belief in one's inferiority, conventionality, silence, gravity, restrained speech, and downcast eyes.<sup>238</sup>

It is interesting that many of the books I review in the previous section encourage the partner to maintain a relational stance similar to the early Christian mystics. They are encouraged to remain silent and place desire off to the side.

But this is not humility.

There has been an increase in the psychological literature focusing on defining and quantifying humility. Worthington, Davis, and Hook's book *Handbook of Humility:*

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<sup>236</sup> David R. Paine et al., "Humility as a Psychotherapeutic Virtue: Spiritual, Philosophical, and Psychological Foundations," *Journal of Spirituality in Mental Health* 17, no. 1 (2015), accessed October 5, 2017, doi:10.1080/19349637.2015.957611.

<sup>237</sup> J. R. Beck, "Humility," eds. David G. Benner and Peter C. Hill, *Baker Encyclopedia of Psychology & Counseling* (Grand Rapids, MI: Baker Books, 1999), 591.

<sup>238</sup> Ibid.

*Theory, Research, and Applications* presents scholars from different disciplines essays relating to humility.<sup>239</sup> In their introductory chapter, Worthington, Davis, and Hook state:

We personally believe that humility has three core aspects. First, humility involves an accurate assessment of self, including an awareness of one's limitations. Second, humility involves a modest self-presentation. Humble individuals are not only honest in the self- assessment but seek to be honest in their self-presentation. Third—and this is perhaps the most controversial aspect of our definition—we believe that humility involves an interpersonal stance that is other-oriented rather than self-oriented.<sup>240</sup>

They further state that “humility is best observed when the ego is placed under strain.”<sup>241</sup>

Contributors to the book in their review of the instrument The Expressed Humility Scale (Owens, Johnson, & Mitchell) state the instruments developers’ presentation of humility as three components of expressed humility similar to Worthington, Davis, and Hook’s definition.<sup>242</sup> The three components are “(a) a manifested willingness to view oneself accurately, (b) a displayed appreciation of others’ strengths and contributions, and (c) teachability.”<sup>243</sup> These definitions are similar to and correlate with Bowen’s differentiation of self.<sup>244</sup>

In understanding humility as knowing oneself and the other through the process of understanding/teachability, it can be said that God is humble. Christ’s statement on the

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<sup>239</sup> Everett L. Worthington, Don E. Davis, and Joshua N. Hook, eds., *Handbook of Humility: Theory, Research, and Applications* (New York: Routledge, Taylor & Francis Group, 2017), Kindle.

<sup>240</sup> Ibid., loc. 306.

<sup>241</sup> Ibid., loc. 311.

<sup>242</sup> Peter C. Hill et al., “A Few Good Measures: Colonel Jessup and Humility,” in *Handbook of Humility: Theory, Research, and Applications*, eds. Everett L. Worthington, Don E. Davis, and Joshua N. Hook (New York: Routledge, Taylor & Francis Group, 2017), Kindle.

<sup>243</sup> Ibid., loc. 2889.

<sup>244</sup> Jankowski and Sandage, “Meditative Prayer and Intercultural Competence.”

cross, “Father, forgive them, for they know not what they do” alludes to a possible relating to God the Father what it is like to be human.<sup>245</sup>

Getting a true picture of how one interprets self and others is an important first step in relational humility.<sup>246</sup> The question is, “How can clinicians help couples understand each other?”

Murphy suggests things to do to “expand humility in one’s own character: prayer, interactions with disadvantaged people, and reading literature.”<sup>247</sup> Davis et al. suggests viewing humility in two constructs: trait and state.<sup>248</sup> While a “trait” is an enduring pervasive manner in viewing and relating to the world, a “state” can change according to context. Working with state humility, Lavelock, Worthington, and Davis developed a workbook to assist people in the growth of humility.<sup>249</sup> One of the exercises they use is to have the person read literature such as a quote and respond to the quote. Literature places the reader in the world of another.

One problem with using literature as a therapeutic method is that many people do not read. I find in my clinical practice that people do not either take the time to read or

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<sup>245</sup> Luke 23:34 (ESV). Interestingly, this verse has been challenged for its authenticity and some translations, such as the *New English Translation*, place the verse in brackets.

<sup>246</sup> Don E. Davis et al., “Relational Humility,” in *Handbook of Humility: Theory, Research, and Applications*, eds. Everett L. Worthington, Don E. Davis, and Joshua N. Hook (New York: Routledge, Taylor & Francis Group, 2017).

<sup>247</sup> Jeffrie G. Murphy, “Humility as a Moral Virtue,” in *Handbook of Humility: Theory, Research, and Applications*, eds. Everett L. Worthington, Don E. Davis, and Joshua N. Hook (New York: Routledge, Taylor & Francis Group, 2017), Loc. 787.

<sup>248</sup> Davis et al., “Relational Humility.”

<sup>249</sup> Caroline R. Lavelock, Everett L. Worthington, and Don E. Davis, *The Path to Humility: Six Practical Sections for Becoming a More Humble Person*, accessed January 20, 2018, <https://static1.squarespace.com/static/518a85e9e4b04323d507813b/t/533c6c0de4b047d0e06ba268/1396468749812/the-path-to-humility-six-practical-sections-for-becoming-a-more-humble-person.pdf>.

have not developed the discipline of reading. Additionally, educators are experiencing students' learning being affected by digital media. Elmore uses Leonard Sweet's acronym, EPIC, to encourage the use of pictures in educating the youth of today.<sup>250</sup> Sweet's acronym EPIC represents the postmodern expectations of Experiential, Participatory, Image-rich, and Connected in the participation of community.<sup>251</sup> Elmore cites current neuroscience research indicating our brains learn by pictures. Christ taught his followers with word picture or parables.

Pictures may be a means for people to either tell their story or hear another's interpretations. This leads to my newly developed tool that provides a possible means for people to share internal experiences with others. It involves projection and I have used it successfully in my clinical practice.

### **Projective Tools**

Much research and use of projective instruments in clinical settings started with the Rorschach test and the Thematic Apperception Test (TAT). The Rorschach test or the ink-blot test are just that blots of ink while the TAT are pictures of people in various situations. Both instruments are used primarily in the clinical assessments.<sup>252</sup> As with any

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<sup>250</sup> Tim Elmore, *Generation iY: Secrets to Connecting with Today's Teens & Young Adults in the Digital Age* (Atlanta, GA: Poet Gardener Publishing, 2015).

<sup>251</sup> Leonard Sweet, *Post-Modern Pilgrims: First Century Passion for the 21<sup>st</sup> Century World* (Nashville, TN: B&H Publishing Group, 2000).

<sup>252</sup> Edward Aronow, Kim A. Weiss, and Marvin Reznikoff, *A Practical Guide to the Thematic Apperception Test: The TAT in Clinical Practice* (N.p.: Taylor & Francis, 2015).

psychological assessment, there are those who disregard rightly or wrongly the validity and reliability of the instrument.<sup>253</sup>

My use of projection is not to assess a person on psychological domains. The use of my projective exercise is to help the couple hear each other's stories as they are projected on a picture and not each other. Many therapeutic models for couples, such as Sue Johnson's Emotion Focused Therapy, recommend the couple fight the "dragon" and not each other. The pictures can provide a medium for the projection and containment of the couple's anxiety.

Stories are important to say and to hear. Allender has written and taught extensively on the topic.<sup>254</sup> As part of my artifact, I include this projective exercise to help couples say and hear stories with the goal of developing humility.

### Summary

In this section I explained Bowen's Family Systems theory as a viable theoretical framework to assist couples where one or both experienced CSA. I listed the positive and negative health implications for varying levels of differentiation and those constructs, which comprise differentiation. I then described how DoS and humility have similar constructs and then presented possible applications to assist these couples.

The next two sections will briefly describe my artifact and present a book proposal for a publisher. The intended purpose of the artifact is to give couples and those

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<sup>253</sup> Jason Miller, "Dredging and Projecting the Depths of Personality: The Thematic Apperception Test and the Narratives of the Unconscious," *Science in Context* 28, no. 1 (2015), accessed October 6, 2017, doi:10.1017/s0269889714000301.

<sup>254</sup> Dan B. Allender, *To Be Told: Know Your Story, Shape Your Life* (Colorado Springs, CO: Waterbrook Press, 2005).

helping them an interactive mixed media book that incorporates DoS, humility, and projective exercise into chapters that address marital challenges.

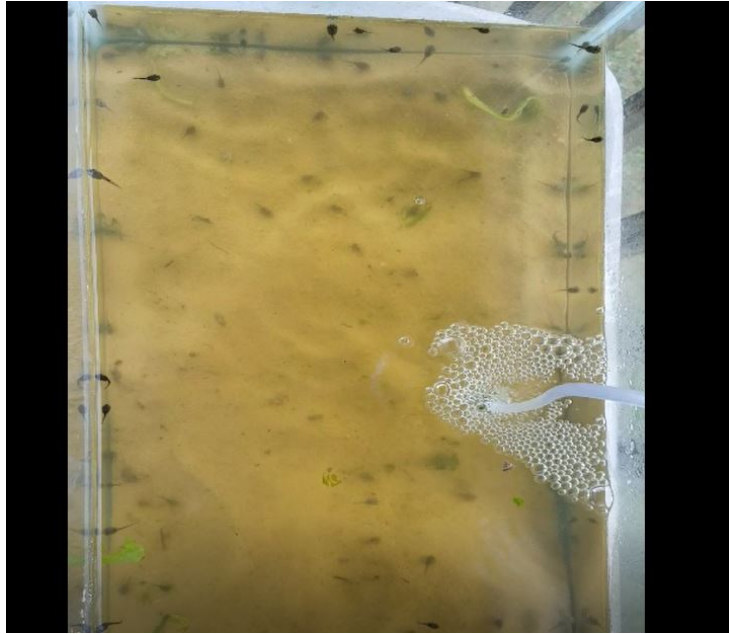


## SECTION 4

In this section, I will explain what the artifact is and how I developed the picture portion of the projection exercises. The artifact is a curriculum with mixed media (i.e. pictures). The curriculum is broken into ten chapters and an introduction. The chapters are listed below with a brief introduction, except chapter 4, which is more complete. Within each chapter there is some information given about the topic. Then there are questions for the partner to review with the spouse. Lastly, the projective exercise is presented with a picture. The primary audience of the book is the partner; however, this curriculum can be used in individual couple's sessions or in a group setting.

### **Development of Projective Tool**

The projective tool I use are pictures of frogs. I raised the frogs after we installed an above ground pool. Because it took a few weeks to get the skimmer and plumbing installed on the pool, local tree frogs laid eggs, and soon we had tadpoles in the pool. Not wanting to kill the tadpoles, I placed them in a 10-gallon aquarium and fed them a salad mix (spring mix) during the summer. I soon became educated in the raising and development of tadpoles into frogs. There is an industry that supports frogs as pets. Taking care of the tadpoles was easy. Caring for frogs is a different story.



*Figure 1: Ten-Gallon Aquarium with Tadpoles*

Once the tadpoles turned to frogs, we released six of them next to our backyard stream. I then thought it would be interesting to keep some, so I put together a vivarium made by Exo-Terra and included rocks and plants from our yard.

I took pictures of the process and posted them on Facebook, and then the frog pictures took on a life of their own. I began daily postings of a picture with a projection of what might be the thought of the frog. I named the frog Joe. (See example below.) People began to give their own projections, and my doctoral cohort colleague, David Beach, suggested they were projection pictures. The idea was born.



*Figure 2: Facebook Post that Started the Idea of Projection*

Getting the pictures took considerable time and money. It takes on average one and a half hours a day to care for and take pictures of the frogs. We ended with around 35 frogs—they are difficult to count. Getting enough tiny flightless fruit flies to feed them is a task. Learning to cultivate the flies became vital; one reason being each jar of flies cost \$10 from the local pet store. A jar will last a few days at the most. One day I killed 20 jars of flies I was cultivating because I put them outside in the sun. The sun killed all the flies and maggots, and I had to start over. Another time at the beginning of winter, lack of humidity almost killed all the cultures we had. The process has been an educational one.

For the first few batches of cultures, I blended potato flakes, wheat grass, yeast, a banana, cinnamon, and vinegar to form a paste for the bottom of the container. I then stuffed the rest of the jar with a wood product called “excelsior.” I placed the jars in a bowl with a little water and dish soap. This keeps mites from crossing to other cultures in case one gets infested. I then placed fifty to seventy-five fruit flies from another culture

into the new container. It takes about fourteen days for the jars to fill with flies. I eventually used a powdered mix from Josh's Frogs instead of the potato blend I was using—the mix is much easier and produces more flies. I also changed from using water and soap to diatomaceous earth to control for mites' infestations.

Recently, I started cultivating crickets. As the frogs get bigger, so shall their food requirements. I am learning fun facts like each female cricket can lay ten eggs a day for a total of one hundred eggs. I also found that there are urban renewal efforts based on the production of crickets for human food.



*Figure 3: Jars of Flightless Fruit Fly Cultures*



*Figure 4: Cricket Breeding Containers*

*Each container holds different developmental size crickets. The small container assists in incubating cricket eggs. All the crickets are under the egg crates. The first picture shows fly containers on top of cricket containers. The heat from the lamps in the cricket containers also heats the fly containers.*



To set up the vivarium, I purchased an Exo-Terra terrarium and filled it with rocks and dirt native to the frogs' environment (my backyard). I placed bio-balls on the bottom of the tank and layered rocks and soil on top. I placed a few worms in the dirt. One third of the bottom space is water, which is circulated with a small pump. To control any growth of mold and to help with the feces from the frogs, I cultivate springtails (tiny insects that eat mold) and introduce over one hundred of them a few times a week. The tank is bio-active in that there are systems to keep it balanced and healthy for the frogs. I spray the tank and frogs a few times a day and remove any excess water from the tank daily. I placed plants purchased from Josh's Frogs to help with nitrogen processing and to provide a resting place for the frogs.



*Figure 5: Vivarium for Froglets*

I take pictures when I feed the frogs as that is when the frogs are the most active. Taking the pictures, and thus, creating the projection tools, requires multiple steps. I wipe the glass clear to photograph the frogs through the glass. My Samsung Galaxy S7 Edge and a Galaxy Note8 capture the frog pictures. Then I use Adobe Lightroom and Photoshop to import, organize and edit the pictures. In hunting the best shots, I attempt to capture the frogs in close contact with other frogs. I ensure that I capture the complete frog in the frame. Capturing their eyes is also an important consideration, since people consider facial cues and other contextual information in determining mental states.<sup>255</sup> I am capturing portrait shots of the frogs for additional projective exercises for use after this dissertation.

### **Design of Curriculum and Artifact Outline**

Designing curriculum necessitates attention to several components. A popular format adheres to seven steps, 1) who, 2) why, 3) where, 4) when, 5) what, 6) what for, and 7) how.<sup>256</sup> Other curriculum designers use a six-step design, 1) problem identification and general needs assessment, 2) targeted needs assessment, 3) goals and objectives, 4) educational strategies, 5) implementation, and 6) evaluation and feedback.<sup>257</sup> The second model was developed to address the medical community's curriculum development

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<sup>255</sup> Anna Van der Meulen et al., "A Comparison of Children's Ability to Read Children's and Adults' Mental States in an Adaptation of the Reading the Mind in the Eyes Task," *Frontiers in Psychology*, 2017, accessed October 10, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5405343/>.

<sup>256</sup> Jane Kathryn Vella, *Learning to Listen, Learning to Teach: The Power of Dialogue in Educating Adults* (San Francisco, CA: Jossey-Bass, 2002), Kindle.

<sup>257</sup> Patricia A. Thomas et al., *Curriculum Development for Medical Education: A Six-Step Approach* (Baltimore, MD: Johns Hopkins University Press, 2016), Kindle.

requirements. There is overlap between these two models. Being that this curriculum has a medical/health component, I am using the first model structure while allowing the second to inform specifics of this curriculum.

### *Who?*

This curriculum is designed for the partners of a CSA survivor. The couple can also use this material. The target population are Christian couples in a committed relationship. Lastly, this curriculum is designed with the expectation that caregivers or servants such as pastors and counselors will use as a resource.

### *Why*

Couples where one or both experienced childhood sexual abuse have reduced health, reduced income, are more isolated, and rear children who become vicariously traumatized.

### *When*

This curriculum can be used as an individual or couple self-paced self-help plan. The curriculum can also be used in the context of a group lasting a minimum of eleven weeks. Pastors and counselors will need at least eleven weeks to cover the material; however, more time may be required depending on the severity of the partner or couple's symptoms.

### *Where*

Use of this curriculum is best when the partner or couple identifies a location suitable for privacy and safety such as a counseling office, church office, or at home.



*What?*

*Chapter One: Who Are We?*

- 1) Overview of Bowlby's Attachment theory.
- 2) In depth explanation of Bowen's Family System's Theory
- 3) Application of family of origin within context of current immediate family.

*Chapter Two: Theology of Marriage.*

- 1) Identify preconceived ideas of marriage.
- 2) History of marriage in scripture.
- 3) History of marriage in the church.
- 4) Explanation of a redemptive marriage.

*Chapter Three: Introduction to Spiritual Formation Practices.*

- 1) Why study spiritual formation in curriculum about marriage.
- 2) Explanation of what spiritual formation is and is not.
- 3) Exploration of spiritual formation practices within and between couples.

*Chapter Four: The Body, Formation, Suffering, and the Media.*

- 1) Expansion of spiritual formation practices within couples affected by CSA.
- 2) Exploration of pornography and shame.
- 3) Exploration of sex in media.
- 4) Further exploration of shame, violence, and aggression and how it impacts men seeking counseling.

*Chapter Five: Financial Tendencies.*

- 1) Cost of therapy.
- 2) How handling of money can be an extension of anxiety.
- 3) Where to find help with finances.
- 4) Thoughts of differentiating within the exercise of stewardship.

*Chapter Six: Health Care Issues.*

- 1) Brief review of common health issues.
- 2) Exploration of possible causes.
- 3) Exploration of Bowen's Family Systems Theory explanation of health-related issues.
- 4) Exploration of habits that contribute to poor health
- 5) Develop plan to live healthier.

*Chapter Seven: Parenting.*

- 1) Family of origin and parenting.
- 2) Implications of CSA on parenting.
- 3) General questions about parenting.
- 4) Positive psychology and parenting.

*Chapter Eight: Dissociation.*

- 1) Define dissociation
- 2) Explore how the experience of CSA can cause mild to severe dissociation
- 3) Explain how to identify dissociation.
- 4) Exploration of treatment options.

*Chapter Nine: Forms of Therapy.*

- 1) Exploration of the therapeutic relationship.
- 2) Rational Emotive Therapy
- 3) Cognitive Behavioral Therapy
- 4) Emotion Focused Therapy
- 5) Reality Therapy
- 6) Accelerated Experiential Dynamic Psychotherapy
- 7) Summary

*Chapter Ten: Getting Help from the Church*

- 1) Define Help, Support and Serve.
- 2) Define roles and training of pastors.
- 3) Explore levels of service within the church.
- 4) How to access resources within the church.

*Chapter Eleven: Putting it all Together.*

- 1) Brief summary.
- 2) Where to go from here.

*What for*

The broad objectives of curriculum are to inform the partner of opportunities of personal growth through his marital relationship and to increase marital intimacy. The Marital Satisfaction Inventory – Revised (MSI-R) will be used to assess marital satisfaction. The MSI-R must be administered by a qualified professional.

Each reader will start from a different level of engagement; thus, specific objectives will vary consequent the readers level of initial engagement and intimacy.

Other general objectives are to increase Differentiation of Self, humility and empathy.

General measurements of successful completion:

- Differentiation of Self: This construct is difficult to measure without the assistance of a qualified professional.

- Humility: The HEXACO-PI-R provides a free online assessment for the domain of Honesty-Humility. Pre- and Post-assessment can be performed. In addition, an observer rater assessment can be performed by the spouse on the other spouse. The function of observer rater is that on occasion we view ourselves differently than what other people perceive. While observer rater scores are helpful, it is important to understand the observer is perceiving the other through their own worldview. The HEXACO-PI-R can be found at <http://hexaco.org/>.
- Empathy: The Empathy Assessment Index (EAI) can be found in the book *Assessing Empathy*.<sup>258</sup> If the partner or couple does not have access to the EAI they can use HEXACO-PI-R's Interstitial Scale the *Altruism*.

Specific objectives for each chapter are as follows: (Measurements of objective achievements will be subjective.)

Chapter one: The reader will understand his or her family of origin's influence on current emotional responses to partner.

Chapter two: The reader will articulate his or her understanding of marriage viewed from a Biblical perspective. The reader will demonstrate through written assignments an understanding of the Christian church's history of marriage. The reader will articulate the definition of and application of a redemptive marriage.

Chapter three: The reader will give examples of spiritual formation practices. The reader will implement spiritual formation practices designed for his or her specific needs.

Chapter four: The reader will identify and implement spiritual practices that encourage physical intimacy within the marriage. The reader will identify media influence on sexual formation and implement practices to mitigate media's negative influence.

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<sup>258</sup> Elizabeth A. Segal et al., *Assessing Empathy* (New York: Columbia University Press, 2017).

- Chapter five: The reader will identify the cost of therapy including cost of not seeking therapy. The reader will seek, with his spouse, financial planners and or classes designed to assist in the design and implementation of a budget. The reader will show a growing differentiation of self in relation to money by practicing stewardship over identified assets.
- Chapter six: The reader will review current health status with a qualified health practitioner. The reader will brainstorm ideas to increase awareness of current health challenges and initiate plans to address the concerns. The reader will distinguish health as wellness and not pathology by actively engaging with activities focused on health and wellness.
- Chapter seven: The reader will examine current parenting practices. The reader will explore differences in parenting practices from his spouse. The reader will implement positive parenting practices.
- Chapter eight: The reader will be able to identify dissociation in self and others. The reader will know of treatment models designed to serve those affected by mild to severe dissociation.
- Chapter nine: The reader will be able to explain the educational differences in psychotherapeutic practitioners. The reader will briefly describe the differences in five therapeutic models.
- Chapter ten: The reader will identify his current church's stance on helping, supporting, or serving. If the reader is not currently involved in a church, the reader will identify the reasons for non-involvement. The reader will be able to define the function of a pastor. The reader will, if needed, seek help from the church.

### *How*

Through an iterative process, the curriculum will guide the reader through various exercises to include reading, writing, engaging with self, spouse and others, researching, planning, practicing, and assessing current status and progress.

## SECTION 5

**Query and Cover Letter Formula***Query Letter*

Dear [Editor's name]:

Being a partner of childhood sexual abuse survivor and a licensed professional counselor, who earned a doctorate in leadership and spiritual formation, I provide a rare glimpse into the life of a partner of a childhood sexual survivor. Through 23 years of examination of our marriage, her life, and mine, we have acquired knowledge that can greatly impact couples' lives. With all the news of sexual abuse and assault, what about the partners of childhood sexual abuse survivors? What about their marriages? What about their children? This curriculum can answer many of those questions. One aspect that sets this book apart from others is that it will be an interactive book that will incorporate pictures to help the couple relate to each other. The use of pictures is soundly grounded in projection and Object Relations Theory.

The 30,000- to 50,000-word nonfiction self-help curriculum, *Wrestling for Souls: Helping Partners of Survivors of Childhood Sexual Abuse*, offers psychologically and theologically sound help for the neglected partner.

John and Janet are experienced Licensed Professional Counselors with a combined professional career of over 40 years. However, this isn't their only badge. They also experience the dynamics personally every day in their marriage because Janet is a sexual abuse survivor. Both have masters in counseling, and John also has a masters in psychology with a specialty in health and a DMin in leadership and spiritual formation.

The proposed book is entitled, *Wrestling for the Souls of the Abused: Helping Partners of Survivors of Childhood Sexual Abuse*. Thank you for your time.

Sincerely,

Dr. John and Janet Raymond

*Cover Letter*

Date:

Dr. John N. Raymond, DMin  
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The marriage of a childhood sexual abuse survivor can become a chaotic Mardi Gras parade held within the venue of the Vatican moderated by a henchman. This picture rings hauntingly true for many survivors and their spouses. For this reason we wish to publish the 30,000- to 50,000-word nonfiction self-help curriculum, *Wrestling for the Souls of the Abused: Helping Partners of Survivors of Childhood Sexual Abuse*: to help partners who are married to a childhood sexual abuse survivor, their marriages, and their children.

The road of marital life can be challenging. For many whose souls have been transformed by early unwanted sexual exposure, marriage becomes terrifying with an occasional glimmer of hope. Marriage becomes a hope of relational wholeness only to be dashed by the masks created from the past. This curriculum utilizes stages of change and learning steps along with projective exercises with pictures of frogs to help couples reveal the masks that are preventing living a redemptive life. The book will target the partners, but ultimately will help couples live a life closer to redemption through understanding and exploring stories.

For we wrestle not against flesh and blood, but against principalities, against powers, against the rulers of the darkness of this world, against spiritual wickedness in high *places*.<sup>259</sup>

This curriculum draws from personal and professional experiences with marriages where past sexual abuse has an influence. Additionally, John has completed extensive academic research on this topic in his doctoral dissertation.

John, the primary author, has a masters in counseling, masters in psychology with a specialty in health, and a DMin in leadership and spiritual formation. He has ten years' experience as a counselor. Janet, who has a masters in counseling has over thirty years' experience specializing in trauma and childhood sexual abuse.

I appreciate you reading my words and hope our approach intrigues you.

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<sup>259</sup> Eph. 6:12 (KJV).

Best Regards,

John Raymond, MA, MS, DMin, LPC

### **Nonfiction Book Proposal Outline**

**Title:** *Wrestling for Souls: Helping Partners of Survivors of Childhood Sexual Abuse.*

**Authors:**

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**Hook:** Research is clear. Couples where one or both experienced childhood sexual abuse have reduced health, reduced income, are more isolated, and rear children who become vicariously traumatized. This book intends to help partners of childhood sexual abuse (CSA) survivors and to equip caregivers such as pastors, counselors, and teachers.

**Overview:** The book will present information about topic that affects couples such as sex, parenting, and family of origin struggles. It gives suggestions and exercises for the partner and couple to complete. What is especially unique will be the use of pictures in projective exercises in addition to the interactive curriculum that can be used in many venues.

**Purpose:** The book will address the following concerns for partners who are married to a childhood sexual abuse survivor through the lens of the Bowen's Family Systems Theory, humility, and projection:

- Introduction
- Projective Tools
- Differentiation of Self and Humility
- Theology of Marriage/Sex
- Family of Origin Environment/Early Relationships/Trust
- Introduction to Spiritual Formation Practices

- Theology of the Body/Suffering
- Financial Tendencies
- Health Care Issues
- Parenting
- Dissociation
- Forms of Therapy
- Getting Help from the Church

**Promotion and Marketing:** Many popular media personalities have brought awareness to childhood sexual abuse. For example, Marilyn Van Derbur, 1958 Miss America winner and abuse survivor has been an advocate for those abused. This past year the “MeToo” campaign has created a stir and has encouraged many to seek help. The numbers swirling around CSA can be staggering: 1 in 4 women and 1 in 6 men. The book’s target audience is Christian partners who are married to childhood sexual abuse survivors. Venues that can promote the book are radio shows such as Focus on the Family and New Life Live. We have a platform through a Facebook page. Other areas to develop will be twitter, Instagram and a blog. Also, engaging in websites (e.g.; [www.1in6.org](http://www.1in6.org)) that work with the abused population will help drive further outreach. Lastly, we plan to publish photos of the frogs as interactive tools for therapist to use in their offices.

**Note:** The husband-wife team of authors are licensed professional counselors in the Commonwealth of Virginia with over forty years’ experience between them. John holds a doctoral degree of ministry in leadership and spiritual formation. They help countless individuals and couples who have experienced the ravages of CSA through individual, couples’, and group therapy. John and Janet also experienced many of the issues in their personal life and learned valuable lessons that help other couples live a more redemptive life.

### **Competition:**

- *Allies in Healing: When the Person You Love was Sexually Abused as a Child.*  
Davis, Laura. New York, NY: HarperPerennial, 1991.  
Probably the most sought after book. Secular in focus.
- *Ghosts in the Bedroom: A Guide for Partners of Incest Survivors.*  
Graber, Ken. Deerfield Beach, FL: Health Communications, 1991.  
Written by a partner and social worker from a secular perspective.
- *Haunted Marriage: Overcoming the Ghosts of your Spouse's Childhood Abuse*  
Barshinger, Clark E., Lojan E. LaRowe, and Andrés Tapia.. Downers Grove, IL: InterVarsity Press, 1995.  
Gives an account of the couple’s journey as both psychotherapist and survivor with a Christian worldview.



- *The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse.*  
Maltz, Wendy. New York, NY: William Morrow, 2012.  
Up-to-date workbook for partners from a well-researched clinician and author from a secular perspective.
- *What about Me?: A Guide for Men Helping Female Partners Deal with Childhood Sexual Abuse.*  
Cameron, Grant. Carp, Ontario: Creative Bound, 1994.  
From a journalist perspective of his experience in a marriage with a survivor.
- *When a Woman You Love was Abused: A Husband's Guide to Helping Her Overcome Childhood Sexual Molestation*  
Jones, Dawn Scott. Grand Rapids, MI: Kregel Publications, 2012  
From a survivor's perspective.
- *Healing the Wounded Heart: The Heartache of Sexual Abuse and the Hope of Transformation*  
Allender, Dan. Grand Rapids, MI: Baker Books, 2016  
From a survivor, clinician, speaker, and educator's perspective.

**Uniqueness:** Listed are a few unique aspects to our proposed book:

- Most of the above-mentioned books are dated. This book will include up-to-date information.
- This book will approach healing from a framework of Bowen's Family Systems Theory, humility, and projective exercises.
- This book will include a new perspective on pornography not mentioned in previous outdated publications.
- This book will be from the authors' perspective where both are counselors and one partner experienced overt childhood sexual abuse.

**Endorsements:** Listed are possible endorsements:

- Deborah Loyd, DMin. Author, Speaker, Educator, Church Planter
- Gabriel Dy-Liacco, PhD. Psychologist, Assistant Editor APA journal. Consultant at University of Asia and the Pacific, Technical Advisor at Centre for Child Protection, and Member at Pontificia Commissio Pro Tutela Minorum.
- David Beach, DMin. Author, Speaker, Clinician, Educator.
- MaryKate Morse, PhD. Author, Educator, Speaker

## SECTION 6

Conceptualizing a summation of the execution and experience of this dissertation is an interesting task. When I first started this research in 2009, my initial thoughts were that there was something intrinsic to the survivor that initiated poor health outcomes in their partners. My quest became an exploration of many aspects of martial relationships, including therapeutic models and spiritual implications. I searched for books and curriculum that were produced to help partners of CSA survivors. I found that some books touch the surface of what to do but did not inform the partner as to how to increase internal competencies to do those things. Disappointingly, I found most of the books did not adequately address the partner's needs for intimacy.

In the initial stages of developing the artifact, I had a difficult time determining what would be the most effective medium to communicate the needed information to the couples. Originally, I thought about producing a video series with pastors as the target audience. My thought was that since the pastors are gatekeepers, training them would initiate more awareness. When I decided on this course direction, I soon learned that a Christian organization had just produced such a video presentation.

I then moved my attention to addressing the partners and couples directly through a book. I was surprised to discover the projective exercise using pictures of frogs. Including the pictures and projective exercises turned the book into an interactive curriculum that not only partners and couples can use, but also pastors and other caregivers. The interactive aspect of my artifact will engage partners and couples. Interestingly, the frog pictures have the potential to add a little light heartedness into the

darkest struggles of those suffering. The frog pictures can open avenues of communication between the partners that have been blocked by past and current pain.

Although I have seen results in sessions using the frog pictures, further quantitative studies could explore the efficacy of using the frog picture projective exercise. Other areas of interest in future research are determining through dyadic data analysis any differences between the couples where CSA was experienced and couples without CSA influence on domains such as DoS levels, humility, spiritual formation practices and states of well-being.

I do not know what the church will do to address the needs of parishioners who are suffering from the ravages of CSA. In my interviews of pastors, I discovered a gaping hole in the practice of care for hurting parishioners (see Appendix E). Some counselors are well trained in the care of this population; however, areas of concern range from the church's relegation of counseling and it being too costly, to proposing counseling as unbiblical. While evangelicals wish to bring people into the church, what are they going to do with them when they show up? Much more needs to be written about the church's mandate to serve the suffering—those suffering from the influence of CSA.

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## APPENDIX A:

### ARTIFACT<sup>260</sup>

Janet and I didn't know.

Our premarital sessions with our pastor touched on the topic, but how could our pastor, or either of us, actually know what was to happen? On that June day in 1994, standing before the friendly onlookers, Janet and I embarked on a journey merely by saying, "I do."

When two people get married, they have every expectation of living a happy, prosperous life. Sure, most have enough awareness to understand that married life will come with challenges. But what about the additional challenges couples with childhood sexual abuse (CSA) issues face? Do these couples truly understand how their early life experiences will impact their relationship and future family?

Many of the topics such as family of origin issues, parenting, and sex that will be discussed in this curriculum can help any couple. What we present is vitally important for you to understand and grasp as you continue the journey of your marital relationship.

While this book is addressed to the partner married to a spouse who experienced CSA, we hope that you as a couple will work through the exercises together. This book is not a standalone. Other books will address other needed facets. (See appendix.) Even though you may not agree with what some of the other authors present or even what we present, it is important that you read them, so you can develop an educated approach to help yourself, your spouse, your family, and your community.

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<sup>260</sup> This artifact is not a completed product. All chapters except chapter 4 will be completed later.

Now married since June 4, 1994, Janet and I have experienced nearly everything we present in this curriculum, *Wrestling for the Souls of the Survivor: Helping Partner Who are Married to a Childhood Sexual Abuse Survivor*. Additionally, both of us are counselors. We have sat with individuals, couples, and families who experienced much of what we write about. We have heard many stories. Any stories that you hear in this book will be either ours or a combination of stories drawn from many hours of hearing stories of fierce marital challenges.

### **How to Use This Curriculum**

#### *Understanding Format of Questions*

My purpose in writing this book is to present useful material designed to change lives. Researchers, clinicians, philosophers and clergy for millennia have studied and tried many methods and ideas of how people change. More to the point, how do people change into a desired posture or behavior? Being that we all are in a changing process—whether we want to or not—what if we can influence the direction of change we experience? The question then becomes, can we pick our direction of change?

You are reading this book because there is something inside you that says, “I or my situation can change.” Yes, you and your situation can change.

As you read this curriculum, you will find other books that I recommend you read. These other books give greater detail about the topic presented in the section. They are important to read—or to listen. It is helpful for you to become familiar with the other authors’ perspectives. This curriculum is merely a guide to help you explore the world you now live in and those who have expertise that may help you live a more satisfied life.

What I present in this curriculum is guided by many forms of thoughts. I find most people in my clinical practice like to know that sessions are guided by a plan that is based on well-researched theory and practice. This curriculum is no different. Giving you a framework through which to organize your thoughts as you work through this material can make the process a little easier.<sup>261</sup>

The first three forms of thought, or models, provide the underpinning or foundation of the material. They are Hope Theory, Bowen’s Family Systems Theory, and Theories of Humility.

Hope Theory provides a simple structure upon which to build.<sup>262</sup> For there to be hope, there needs to be a vision/plan—someplace to go—and a plan to get there. There also needs to be the belief that you have the resources or “agency” to fulfill the vision. Having a vision and believing you can accomplish the vision requires different skills sets.

Vision/Plan	Agency
<ul style="list-style-type: none"> <li>• Wellness</li> <li>• Fulfilling Marriage</li> <li>• Stability</li> <li>• Well Adjusted Children</li> </ul>	<ul style="list-style-type: none"> <li>• Can I do it?</li> <li>• Who can help me?</li> <li>• How did I get here?</li> <li>• What are my strengths?</li> <li>• What are my weaknesses?</li> </ul>

Figure 6. The two parts of hope—vision/plan and agency with some ideas for each.

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<sup>261</sup> There are many more theories not included here that have informed this curriculum such as Bowlby’s attachment theory. I give acknowledgement to those other theories and encourage you to explore them as you come across them. Giving space to explore the other theories would turn this book into a general psychology/theology curriculum.

<sup>262</sup> Ezra Stotland, *The Psychology of Hope* (San Francisco, CA: Jossey-Bass, 1969).

As you progress through the material, ask yourself if this information falls within the “vision/plan” or “agency” box.

The next theoretical model is Bowen’s Family Systems. Bowen’s model is vitally important for which I devote a chapter in this curriculum. Understanding Bowen’s ideas will help fill in the agency box. You will understand more of what I am saying after you read the chapter on Bowen’s theory. Working with Bowen’s theory, you will discover much about yourself—good and bad. You will see areas that need growth, which will then give you a vision of where to grow. Being aware of your and others’ strengths and weaknesses helps you become more understanding with more humility.

Which brings us to the theory of humility. Humility is a focus of recent research. In the search for an understanding of humility, researchers have identified what is a broad definition of humility.<sup>263</sup> Humility is “(a) a manifested willingness to view oneself accurately, (b) a displayed appreciation of others’ strengths and contributions, and (c) teachability.”<sup>264</sup> Knowing what we as humans know and knowing that we don’t know much about most things will help you transform as you go through this curriculum. Humility is placed into the “agency” box.

The last two theories are the process of change models. They are Prochaska’s Transtheoretical Model of Change and Bloom’s Taxonomy. They help you see the vision of wellness and then assist in the planning progressing through your own agency.

The process of change I am using from a psychotherapeutic model is the Transtheoretical Model of Change (TTM). This concept stems from the field of

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<sup>263</sup> Everett L. Worthington, Don E. Davis, and Joshua N. Hook, eds., *Handbook of Humility: Theory, Research, and Applications* (New York: Routledge, Taylor & Francis Group, 2017), Kindle.

<sup>264</sup> Hill et al., “A Few Good Measures,” loc. 2889.

psychology. To get a better understanding of this model, I encourage you to read the Prochaska's book *Changing to Thrive: Using the Stages of Change to Overcome the Top Ten Threats to Your Health and Happiness*.<sup>265</sup> The Prochaskas, through years of research, found five stages of change. The stages are, 1) Precontemplation, 2) Contemplation, 3) Preparation, 4) Action, and 5) Maintenance. A person in the precontemplation stage is not aware there is a problem, or they simply do not understand the consequences of continuing in the harmful behaviors that need addressing. During this stage, the person needs more information. Contemplation is a point where the person understands there is a problem; but, for many reasons, is not ready to make a change in the next six months. To a contemplator, the cons weigh more than the pros, but unlike the precontemplators, they are thinking about changing. When a person is ready to change, he or she move into the preparation stage. In the preparation stage, the pros of changing start to out-weigh the cons. This is the stage where people start to make a commitment to change. The talking about change turns to committing to change. Then person then moves into the action stage. The action stage is identified by having a plan and acting on the plan. Although action is needed for change to happen, the focus of this model is not necessarily action but having the resources to act and maintain the action for more than six months. Which leads to the final stage—maintenance. The maintenance stage is marked by more of a desire to perform the beneficial behavior over and above the harmful behavior.

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<sup>265</sup> James O. Prochaska and Janice M. Prochaska, *Changing to Thrive: Using the Stages of Change to Overcome the Top Threats to Your Health and Happiness* (Center City, MN: Hazelden Publishing, 2016).

Transtheoretical Model of Change	Bloom's Cognitive Taxonomy
<ul style="list-style-type: none"> <li>• Precontemplation</li> <li>• Contemplation</li> <li>• Preparation</li> <li>• Action</li> <li>• Maintenance</li> </ul>	<ul style="list-style-type: none"> <li>• Remember</li> <li>• Understand</li> <li>• Apply</li> <li>• Analyze</li> <li>• Evaluate</li> <li>• Create</li> </ul>

The second form of change thought comes from a psychological educational model; Bloom's Taxonomy. Bloom was an influential educator in the second half of the twentieth century. All educators can more than likely recite the six steps of learning presented by Bloom and then revised by Anderson and Krathwohl in 2001.<sup>266</sup> For Bloom, the six steps of learning are 1) Remember, 2) Understand, 3) Apply, 4) Analyze, 5) Evaluate, and 6) Create. Within each stage, specific verbs are used to assess and move us to newly acquired skills. For example, *remembering* verbs are foundational informational verbs such as "define," "describe," and "name". *Understanding* verbs are, "explain," "compare," and "distinguish". On up the ladder to *Apply* verbs; "solve," "use," and "teach."

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<sup>266</sup> For a brief review of Bloom's revised taxonomy, see [http://www.unco.edu/cetl/sir/stating\\_outcome/documents/Krathwohl.pdf](http://www.unco.edu/cetl/sir/stating_outcome/documents/Krathwohl.pdf).

Bloom's most popular model is a cognitive (thought) based process. There are other domains of learning such as affective (feeling) and psychomotor (doing) domains (See figure below). Each of these domains offers us language to help assess and more importantly move us in the direction of change we are looking to move towards. The domain steps become complicated. For those who wish further study, other texts can provide the needed support. What is important is that you understand this: the questions asked in each section are designed to help you assess and possibly make a move in a direction of helpful change. This is the beauty of Bloom's Taxonomy; it gives us language in the form of verbs that move us to change.

These stages or steps are not necessarily linear. In the early stages of the theory, Bloom thought the stages were linear, meaning one had to accomplish the previous stage before he or she could progress to the next stage. Later, Bloom realized the stages may not be strictly linear, but more fluid—meaning one can do work in a later stage before she or he accomplishes a previous stage. Fluidity of progression is vitally important to understand.

Occasionally, you may want a fixed, stable plan to accomplish that which will lead to a much-desired outcome. Being able to move through these stages in a flexible manner can relieve pressure to master a stage before moving to the next. Going through this curriculum is a process that is best accomplished by revisiting some sections, even if you think you have mastered it.

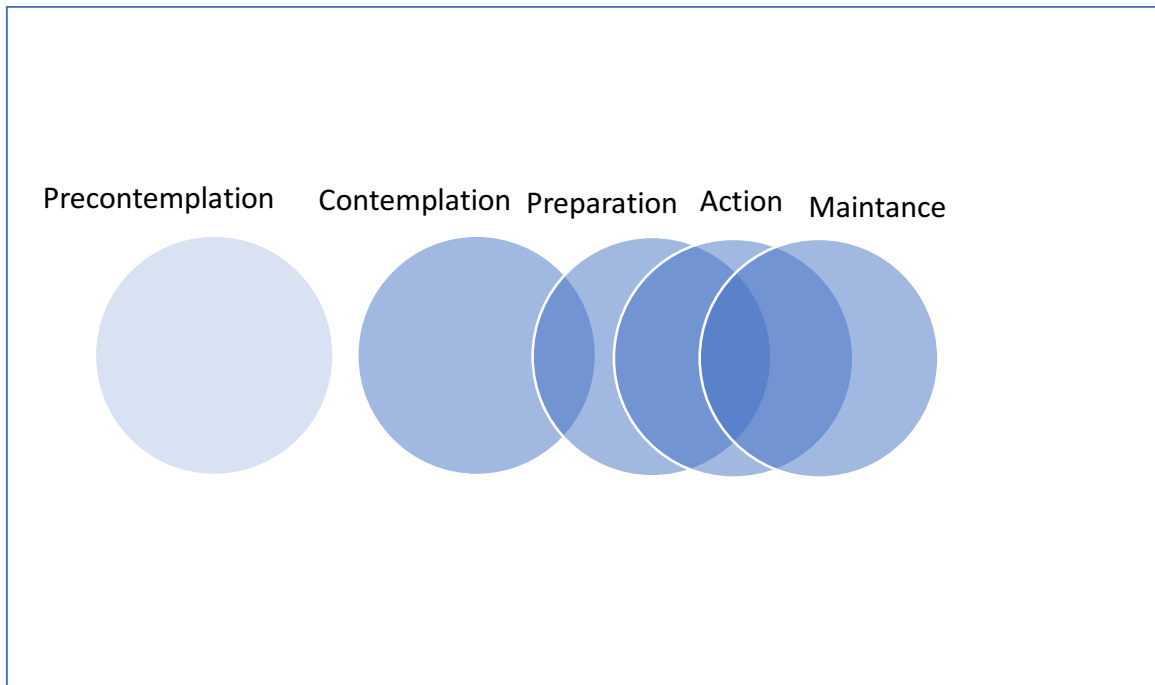
Cognitive	Affective	Psychomotor
<ul style="list-style-type: none"> <li>• Remember</li> <li>• Understand</li> <li>• Apply</li> <li>• Analyze</li> <li>• Evaluate</li> <li>• Create</li> </ul>	<ul style="list-style-type: none"> <li>• Receiving</li> <li>• Responding</li> <li>• Valuing</li> <li>• Organizing</li> <li>• Internalization of value</li> </ul>	<ul style="list-style-type: none"> <li>• Imitation</li> <li>• Manipulation</li> <li>• Precision</li> <li>• Articulation</li> <li>• Naturalization</li> </ul>

*Figure 7: Three Learning Domains.*

Bloom's Taxonomy is educational and provides verbs to be used within the curriculum. The Transtheoretical Model of Change (TMC) helps you understand that through this process of education, you can go through stages of change; not just cognitive (thought) change but deeply rooted changes. Prochaskah states, "most people don't know how to change". This curriculum is designed to help you know.

So how does this apply to Hope Theory. The Figure below separates TMC's stages into Hope Theory's two domains—vision/plan and agency.





*Figure 8: Vision/plan is represented where there is no overlap. Agency is represented where there is overlap. As vision/plan is implemented when the person is ready, agency takes hold and grows.*

This diagram illustrates the process starts with getting a vision, formulating a plan and flexibly working the plan. The more the overlap, the more actual behavior, through agency, is happening. As you can see with the portions of the circles that do not overlap, behavior is not alone. Each step requires some inclusion of vision/plan.

While psychological theories have supported our exploration of change, another realm to draw from is spiritual formation. Proverbs 29:18 states, “Where there is no prophetic vision the people cast off restraint” (NET). Hearing from God is an important and arguably the most important part of this curriculum. To fully explain spiritual formation, I dedicated a chapter to its exploration and understanding. I hope that you will embrace the idea that Christ through the work of the Holy Spirit is the one who makes these changes within us. While the material in this curriculum can inform your thoughts, it is the Holy Spirit who transforms you and your marriage.

As you progress through the material you will see abbreviations next to questions. These abbreviations are there to indicate what stage of change the question applies to. For example, “Question (PreC)” is a question that assumes you are at the precontemplation stage desiring to move to the contemplation stage. The abbreviations are to assist you in understanding where you are in the process. They are:

Precontemplation (PreC)

Contemplation (Cont)

Preparation (Prep)

Action (Act)

Maintenance (Main)

### *Projective Tool Explanation*

At the end of each chapter is a picture of cute frogs. These pictures, while cute, serve a vital purpose. As you look at the photo, formulate a story of what is happening in the picture as if they were people. The group can be a family, or a group of friends. They can be enemies. The story is what you make of it. The exercise helps you express inner narratives that may not otherwise be heard. They also help you hear your partner’s inner dialog.

The task is to formulate a story about the picture. If both of you are working through the book, make up a complete story before sharing with your partner. Each partner needs to have their story complete before you share it with the other. The story needs to have a few components to it: 1) Tell what the action is; what is going on in the picture? 2) Tell what the primary actor (frog) is feeling, and 3) Name the frogs.

Although you may prefer more guidelines, others might not. And guidelines aren't the point; communication is. The only worthy rule here: Don't let the exercise turn into a dispute. If you find you are disputing about how the exercise is going, you may need to pay strict attention to using the instructions.

Agree who will share first. The person sharing is the storyteller. The storyteller tells the complete story. The audience, the partner listening, pays close attention to the three components listed above. Once the storyteller finishes, the audience then asks two clarifying questions about the story. The partner is to give no negative feedback about the story no matter how hurtful the story may seem. Once the story is told and the questions are given and answered, the roles are switched.

As you are formulating your story, pay attention to what and how you are thinking. What are your emotions behind the story? And, most importantly, what is the story saying about you? If you find yourself telling a lot of negative stories, try to make a positive one. Creating positive stories will refocus your attention to healthy aspects of your life.

### **Chapter 1: Who Are We?**

*“Every time I go to one of those therapists they always want to talk about my childhood. It’s not my childhood that’s the problem, it’s hers.”<sup>267</sup>*

Steve Martin in the film *The Jerk* begins his story with the character saying he was born a “poor black child.” The scene is on the porch of a home where everyone

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<sup>267</sup> Quotes given at the beginning of each chapter are a fictitious presentation of what many partners report.

except Steve Martin is African American. While Steve Martin's presentation is humorous in the context, it does show the influence our families and genetics play into our personal identity, life experience, and behaviors.

A few theories attempt to explain how our childhood shapes us into the person we are today. British Psychologist Dr. John Bowlby's attachment theory has been used in much of the popular literature. For example, this theory appears in the bestselling *How We Love* by Milan and Kay Yerkovich. Attachment theory focuses on the relationship of the infant and the primary caregiver—generally, the mother.

Interestingly, Bowlby did not grow up around his father much. His father was a prominent surgeon in London during WWI and sent young Bowlby to the countryside so not to be harmed by the zeppelin bombings. Later, John Bowlby himself served in WWII as a physician, and upon his return, he began research into early child development.

Another WWII physician (an American) who researched human development is Murray Bowen. Bowen considered all members of the family, including even past generations. His biggest contribution to human relationship research is a concept called differentiation of self. I'll define differentiation of self and show how understanding the concept can help you as a partner or survivor. Differentiation of self—which may seem simple—contains the issue that has troubled or capsized many a marriage challenged by prior sexual abuse.

**EXERCISES:** Review the question below. Read it to yourself silently and then aloud. Ask God to open your eyes to the reality of your answer. Be honest. If the question seems superficial, read it again.

- 1) Question (PreC): Recall your first memory. Write or tell someone what it is.

- 2) Question (Cont): Dramatize either with yourself or others, the experience of your first memory. Explain what it felt like to dramatize it compared to just thinking about it.

**PROJECTIVE EXERCISE:** The task is to formulate a story about the picture. If both of you are working through the book, make up a complete story before sharing with your partner. Each partner needs to have their story complete before you share it with the other. The story needs to have a few components to it: 1) Tell what the action is; what is going on in the picture? 2) Tell what the primary actor (frog) is feeling, and 3) Name the frogs.

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As you are formulating your story, pay attention to what and how you are thinking. What are your emotions behind the story? And, most importantly, what is the story saying about you? If you find yourself telling a lot of negative stories, try to make a

positive one. Creating positive stories will refocus your attention to healthy aspects of your life.



*Figure 9: Projective Exercise; Who Are We?*<sup>268</sup>

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<sup>268</sup> Pictures contain structures produced by Rolf C. Hagan Corp. Permission for the use of the structures within these pictures has been granted.

## Chapter 2: Theology of Marriage

*“When we got married I thought we were going to make each other happy. Now it’s all we can do not to make each other mad.”*

Images of the beginning of marriage are filled with wonderful expectations and hope for a caring supportive and loving relationship.<sup>269</sup> For most, this ideal is soon shifted to a new reality of being joined with someone who isn’t exactly what the person imagined. For couples where one or both experienced CSA, the image can become a glass-shattered phantom scattered on the fireplace’s hearth

Yet romanticized expectations of western marriages are difficult to combat. We all want to be married to our “soul mate.” We watch commercials telling us to use their app and search for the perfect partner. Life looks good for the couples on the television. We also hear pastors talk about how their marriages are the best thing since sliced bread and that they have never been unfaithful. They present a reflection of the commercials, which are, for the most part, a distorted reflection of reality—for many.

So, what is marriage to be if not a safe place for two people to be supportive. Maybe we need to venture into the idea of safe place and define the word “supportive.” Much of the research involving partners of CSA survivors may be wrong. Or at least neglectful. Much of this research suggests that the partner needs to be supportive of the survivor. And perhaps unfortunately, this mindset pervades the therapeutic community. While being supportive sounds like a great way of being, how does one actually do it? And wouldn’t it be more advantageous to help both partners to support each other?

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<sup>269</sup> The issue of marriage definition has been contentious. For this curriculum, I am focusing on marriage between a man and a woman. I do not have a background in other forms of marriage.

We have seen countless couples where the partner is asked to place all his needs aside while the survivor processes the abuse. This can go on for decades—literally decades. The insistence of the partner being the supportive one turns into a defense mechanism for not only the survivor in her processing of abuse, but also for the partner in not wanting to address his own issues with relationships.

**EXERCISES:** Review the question below. Read it to yourself silently and then aloud. Ask God to open your eyes to the reality of your answer. Be honest. If the question seems superficial, read it again.

- 1) Question (PreC): Observe other married couples when you are at a restaurant. Describe their interactions.
- 2) Question (Cont): Compare what you found in question one with your marriage and report your findings on paper or to a friend.

**PROJECTIVE EXERCISE:** The task is to formulate a story about the picture. If both of you are working through the book, make up a complete story before sharing with your partner. Each partner needs to have their story complete before you share it with the other. The story needs to have a few components to it: 1) Tell what the action is; what is going on in the picture? 2) Tell what the primary actor (frog) is feeling, and 3) Name the frogs.

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As you are formulating your story, pay attention to what and how you are thinking. What are your emotions behind the story? And, most importantly, what is the story saying about you? If you find yourself telling a lot of negative stories, try to make a positive one. Creating positive stories will refocus your attention to healthy aspects of your life.



*Figure 10: Projective Exercise; Theology of Marriage.*

### Chapter 3: Introduction to Spiritual Formation Practices

In spiritual relationships we do not grow step by step, we are either there or we are not. God does not cleanse us more and more from sin, but when we are in the light, walking in the light, we *are* cleansed from all sin. It is a question of obedience, and instantly the relationship is perfected. Oswald Chambers<sup>270</sup>

Chamber's statement could make the practice of spiritual formation a moot point.

However, if you look at the word "obey" in Scripture it portrays two ideas; one being to listen and the other to do. The question with spiritual formation is this: are we doing those things that help us to listen so that we can then do, or are we just doing without knowing what we are being asked to do?

So how does spiritual formation tie into a marriage book? If we partially define marriage as a medium of sanctification, as I stated in the previous chapter, then an understanding of what spiritual formation is can give better insight as to the process marriage has on our transformation.

Jeffrey Greenman defines spiritual formation as "...our continuing response to the reality of God's grace shaping us into the likeness of Jesus Christ, through the work of the Holy Spirit, in the community of faith, for the sake of the world."<sup>271</sup> He continues and states it is "...an ongoing process..."<sup>272</sup> Some people think spiritual formation is a form of naval gazing. Greenman clarifies this confusion in stating,

The process of spiritual formation is not defined by someone's search within themselves for spiritual health, but rather by a 'continuing response to the reality of God's grace.' By using the term *response* I want to emphasize that spiritual

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<sup>270</sup> Oswald Chambers, *My Utmost for His Highest: Selections for the Year* (Grand Rapids, MI: Oswald Chambers Publications; Marshall Pickering, 1986).

<sup>271</sup> Jeffrey P. Greenman, "Spiritual Formation in Theological Perspective: Classic Issues, Contemporary Challenges," in *Life in the Spirit, Spiritual Formation in Theological Perspective*, eds. Jeffrey P. Greenman and George Kalantzis (Downers Grove, IL: IVP Academic, 2010), 24.

<sup>272</sup> *Ibid.*, 24.

formation is not self-generated. It is our attempt to cultivate inwardness for its own sake. Spiritual formation in its best sense cannot be reduced to the results of human techniques or personal willpower, but is primarily a matter of God's own initiative and God's vital action. This definition leaves no room for the sort of well-intended semipelagianism that is so prevalent, namely, the mistaken idea that we have the ability to seek God apart from God's prior movement of grace.<sup>273</sup>

There is an importance in understanding the nature of spiritual formation. While the practices or disciplines maybe active, the process of transformation is very much so passive.

There are many books written concerning spiritual formation and we encourage you to read them. Authors like Richard Foster, Dallas Willard, Bruce Demarest, and of course many of the early church fathers and mothers have given us a robust discussion of this spirit-renewing area. A list of suggested books will be provided at the end of this chapter. These books either reference or explain vital practices such as prayer, meditation, contemplation, tithing, and service (This list will be provided in the final product).

When it comes to spiritual formation practices, we encourage couples to find what works for them. The practices are not an end to themselves but a means to place ourselves in a position to hear God's voice. Yes, again, to listen. I tell people our job is to first sit and listen.

Interestingly, psychological research has shown that the different kinds of prayer—meditation and contemplation—are actually methods for people to calm the anxiety within. Some people prefer an active petition prayer life to ask God to do things. Others prefer the quietness and peacefulness of meditation and contemplation.

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<sup>273</sup> Ibid., 24.

If you examined your prayer life, what would you find? Are your prayers aimed at merely reducing anxiety or are they to hear the voice of God? Of course, there are specific applications for each form of prayer, and neither needs to be excluded from your practices. Just as in marriage, there are times we need to talk while other times we need to be still and listen.

The continuing act of marriage might be considered a spiritual formative process. Marriage also has been used as a metaphor for God's love towards us. Dr. Clifford Berger, a professor at Portland Seminary, wrote about marriage as a metaphor.<sup>274</sup> Dr. Berger used Dr. Campbell's idea, who suggests that metaphors need to be updated so that the present culture might connect with an idea at a deeper level. Interestingly, Campbell suggests that the art of brewing beer is a metaphor for spiritual formation. Here is a sampling of what Campbell is talking about:

As with beer, so also with spirituality. When you have experienced the joy that comes with transformation through Jesus, you cannot help but tell others. Just as sharing good home brew with your friends and family comes as an act of near compulsion, so, too, do those transformed by Jesus find themselves talking to others about it.

There is a deep sense of community in both beer making and in spirituality. Neither are meant to be individual endeavors. Isolation produces both alcoholics and religious fanatics. Intentional community, however, guards against excess and makes for accountability outside oneself.<sup>275</sup>

Berger points out that marriage has been used as a metaphor for God's love toward us in relationship. Though the use of marriage as a metaphor for God's love has been around

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<sup>274</sup> Clifford W. Berger, "Marriage as a Metaphor for God's Covenant Love and Faithfulness," in *Covenant-Making: The Fabric of Relationship*, eds. Charles J. Conniry, Jr. and Laura K. Simmons (Eugene, OR: Pickwick Publications, 2014).

<sup>275</sup> Anderson Campbell, "Realms and Redescription in Ricoeur: Discovering Fresh Metaphoric Networks for Spiritual Formation in a Postmodern Consumer Culture," DMin dissertation, George Fox Seminary, 2013, 57.

for a while, have we considered marriage as a metaphor for spiritual formation? Is it that through the act of willful covenant making *and keeping*, we transform into something different?

**EXERCISES:** Review the question. Read it to yourself silently and then aloud.

Ask God to open your eyes to the reality of your answer. Be honest. If the question seems superficial, read it again.

- 1) Question (PreC): Observe and describe how you feel when you are at home with your spouse. Do you feel different when you are eating dinner, sitting watching television, or doing chores around the house?
- 2) Question (PreC): Give examples of when you think people experience the presence of God.

**PROJECTIVE EXERCISE:** The task is to formulate a story about the picture. If both of you are working through the book, make up a complete story before sharing with your partner. Each partner needs to have their story complete before you share it with the other. The story needs to have a few components to it: 1) Tell what the action is; what is going on in the picture? 2) Tell what the primary actor (frog) is feeling, and 3) Name the frogs.

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As you are formulating your story, pay attention to what and how you are thinking. What are your emotions behind the story? And, most importantly, what is the story saying about you? If you find yourself telling a lot of negative stories, try to make a positive one. Creating positive stories will refocus your attention to healthy aspects of your life.



*Figure 11: Projective Exercise; Introduction to Spiritual Formation.*



## Chapter 4: The Body, Formation, Suffering, and the Media

*“Sex? Sex has probably caused more contention in our relationship than anything else. I’m tired of getting rejected. It’s frustrating. She’s like a moving target. She says she likes things one day and the next day she hates it—and me. Some days she gets my expectations up only to be disappointed. Talk about sex? Good luck.”* —Confused Spouse

Many of the books written to help partners of spouses who are sexual abuse survivors have a chapter about sex. I chose not to title this chapter sex because for some reading this book this would be the first, and possibly the last, chapter that is read. When books talk about sex, often the concept is laced with “how to” positions, techniques, and atmosphere. Which, unfortunately, shrinks or even shirks the enormous soul-issues revolving around sex.

QUESTION (PreC): When you hear the word “sex” what three words do you think of? Tell me more about those three words. \_\_\_\_\_

Sex means many things to many people, and for the sexually abused, the intensity of the meaning of physical intimacy can be profoundly debilitating. And now through marriage, this trauma can debilitate the partner.

Of course, it is debilitating if we view marriage as a solely romantic encounter and not also as a redemptive one. If we go into the relationship leading with our preconceived ideas of sexual fulfillment—that our partner will satisfy us—we will soon stumble. Our early notions can kill our ability to grow.

Question (Cont): Compare your idea of sex when you were younger to what it is now. \_\_\_\_\_

So, what is a theology of the body? Thinking about theology seems to be a heavy endeavor. A topic that might be discussed in seminary classes, but not necessarily in the bedroom. So, what might the theology of the body mean?

Theology contains two ideas: “*theos* (God) and *logos* (word, reason, or idea).”<sup>276</sup> That seems simple. Theology of the body then becomes “what does God’s word say about the body?” We can approach our question by reading Scripture in a couple of versions, looking up what others have written about the body, and/or sitting in a chair and asking God what He says about the body. All three of these approaches may help.

Sometimes it is easier to study and research ideas if they are broken down into simpler terms. Our body experiences a variety of perceptive inputs. For example, our senses. We hear, see, smell, feel, and taste to name a few of our perceptive inputs. We interpret these inputs as either sufferable or pleasurable and everything in between and even to the far reaches of those two poles. Suffering and pleasure, total and absolute despair and ecstasy seem to be polar opposites. Can we experience them at the same time?

Question (Cont): Explain how suffering might be a part of the sexual experience.

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### *Spiritual Formation, Sex and CSA*

What if we create a new story? If we know that there has been an escalation in the formation of shame in our society and especially as it relates to sex, can we form another

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<sup>276</sup> Christopher Cone, *Prolegomena on Biblical Hermeneutics and Method*, 2nd ed.. (Hurst, TX: Tyndale Seminary Press, 2012), 12.

narrative? How does a girl develop a sexual narrative after being raped several times and making a statement such as the one below?

I saw myself as an object of somebody else's sexual being....and didn't really have a clear idea of myself as a sexual being. I had been exposed to a lot of pornography early on, so I was very aware of pornography, sex toys, of all these things. I experimented with all kinds of things, but still didn't really have a sense of myself as a human being having a sexuality. I was something that other people used their sexuality on.<sup>277</sup>

Can this woman transform her story or identity? Can a man or woman who is bound to pornography create a new identity?

Question (PreC): Describe what it might be like to have a story of being raped several times as a child.

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Question (PreC): Describe what you imagine early exposure to seductive pornographic images might do to the identity formation of a child.

As stated in chapter one, we gain our identities through several venues.

Developmentally we learn about the world and our place in it. Maternal and paternal bonds inform us about ourselves in relation to our own gender and the other gender. Our identities are primed by biological and gifting traits. Since these narratives are formed by practices habitually performed, not knowing the impact on our lives, can we intentionally initiate practices that will give us another identity—even another sexual identity?

Spiritual formative practices, can set up a supporting scaffolding for those affected by CSA. A survivor can use these practices to live into a new sexual

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<sup>277</sup> Tracie L. Hitter and Eve M. Adams, "Positive Sexual Self-Schemas of Women Survivors of Childhood Sexual Abuse," *The Counseling Psychologist* 45, no. 2 (2017): 277, accessed April 23, 2017, doi:10.1037/e625302013-001.

identification. Author Dawn Scott Jones reports that she got into a “freezing and pleasing” pattern with her relationship.<sup>278</sup> She states, “My healing journey still includes learning to love myself and be authentic with my needs and opinions.”<sup>279</sup> Jones suggests that the survivor go from a position of disability to one of engagement. How, what, and who is she to engage? Engaging her whole being with her husband may be one avenue to practice.

Question (Cont): If you could modify one small area in your sexual relationship with your spouse, determine what that would be.

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Question (Prep): Create a possible way to engage where both of you feel comfortable. Describe it and communicate your idea with your spouse.

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To help conceptualize how Jones’ suggestion to engage as a spiritual formative practice can be applied, theologian John Ortberg states, “If I struggle with a sin of *omission*, I will usually be most helped by a discipline of *engagement*. That is, if my sin involves a failure to love or encourage or serve, I need practices that will help my *doing* muscles.”<sup>280</sup> Dallas Willard speaks to the disciplines of abstinence and engagement in his statement: “A proper abstinence actually breaks the hold of improper engagements so that

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<sup>278</sup> Dawn Scott Jones, *When a Woman you Love was Abused: A Husband’s Guide to Helping Her Overcome Childhood Sexual Molestation* (Grand Rapids, MI: Kregel Publications, 2012), 24, Kindle.

<sup>279</sup> Ibid., 24.

<sup>280</sup> John Ortberg, *The Life You’ve Always Wanted: Spiritual Disciplines for Ordinary People* (Grand Rapids, MI: Zondervan, 2015), loc. 805, Kindle.

the soul can be properly engaged in and by God.”<sup>281</sup> The idea is to stretch your tent (understanding of the world), provide room for growth, and experience the fullness of God’s grace.

Question (Prep): If you were to do something different in your spiritual practice of loving yourself and your partner “non-sexually,” what would you choose the practice to be?

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Unfortunately, or fortunately, many men in therapy sessions report that their spouses will not engage in physical connection. The CSA survivor reports that they become triggered and need to be “wooed” into becoming physical. Exclusive of CSA, there are studies reporting that on average, women do not have a subjective desire for sex, which means that they do not have an internal drive to initiate sexual interactions. They will, however, become increasingly engaged as the physical interaction between the partners proceeds. With the CSA survivor, even the objective desire may not develop without addressing the formative nature of engagement.

Question (Prep): Express your desires to your spouse about how you would like to engage sexually. \_\_\_\_\_

For many couples, engaging in sex transforms sex into a commodity. The person with the lower sexual desire will agree to engage sexually only if there is some reward

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<sup>281</sup> Dallas Willard, *The Spirit of the Disciplines: Understanding How God Changes Lives* (Grand Rapids, MI: Family Christian Press, 2001), 175, Kindle.

given. This mindset reinforces the mindset of abuse–commodification of sex. Wendy Maltz, a sex therapist, reports:

When people are sexually victimized, they often learn to see sex as a commodity, something to give, get, or withhold. A victim of childhood sexual abuse may learn that if she “gives” sex she will be treated more kindly and shown more affection. Sex may have become, in her mind, a “ticket for love.” As an adult this same person may use sex as a reward to a partner for being nice or as a bribe to get a partner to be nice. Abusive sex teaches survivors that sex is a commodity that can be exchanged for attention, love, power, and security.”<sup>282</sup>

Could Jesus overturning the tables in the temple speak to the commodification of our bodies in a marital relationship? In Matthew 21, Jesus rebukes the merchants selling their goods in the temple. Jesus calls them robbers in the house of prayer. After he removes the merchants, he takes the posture of healer and heals the “blind and lame.” The temple becomes a happy place reflecting the passage in Isaiah 56:7 where the Lord will gather His people and make them happy. Do we allow CSA to rob our temples designed for healing and for happiness by offering sexual pleasure to our spouse in exchange for some other desired good?

Paul states in 1 Corinthians 7:4, “The wife hath not power of her own body, but the husband: and likewise also the husband hath not power of his own body, but the wife.”<sup>283</sup> Considering the previous paragraph, is there something more to sex than giving and receiving pleasure? Can it become a spiritual discipline? Sometimes it takes a commitment to engage sexually when the relationship has been affected by CSA. Maybe a first step is committing to engaging in a sexually enhancing practice once a week, such as lying in bed without clothes and looking into each other’s eyes.

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<sup>282</sup> Wendy Maltz, *The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse* (New York: William Morrow, 2012), loc. 2070, Kindle.

<sup>283</sup> 1 Cor. 7:4 (KJV).

Question (Act): Coordinate with your spouse about healthy ways to engage with each other physically. If the two of you cannot do this through your own efforts, try the assistance of a sex therapist.

### *Men, Pornography, and Shame*

While common opinion recognizes that most pornography is viewed by men, there is a growing population of women participating in its viewing. A quick Google Scholar search for “women viewing porn” returned one of the least populated results I have seen with only five results. A search for “men viewing porn” gave only three results. Even a regular Google search produces more hits for women viewing porn than men viewing porn. These are surprising results that would be interesting to examine. If someone did do this research, they may be published in the peer reviewed journal *Porn Studies*. Yes, there is a peer reviewed journal with the aim of studying pornography across gender and other socioeconomic measures. Porn is big business and it is not merely a male consumptive exercise.

Question (PreC): Has porn ever caused a problem in your life? If so, describe.

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Modern pornography has gone from magazines and 8mm films to VHS tapes and then ultimately to the Internet. During the beginning phases of the Internet, porn was accessed through bulletin boards. Through dial-up connections, images slowly downloaded. Many people stored these images on their computers or removable storage devices such as tape back-ups. Chat rooms were created where people could share stories or images. Eight hundred number phone sex companies gave way to internet chat sites where people could interact with paid “models.” Obviously, the Internet began providing

easier and easier access to either non-commercial sexual encounters or ones where money was exchanged.

Today's generations have no idea what life was like before the Internet. In the past, a youth would either steal a *Playboy* from the corner QuickMart or go to a friend's house whose dad had a stash of magazines. Now we all are only one or two clicks away from viewing anything imaginable that people can do to and with bodies. Because of the ubiquities nature of porn, any discussion of pornography needs an understanding that there are many views as to the negative and or positive effects of its use.

Question (PreC): Do you recall anyone ever suggesting either of you had a porn problem?

Interestingly, Louise Kaplan in her book, *Female Perversions: The Temptations of Emma Bovary* reports of the progress of porn in stating, "In recent history the sexual liberation of women was paralleled by a gradual transition from the 'woman-loving,' innocent porn of World War II to the overt woman-hating post-Vietnam porn."<sup>284</sup> Was it the Vietnam War that turned a switch in the porn industry or was there another answer—maybe shame?

Question (Prep): If you view porn as acceptable, evaluate which porn is acceptable and which is not and tell why.

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As the ubiquitousness of porn in our culture has grown, some marketers are becoming more interested in the women who are viewing porn. These porn producers are

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<sup>284</sup> Louise J. Kaplan, *Female Perversions: The Temptations of Emma Bovary* (New York: J. Aronson, 1997), 351.



attempting to create a duality of sexual interest between men and women. They state men are looking for a certain kind of porn while women are looking for another kind of porn—more “sex positive.” Does applying the term “sex positive” to “women’s” porn imply that “men’s” porn is “sex negative”?

Susanna, a porn site marketer, states in an interview that “sex-positive” porn is

... images that show ordinary people not pornstars. They show real believable scenes vs. odd scenes like women wearing high heel shoes to bed. “Relationship-positive” is very similar, in that, any erotica, images included, that can be used as a tool for a relationship enhancer is a good thing. Couples who can sit together enjoying porn on the net and frustrated partners who can masturbate or warm up first before getting into sex with their partner are examples of relationship enhancers.<sup>285</sup>

Is the enhancement needed because the couple is unwilling to serendipitously explore their physical being without some sort of outside validation or a result of poor overt communication? By overt communication, I mean that we communicate many desires and discouragements covertly. We hide things and hope our partner either doesn’t see it or expect they will. Getting back to the question, can we actually delineate between sex positive and negative porn?

Question (PreC): Describe your remaining moral discrepancies or disagreements about porn.

Question (Cont): Decide which values are negotiable.

Question (PreP): Commit to a plan that works on the negotiable values such as attend workshops.

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<sup>285</sup> Claire Butkus, “Female Porn Providers and Internet Services,” *Convergence: The International Journal of Research into New Media Technologies* 10, no. 1 (2004): 11, accessed April 23, 2017. doi:10.1177/135485650401000102.

Question (Act): Reconcile any discrepancies you have in stated values and actual actions pertaining to porn.

It's worth noting, as well, the messages that men may receive from the above statements of Susanna is shaming. The statement that scenes with high heels is “odd” is a judgmental statement that can bring shame to the men who have been trained to use such an object as a sexual stimulator.

The word “trained” fits here and with good reason. Many fetishes are ingrained through a training process.<sup>286</sup> Porn producer Susanna also recognizes the training aspect of porn use. She reports that many porn scenes depict men ejaculating on women to show that the men really did climax. She states, “I do not believe men ever obsessed over cumming on a woman’s body as sexy before porn pictures made it popular.”<sup>287</sup> Her statement here is a clear indication that even the porn producers who want a more “sex-positive” product can and do affect people’s sexual behaviors.

Another porn producer, CJ stated that “For several years, a group of us have been working really hard to show the adult industry that there are ENOUGH [sic] women interested in adult material that it is a viable business market.”<sup>288</sup> When CJ suggests there are “enough” women, is the “enough” an intentional grouping of a class of women who viewed porn into the new norm for society, which then drives CJ’s desire to produce and advertise more porn? What is hard for us to miss here is that the growing “female” porn industry shows that people are being directed by the industry and vice versa. It is a dance

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<sup>286</sup> Kaplan, *Female Perversions*, 351.

<sup>287</sup> Butkus, “Female Porn Providers.”

<sup>288</sup> *Ibid.*, 10.

between producer and purchaser. The problem with this dance is that there are factors that cloud the discussion—such as sex trafficking and CSA.

Question (PreC): What do you think sex trafficking is? \_\_\_\_\_

While examining the populous through the lens of a bell-shaped curve as marketers do, there are many people who are outside the “norm.” Sexual abuse survivors are such people. They experienced sexual interactions at such a young age that they had no idea how to handle these experiences. Many of these children are trafficked, meaning, bought into the “sex” industry through grooming, priming, coercion, and force.

Unfortunately, we may have become used to porn—even if we don’t like it. But pornography is as serious as prostitution. In fact, for some, pornography is prostitution. Dr. Melissa Farley, a clinical psychologist who reports on prostitution, states a prostitute as saying, “Pornography is prostitution that is legalized as long as someone gets to take pictures.”<sup>289</sup>

Thinking about pornography as a legally paid sex business may give someone a different view of pornography; however, there are some who will give examples of unpaid partners posting images for the world to see as a legit form of communal sexuality. But now, we are getting into an area of sexuality that may go outside the bounds of a Christian marriage. Surprisingly, attending secular conferences related to sexuality, I have seen a shift in the secular field of counseling that suggests sexual interactions outside the bonds of a committed relationship is harmful to the relationship and one’s health.

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<sup>289</sup> Melissa Farley, “Pornography, Prostitution, & Trafficking: Making the Connections,” in *Pornography: A Public Health Crisis: How Pornography Fuels Sex Trafficking, Child Exploitation, and Sexual Violence* (Washington, D.C.: National Center on Sexual Exploitation, 2015), 30.

Wherever you land in the debate of whether porn is good or bad, it is clear that early exposure to seductive, sexually explicit images is not good. In fact, it is considered CSA in some states; yet, many people think boys viewing porn as “boys will be boys.” This may be like saying that a young girl who was raped brought it on herself because she was pretty. Both statements are attacking the nature of the abused. For the boy, he is told to not desire. For the girl, she is told not to look pretty. There is, however, a sort of double standard that clearly needs to be discussed not only in the Church, but in society at large.

Question (Prep): Compare the effects of overt childhood sexual abuse and that of early exposure to porn.

Question (Act): What would it mean to you to determine not to be a victim of further abuse? \_\_\_\_\_

More strikingly, how can the church talk about sexual abuse and porn if it doesn't even discuss sex? Sex is not talked about much in church. Strangely, while the viewing of sexual images may be repugnant and shameful for some Christians, scenes of violence are not. Is this acceptance of violence in media at large related to what Kaplan mentioned about Vietnam era pornography? Why is there an avoidance of discussions about sex?

Debra Hirsch, a Christian author and pastor, speaks to this issue in her book about redeeming sex;

I encountered this type of ‘totem poling’ when I posted on Facebook that I was thinking of watching *The Tudors*, a BBC series on King Henry VIII, his wives and the key events around the Reformation. Within minutes Christians were cautioning me about the sex scenes (that they had evidently watched!). After watching it for two seasons I concluded that the sex scenes were minimal in comparison to other things. Each episode was full to the brim with malicious

gossip, treachery, manipulation, violence and murder—oft times at the hands of so-called Christians and church leaders!<sup>290</sup>

My point is not to avoid all these human vices; the point is that we need to talk about sex as a happy exploratory experience and stop conflating all aspects of sex into the list of shameful vices Hirsch enumerates. As discussed in the last section, shame is an important topic in the discussion of the Church and CSA.

Question (Prep): What would it be like to commit to viewing sex as a non-shameful experience?

For the men who are married to a CSA survivor, shame can play a large role in stifling assistance. The feminization of the counseling field has stifled some men seeking help.<sup>291</sup> Dale Trimble, a leading Canadian expert on treating men, stated that the level of contempt for men in our society is pervasive. As evident in the above statement from Butkus’s remark of men’s fetishes, even female porn producers seem to be contemptuous towards men. Trimble called this “misandry—the teaching of contempt for men in popular culture.” There are health implications of this contempt towards men. Trimble reports that it can affect negative consequences for men’s immune systems.

Related to porn and the escalation of violence within the industry, a lesson about shame from Trimble might apply. He states, “Shame is linked to aggression in men. Shame deflates us. Aggression inflates us. The bigger the aggression the more successful it is at blocking out shame.”<sup>292</sup> If the Church is to address the increase in aggression, it

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<sup>290</sup> Debra Hirsch, *Redeeming Sex: Naked Conversations about Sexuality and Spirituality* (Downers Grove, IL: IVP Books, 2015), loc. 526, Kindle.

<sup>291</sup> Dale Trimble and Diana Fosha, “Speaking to the Hearts of Men: Applying AEDP with Gender in Mind” (lecture, New York, November 21, 2015).

<sup>292</sup> Ibid.

would be wise to confront shame empathetically and understand how it has formed in our society. Trimble suggests using Accelerated Experiential Dynamic Psychotherapy (AEDP), which can help men not only attend counseling sessions, but also participate more fully during sessions (see chapter 10 for a thorough discussion of AEDP).

**EXERCISES:** Review the question below. Read it to yourself silently, then aloud. Ask God to open your eyes to the reality of your answer. Be honest. If the question seems superficial, read it again.

Precontemplation questions – Contemplating the material read in this chapter, is there is a physical intimacy problem in your marriage not specifically related to your spouse? If so, how would you describe it? If not, ask someone close to you if they think there is a possibility of a growth area related to sexuality and your past.

Contemplative question – After realizing there are problems, what are the benefits of exploring ways to change your relational posture towards sex?

Preparation question – Create a list of values related to sex (e.g.: clear communication, not watching porn) and practice them for six months.

Action questions – Find resources that can encourage you and your spouse to engage sexually.

Maintenance questions – How do you make these new healthy habits endure?

**PROJECTIVE EXERCISE:** The task is to formulate a story about the picture. If both of you are working through the book, make up a complete story before sharing with your partner. Each partner needs to have their story complete before you share it with the other. The story needs to have a few components to it: 1) Tell what the action is; what is

going on in the picture? 2) Tell what the primary actor (frog) is feeling, and 3) Name the frogs.

Although you may prefer more guidelines, others might not. And guidelines aren't the point; communication is. The only worthy rule here: Don't let the exercise turn into a dispute. If you find you are disputing about how the exercise is going, you may need to pay strict attention to using the instructions.

Agree who will share first. The person sharing is the storyteller. The storyteller tells the complete story. The audience, the partner listening, pays close attention to the three components listed above. Once the storyteller finishes, the audience then asks two clarifying questions about the story. The partner is to give no negative feedback about the story no matter how hurtful the story may seem. Once the story is told and the questions are given and answered, the roles are switched.

As you are formulating your story, pay attention to what and how you are thinking. What are your emotions behind the story? And, most importantly, what is the story saying about you? If you find yourself telling a lot of negative stories, try to make a positive one. Creating positive stories will refocus your attention to healthy aspects of your life.



*Figure 12: Projective Exercise; Theology of the Body, Suffering, and Pleasure.*



## Chapter 5: Financial Tendencies

*“Finances! Ha! After paying you, I don’t have any money left over to get a cup of coffee. We try to talk about making a budget, but we never get around to it.”*

Of the many issues that couples face where one or both experienced CSA, financial problems can be the most problematic. In our society most everything is based on economics—even sex. Many of the following chapters such as health care issues, parenting, and therapy are greatly affected by the couple’s financial ability to navigate financial discussions to seek help and assistance.

One of the main issues that comes up in the treatment of CSA is the cost of therapy. The partner may complain that he didn’t sign up to be paying the therapist for years over something somebody did many years ago. Seeking care can drain family resources. Not only that, but even more so these financial issues could jeopardize the total health of the family. The trap here is to blame most if not all of the family’s financial problems on the survivor. Sometimes survivors can be very frugal with their money. This frugality can be a very positive characteristic or another way to handle the anxiety within.

As discussed in the previous chapter, emotions are tagged with a host of beliefs. Money can be a means to examine those beliefs and to see how they line up with what your stated values are in life.

Many resources exist to help such couples with their financial situation. Many churches offer courses such as Dave Ramsey’s Financial Peace University. I have seen couples approach this course with variety of permutations. Sometimes the husband will want to take a course and the wife will be resistant. Other times it’s reversed. Many

times, the couple takes the class, but they do not implement the exercises and behaviors that were suggested.

**EXERCISES:** Review the question below. Read it to yourself silently and then aloud. Ask God to open your eyes to the reality of your answer. Be honest. If the question seems superficial, read it again.

- 1) Question (PreC): Describe what you remember about your family of origin's (mother and father) way of talking about money.
- 2) Question (PreC): Compare how your family of origin talked about money with how you and your spouse talk about money.
- 3) Question (Cont): Consider changing one small aspect of how you and your spouse talk about money. What would that be?

**PROJECTIVE EXERCISE:** The task is to formulate a story about the picture. If both of you are working through the book, make up a complete story before sharing with your partner. Each partner needs to have their story complete before you share it with the other. The story needs to have a few components to it: 1) Tell what the action is; what is going on in the picture? 2) Tell what the primary actor (frog) is feeling, and 3) Name the frogs.

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three components listed above. Once the storyteller finishes, the audience then asks two clarifying questions about the story. The partner is to give no negative feedback about the story no matter how hurtful the story may seem. Once the story is told and the questions are given and answered, the roles are switched.

As you are formulating your story, pay attention to what and how you are thinking. What are your emotions behind the story? And, most importantly, what is the story saying about you? If you find yourself telling a lot of negative stories, try to make a positive one. Creating positive stories will refocus your attention to healthy aspects of your life.



*Figure 13: Financial Tendencies.*

## Chapter 6: Health Care Issues

*“It seems like we don’t have enough money for proper healthcare. I know I should exercise more. I know I shouldn’t drink as much. But what the heck, life sucks.”*

It’s a well-known fact: CSA is correlated with many health issues. This researched finding hooked me into examining the relationships between couples where one or both experienced CSA. Many years ago, working on a degree in psychology with a specialty in health, I ran across an article that alarmed me. This article stated that men married to sexually abused women had higher incidents of cardiac arrest. Well now, this got my attention.

I searched the academic literature to try to find a causal link to the findings and possible explanations. I examined the personality of the survivor and found there to be no difference between a survivor and someone who did not experience CSA. I tried to find what there was about the survivor that caused their partner to experience health issues. What could cause these heart issues? Vicarious and secondary trauma?

Vicarious and secondary trauma, while two different constructs, have been conflated into one and described as experiencing the symptoms merely by being in relationship with the person who was traumatized. Many of the studies looked at children and spouses of first responders. However, like with post-traumatic stress disorder, some people get it and some people don’t. So far research hadn’t revealed the link and I still did not have an idea of the mechanism of how the trauma could transfer to the partner.

That was until I read about Murray Bowen’s Family Systems Theory. It was through examination of his theory that I began to see the causal link that might not necessarily be the survivor but more so the partner himself.

**EXERCISES:** Review the question below. Read it to yourself silently and then aloud. Ask God to open your eyes to the reality of your answer. Be honest. If the question seems superficial, read it again.

- 1) Question (PreC): Name a few behavior related ailments that you can observe in your culture, such as smoking and coughing, or smoking and lung cancer.
- 2) Question (PreC): What ailments and symptoms do you experience?
- 3) Question (Cont): How could you change your habits/life to foster improve health?

**PROJECTIVE EXERCISE:** The task is to formulate a story about the picture. If both of you are working through the book, make up a complete story before sharing with your partner. Each partner needs to have their story complete before you share it with the other. The story needs to have a few components to it: 1) Tell what the action is; what is going on in the picture? 2) Tell what the primary actor (frog) is feeling, and 3) Name the frogs.

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story no matter how hurtful the story may seem. Once the story is told and the questions are given and answered, the roles are switched.

As you are formulating your story, pay attention to what and how you are thinking. What are your emotions behind the story? And, most importantly, what is the story saying about you? If you find yourself telling a lot of negative stories, try to make a positive one. Creating positive stories will refocus your attention to healthy aspects of your life.



*Figure 14: Health Care Issues.*

## Chapter 7: Parenting

*“All we ever do is fight about the kids. It’s constant. It feels like she’s trying to pit the children against me. And they understand that. And they play the system to get what they want. But it seems they never get what they need.”*

So, do you spank your child or not? Do you fight in front of you children or not? Do you talk to you children about what happened in the past? Every couple deals with these questions, but for you, a couple with a sexual abuse survivor, the questions could have deeper implications and consequences.

A large volume of Christian literature speaks to rearing our children. Understanding the concept of differentiation, as discussed in section one, and how we ourselves were probably limited in the development of differentiation could encourage us to look deeper into other methods of child rearing than what we knew growing up. Martin Seligman’s excellent book, *The Optimistic Child: A Proven Program to Safeguard Children Against Depression and Build Lifelong Resilience*, can have profound impact not only on examining your own childhood but even more so on how you parent your children.

Seligman is a psychologist known as the founder of positive psychology. The way Seligman describes optimism is not what many would think. Being an optimist is not giving every child a trophy just for showing up. It is understanding self’s and other’s strengths and weaknesses. Seligman’s optimism is similar to differentiation/humility. His approach helps parents understand the difference between global statements and specific statements such as “I am smart” versus “I am smart at math.” People become optimistic, he says, when they understand their own strengths, weaknesses, desires, and values.

Looking at childhood from this perspective childhood becomes one of exploration and not merely survival—as the CSA survivor may have experienced.

**EXERCISES:** Review the question below. Read it to yourself silently and then aloud. Ask God to open your eyes to the reality of your answer. Be honest. If the question seems superficial, read it again.

- 1) Question (PreC): Describe the “boss” in your family of origin.
- 2) Question (Cont): Critique how well the “boss” in family of origin handled conflict.
- 3) Question (Cont) How did that the “boss” in your family affect you in how you handle conflict now?
- 4) Question (PreP): Give a persuasive argument to make a commitment for learning how to handle conflict in a more healthy manner than you may now.

**PROJECTIVE EXERCISE:** The task is to formulate a story about the picture. If both of you are working through the book, make up a complete story before sharing with your partner. Each partner needs to have their story complete before you share it with the other. The story needs to have a few components to it: 1) Tell what the action is; what is going on in the picture? 2) Tell what the primary actor (frog) is feeling, and 3) Name the frogs.

Although you may prefer more guidelines, others might not. And guidelines aren’t the point; communication is. The only worthy rule here: Don’t let the exercise turn into a dispute. If you find you are disputing about how the exercise is going, you may need to pay strict attention to using the instructions.



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As you are formulating your story, pay attention to what and how you are thinking. What are your emotions behind the story? And, most importantly, what is the story saying about you? If you find yourself telling a lot of negative stories, try to make a positive one. Creating positive stories will refocus your attention to healthy aspects of your life.



*Figure 15: Parenting*

## Chapter 8: Dissociation

*“I don’t know what happens to her. She seems to turn into a whole different person. One moment will be fun, the next moment she switches. The look on her face, wow, I can tell things are not going to be good and I don’t know why.”*

In the past, when I drove long distances, I would occasionally “wake up” and not know where I was in the journey. This is an example of dissociation—and yes, scary. Many people will recognize the term “dissociation” with the mention of what used to be called, “multiple personalities.” Thinking that we have multiple personalities may be even scarier. But, don’t fear. Most, if not all, of us disassociate to some degree or another.

Marlene Steinberg, a psychiatrist, in her book *The Stranger in the Mirror, The Hidden Epidemic* gives a good presentation of what dissociation is, how to spot it, and suggestions of what to do about it. Imagine a child being exposed to a real or perceived life-threatening experience—over and over. At some point, the child may cope with the trauma by “creating” another person to handle the overwhelming experience. They disassociate. I prefer to say they associate with someone and something else. As an adult, this defense mechanism become debilitating in relationships.

Here again, becoming aware of self and others can ultimately reduce the negative impact of dissociation that is being used unconsciously as a defense mechanism. In defining this term, I am referring to the ability of the child to formulate solutions to overwhelming problems that face them in situations such as CSA. For many of them the solution is to disassociate from the events—in other words, to check out.

**EXERCISES:** Review the question below. Read it to yourself silently and then aloud.

Ask God to open your eyes to the reality of your answer. Be honest. If the question seems superficial, read it again

- 1) Question (PreC): Describe a time in your life when have you felt like you really weren't there or tell a story of someone you know who didn't seem present.
- 2) Question (PreC): Explain on paper or to someone, what was occurring in the environment? If it was you, explain what were you thinking and feeling. If the person was not you, how did you happen to notice their "absence"?

**PROJECTIVE EXERCISE:** The task is to formulate a story about the picture. If both of you are working through the book, make up a complete story before sharing with your partner. Each partner needs to have their story complete before you share it with the other. The story needs to have a few components to it: 1) Tell what the action is; what is going on in the picture? 2) Tell what the primary actor (frog) is feeling, and 3) Name the frogs.

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story no matter how hurtful the story may seem. Once the story is told and the questions are given and answered, the roles are switched.

As you are formulating your story, pay attention to what and how you are thinking. What are your emotions behind the story? And, most importantly, what is the story saying about you? If you find yourself telling a lot of negative stories, try to make a positive one. Creating positive stories will refocus your attention to healthy aspects of your life.



*Figure 16: Dissociation*

## Chapter 9: Forms of Therapy

*“She’s been to so many counselors; talked to many pastors and she still hasn’t gotten any better. It seems all’s they do is sit around talk about the abuse.”*

I have said that statement many times in my life. Even as a counselor I question the efficacy of counseling. I have studied several different therapeutic models. Some I find more beneficial than others. Some people are able to grow with some forms of therapies better than others. Some counselors are better with certain therapeutic models than others. I have learned that going through counseling is best viewed from a lens of development. People go through different stages of development in youth just as they do when they go through counseling.

What is the best form of therapy? I wish I had the answer for what might be the best form of therapy for you. I do know this: one of the primary reasons for successful therapy is the healthy relationship between therapist and the client. The therapist needs to be able to handle the anxiety within the counseling sessions, to create a container with the personalities in the room and interact in a healthful and healing manner.

This does not mean that things do not get uncomfortable. In fact, at times things *need* to get uncomfortable. In those times, growth can begin. When you do feel uncomfortable with your therapeutic relationship, though, bring it up with your counselor. A differentiated therapist can hear, assess, and respond.

So, what are some forms of therapy particularly helpful to abuse survivors? Let’s explore some strong tools. This chapter is more technical than the other chapters. I hope it can help guide you to a more helpful counselor. Of course, in my explanation of the therapeutic models here you may sense that I have a bias toward a few—I do.

**EXERCISES:** Review the question below. Read it to yourself silently and then aloud. Ask God to open your eyes to the reality of your answer. Be honest. If the question seems superficial, read it again.

- 1) Question (PreC): If you are not seeing a therapist, identify the reasons for not doing so. If you are seeing a therapist, identify what was the reason you started.
- 2) Question (Cont): Estimate the benefits of seeing a therapist as opposed to the cons of seeing a therapist.

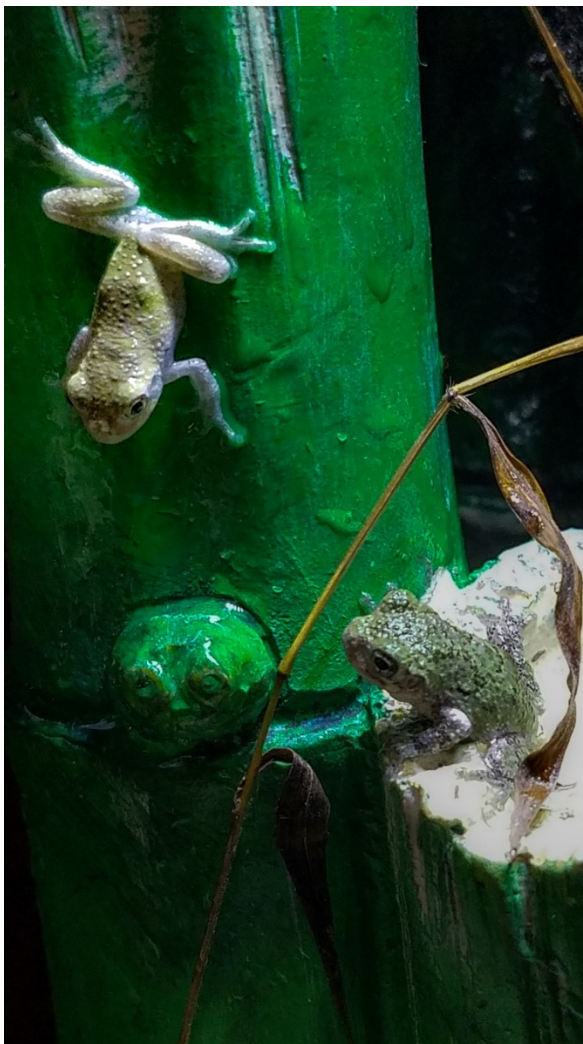
**PROJECTIVE EXERCISE:** The task is to formulate a story about the picture. If both of you are working through the book, make up a complete story before sharing with your partner. Each partner needs to have their story complete before you share it with the other. The story needs to have a few components to it: 1) Tell what the action is; what is going on in the picture? 2) Tell what the primary actor (frog) is feeling, and 3) Name the frogs.

Although you may prefer more guidelines, others might not. And guidelines aren't the point; communication is. The only worthy rule here: Don't let the exercise turn into a dispute. If you find you are disputing about how the exercise is going, you may need to pay strict attention to using the instructions.

Agree who will share first. The person sharing is the storyteller. The storyteller tells the complete story. The audience, the partner listening, pays close attention to the three components listed above. Once the storyteller finishes, the audience then asks two clarifying questions about the story. The partner is to give no negative feedback about the

story no matter how hurtful the story may seem. Once the story is told and the questions are given and answered, the roles are switched.

As you are formulating your story, pay attention to what and how you are thinking. What are your emotions behind the story? And, most importantly, what is the story saying about you? If you find yourself telling a lot of negative stories, try to make a positive one. Creating positive stories will refocus your attention to healthy aspects of your life.



*Figure 17: Forms of Therapy.*

## Chapter 10: Getting Help from the Church

*“I know my pastor wants to help, it just seems like all he does is talk about the Bible. Some of the churches we been to recommend counselors, but they’re expensive. Other churches we been to tell us to stay away from counselors. There are some small groups within the church, but we don’t feel like the people really understand what we’re going through.”*

Most pastors have a deep desire to serve their parishioners. In my doctoral of ministry program one of my projects was to interview pastors about how the Church serves couples where one or both experienced CSA. My results were mixed. Some pastors have formal training in counseling while most don’t. Some of the churches referred people to counselors who were vetted by the pastor. A few churches have either licensed counselors on staff or a very elaborate lay counseling program. Generally, this is an area the Church has a lot to grow into, but it seems it is taking a step back. A mega-church in the northern Virginia area recently closed its very successful stand-alone counseling center that had been operating for years. Years ago, I was fortunate to work at this counseling center as an intern. But now the center doesn’t exist.

**EXERCISES:** Review the question below. Read it to yourself silently and then aloud. Ask God to open your eyes to the reality of your answer. Be honest. If the question seems superficial, read it again.

- 1) Question (PreC): Recall and describe help you sought through the Church. If you did not seek help, describe the reasons you did not.
- 2) Question (Cont): Survey local churches in your area who might offer help.

Report your results to your spouse.



- 3) Question (Cont): If there are no resources in local churches, survey other Christian organizations that might be able to help. Report your results.

**PROJECTIVE EXERCISE:** The task is to formulate a story about the picture. If both of you are working through the book, make up a complete story before sharing with your partner. Each partner needs to have their story complete before you share it with the other. The story needs to have a few components to it: 1) Tell what the action is; what is going on in the picture? 2) Tell what the primary actor (frog) is feeling, and 3) Name the frogs.

Although you may prefer more guidelines, others might not. And guidelines aren't the point; communication is. The only worthy rule here: Don't let the exercise turn into a dispute. If you find you are disputing about how the exercise is going, you may need to pay strict attention to using the instructions.

Agree who will share first. The person sharing is the storyteller. The storyteller tells the complete story. The audience, the partner listening, pays close attention to the three components listed above. Once the storyteller finishes, the audience then asks two clarifying questions about the story. The partner is to give no negative feedback about the story no matter how hurtful the story may seem. Once the story is told and the questions are given and answered, the roles are switched.

As you are formulating your story, pay attention to what and how you are thinking. What are your emotions behind the story? And, most importantly, what is the story saying about you? If you find yourself telling a lot of negative stories, try to make a positive one. Creating positive stories will refocus your attention to healthy aspects of your life.



*Figure 18: Getting Help from the Church.*

## **Chapter 11: Putting it All Together**

If you read all the material in this curriculum and completed all the exercises, you will have made some positive changes. It is my desire that through the process of change initiated with the aid of this material that you understand the process of change. Doing so will help you in areas of life not discussed here such as improving employment options. I also encourage you, if you haven't already, seek help, get involved with others such as a small group, and pay attention to your spiritual disciplines; sleep, pray, exercise, and play to name a few.

## APPENDIX B: IRB APPROVAL LETTERS



### College of Education

414 N. Meridian St., V 124, Newberg, OR 97132  
503.538.8383 | Fax 503.554.2868 | [soc.georgefox.edu](mailto:soc.georgefox.edu)

February 6, 2017

Mr. John Raymond  
D.Min. Candidate  
George Fox University

Dear Mr. Raymond,

This letter is to inform you that as a representative of the GFU Institutional Review Board I have reviewed your proposal for research investigation entitled "Couples where one or both Experienced Childhood Sexual Abuse." The proposed study meets all ethical requirements for research with human participants. The proposal is approved.

Best wishes as you complete your research investigation.

Sincerely,

A handwritten signature in black ink, appearing to read "Terry Huffman".

Terry Huffman, Ph.D.  
Professor of Education



GEORGE FOX  
UNIVERSITY

College of Education

414 N. Meridian St., V 124, Newberg, OR 97132

503.538.8383 | Fax 503.554.2868 | [soc.georgefox.edu](mailto:soc.georgefox.edu)

September 15, 2016

Mr. John Raymond  
D.Min. Candidate  
George Fox University

Dear Ms. Smith,

This letter is to inform you that as a representative of the GFU Institutional Review Board I have reviewed your proposal for research investigation entitled "Pastoral Care with Couples Where One or Both Experienced Childhood Sexual Abuse." The proposed study meets the ethical requirements for research with human participants. The proposal is approved.

Best wishes as you complete your research investigation.

Sincerely,

A handwritten signature in black ink, appearing to read "Terry Huffman".

Terry Huffman, Ph.D.  
Professor of Education

APPENDIX C:

*SPEAKING TO THE HEARTS OF MEN*. EXCERPTS OF DALE TRIMBLE'S  
SEMINAR HANDOUT.

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***Speaking to the Hearts of Men:  
Applying AEDP with Gender in Mind***

***AEDP NYC Seminar  
November 21, 2015***

**Dale Trimble, MA, R.C.C.**

**AEDP Institute Faculty**

**<http://www.daletrimble.com>**

**[dale@daletrimble.com](mailto:dale@daletrimble.com)**

**604-253-8641**

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## Outline

Men in western society

Shaming of men

Putting shame to work: Session tape

Self awareness as therapist

Language

Melting Defenses

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## Inspirations & Requests

- What inspired you to attend this training?
- What do you want to take that will help in your work?

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## Risks of Being Male

compiled by Diana Fosha, 2012

- there are 3 suicides for every 2 homicides in the United States
- suicide is the 8th leading cause of death for males
- the overall male-female sex ratio is 4 to 1
- men are more likely to kill themselves in every age category
- this is true even among children aged 10 to 14, where the ratio is 3 to 1
- suicide is the 3rd leading cause of death among young people aged 15-24. The male : female sex ratio in this age group is 6 to 1
- While women report more depression and make more suicide attempts, men actually kill themselves at about 4 times the rate of women
- 80% of completed suicides are male

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EPIDEMIOLOGY: health, substance use, violence (source NIMH,)

- men have higher levels of substance abuse: 2:1
- men die 7 yrs younger than women
- have higher rates of the 15 leading causes of death
- 82% of violent crimes committed by men (theft only crime where women constitute a considerable number of offenders 31%)
- 14:1 ratio of incarcerated males to females

## HELP SEEKING, PSYCHOTHERAPY USAGE:

(source: (Addis & Mahalik, 2003;various)

- men of different ages, nationalities, ethnic and racial backgrounds seek professional help less frequently than women do
- they have less frequent visits to primary care doctors and specialists;  
when they do, they ask fewer questions
- men less likely to seek help for alcohol and substance abuse problems, psychiatric help, psychotherapy, counseling etc
- women more likely to attribute nonspecific feelings of distress as emotional problems
- men by self-report are not inclined to seek help, the wimp factor



## Men as Psychotherapists

- Men earn 1 in 5 MA's in psychology, down from 50% in the 70's.
- Men are less than 10% of social workers <34.
- 10% of American Counseling Assoc. membership, down from 30% in 1982.
- A man's willingness to seek therapy was directly related to how strongly he agreed with traditional male assumptions. (R. Levant)
- From, Need Therapy? A Good Man is Hard to Find? B. Carey, New York Times, May 21, 2011
- [http://www.nytimes.com/2011/05/22/health/22therapists.html?\\_r=0](http://www.nytimes.com/2011/05/22/health/22therapists.html?_r=0)

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## 5 Ways Fatherhood Changes a Man's Brain

- Human dads belong to a group of less than 6% of mammals in which fathers play a significant role in rearing offspring.
1. Taking care of a child reshapes a man's brain causing it to show some of the same patterns of cognitive and emotional engagement that are seen in moms, activation is seen in networks related to emotional processing and social understanding.
  2. Men undergo hormonal changes when they become fathers, increase in estrogen, oxytocin, prolactin and glucocorticoids. Testosterone levels lessen, in rodent dads they increase, possibly as protective mechanism.

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## Dads' Brains

3. Dad's who participate in childcare have increased oxytocin. A sniff of oxytocin gets fathers more engaged with kids.
4. Dad's develop new neurons in the brain, at least in animal studies, possibly the result of "environmental richness" as the child brings in a new dimension to dad's life. In vole dads cell growth in hippocampus (linked to memory and navigation) and in olfactory regions to enable dad to recognize their pups.
5. Babies cries: Parents in a study of 27 fathers and 29 mothers were asked to pick their babies cries from 5 infants. Parents are accurate 90% of the time with fathers doing just as well as mothers.

Retrieved 11-16-15 from,

<http://www.livescience.com/46322-fatherhood-changes-brain.html>, LiveScience, Bahar Gholipour, June 14, 2014

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## Safety with Each Other

- In working with men's abuse & violence it has often not been OK to talk of men's suffering, victimization, or trauma, as it has and can be used to obscure responsibility for practices of power and control. This concern is legitimate and real.
- As professionals we are often the worst at walking our talk of respect
- How can we truly address men's use of power and control if we don't also address their experiences of being shamed, laughed at or treated with contempt.
- And men's experience of slap, punches and words of contempt from women
- So I'd like to invite us into an exploration together in the spirit of respect.
- My wish is that can listen from our hearts and speak from our hearts.

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- *Men are afraid that women will laugh at them.*
- *Women are afraid that men will kill them. — Margaret Atwood.*



## Premise & Questions

- Contempt for men is ubiquitous in today's culture; in movies, TV shows, on-line, print adds. And in therapists offices at times.
- Practices of contempt contribute to a medium in which men feel useless, powerless and ashamed.
- There is a relationship between men's shame & what causes them to seek or avoid therapy.
- Part of our approach to therapy with men needs to include exploring the goodness of men, appreciating men, witnessing more what is decent, brave, kind, generous and loving?

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## John Gottman on Contempt

- Contempt is the single best predictor of divorce.
- The masters of marriage hardly ever do it.
- When they do they repair it quickly.
- It's sulfuric acid to love.
- Turn down the sound on videos of spouses  
Count the number of expressions of contempt.

## **Gottman on Contempt – p. 2**

- Contempt is an excellent predictor of the number of illnesses that the recipient is going to have in the next four years.
- Not just corrosive of love but corrosive of immune functioning.
- The antidote to contempt is creating a culture of appreciation instead of one of criticism.



# Wake Up

(The following larger than life cartoon was found by me in a Vancouver restaurant in 2002. When I confronted management regarding it and asked if it would be there if the word men was replaced by women, gays, blacks, etc. They refused to answer.)

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## **Contempt for Men in Media**

Commercials

Greeting cards

Sitcoms

Conversations

Therapy sessions

This is not intended to obscure the contempt for women, violence against women, sexual objectification of women, inequality, etc.

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## **Spreading Misandry: The Teaching of Contempt for Men in Popular Culture,**

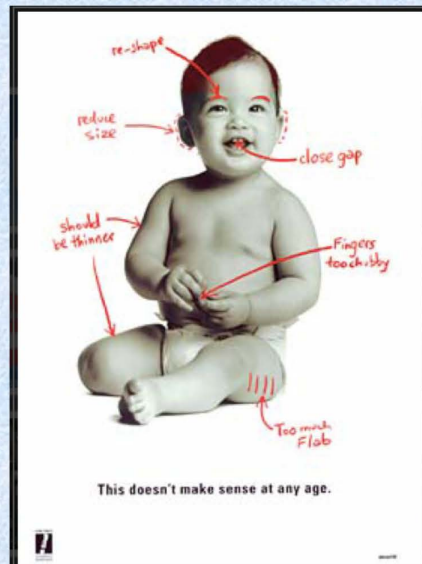
- *Misandry has become so deeply imbedded in our culture that few people – even men – recognize it.*
- *To study gender is still, by implication to study women. More specifically it is to study the victimization of women by men.*
- *Many (men) now find it impossible to establish a collective identity based on something publicly acknowledged as both distinctive and valuable.*

- Brett Butler in *Grace Under Fire*, *My mom always said men are like linoleum floors, lay em right and you can walk on them for thirty years.*
- Whoopi Goldberg at the 66<sup>th</sup> Academy Awards – *One of our next presenters starred in a movie in which she played a man who had the heart of a baboon, which, in my experience, is not all that unusual. And Loreena Bobbitt, please meet Bob Dole.*
- Jay Leno – *You know how you can tell when pigs are drunk? They start acting like men.*
- In *Hagar the Horrible*, Helga says to her daughter, *There are just two things I'm sure of: number one, 'women are smarter than men.'* Her daughter asks what number two is. *"Never tell a man about number one."*

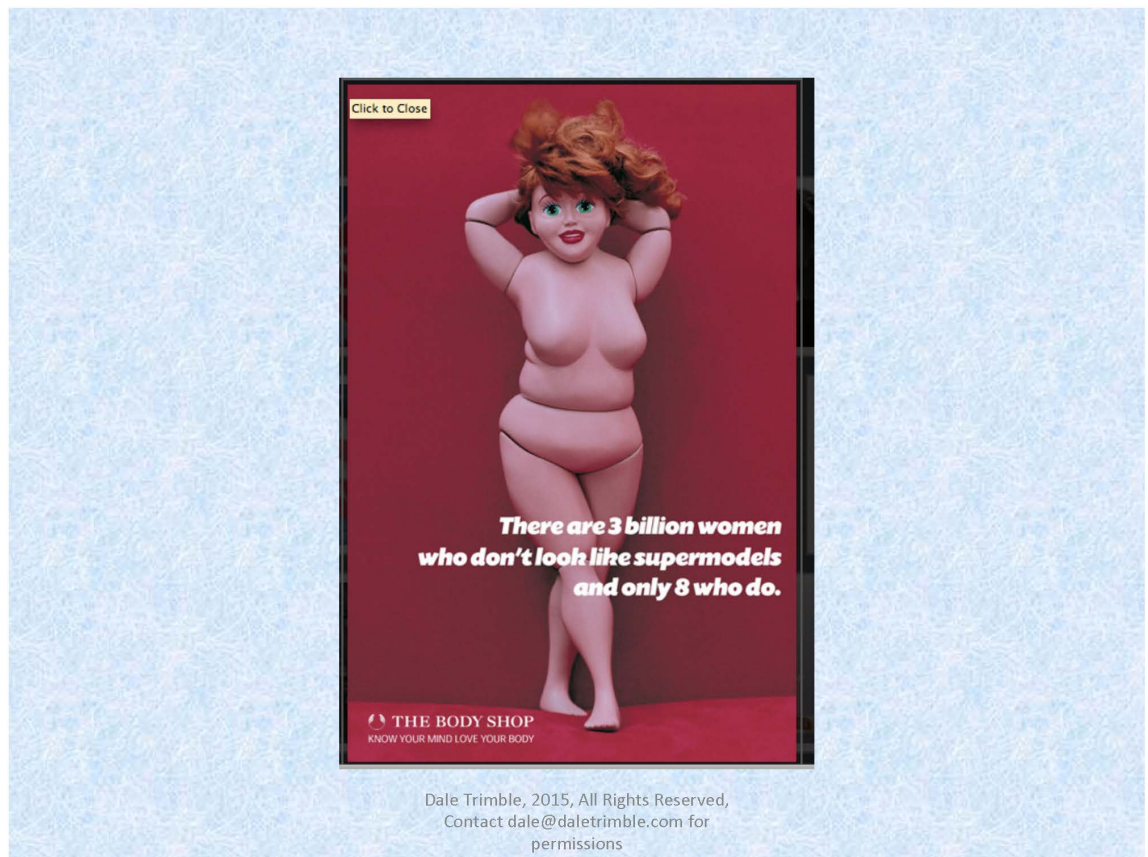


- Female writer for Hallmark Cards quoted in NY Times – Men are always fair game. But only women can make fun of women. House rule you know.”
- Hallmark did pull one card after complaints which said on the outside – *Men are scum*. On the inside – Excuse me. *For a second there I was feeling generous*.
- Hallmark is still selling cards that say, *There are easier things than meeting a good man; nailing Jell-O to a tree, for instance*.
- *The lout is the functional equivalent for men of the bimbo for women –except, of course, that it is now considered highly offensive to portray women as bimbos but highly amusing to portray men as louts. (P. 44).*

## Positive Images in the Media

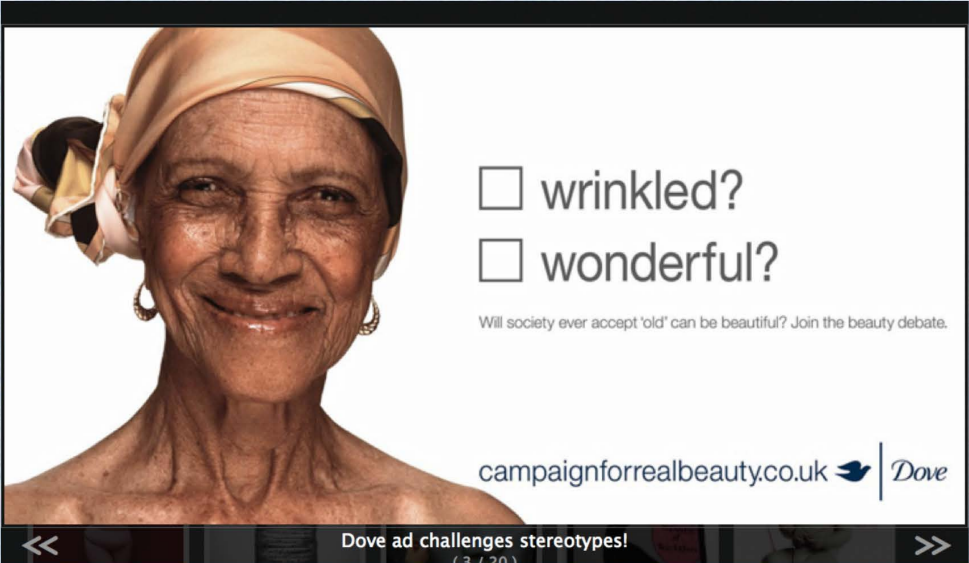


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☐ wrinkled?

☐ wonderful?

Will society ever accept 'old' can be beautiful? Join the beauty debate.

[campaignforrealbeauty.co.uk](http://campaignforrealbeauty.co.uk)  Dove

**Dove ad challenges stereotypes!**

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63/201

## Positive Images of Men



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## Videos of Men

- Daddy's first time to hold her
- <http://www.youtube.com/watch?v=TFaXQSPsL98&list=PL7MgtjazD84ZlZKWU4kFFtxMLCsM4zcg3>

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## *A Good Man: Rediscovering My Father,* *Sargent Shriver* by Mark Shriver

- The great man is recognized for his achievements in the newspaper, on TV, at fancy galas. The good man can be great in that arena, too, but even greater at home, on the sidewalk, at the diner, with his grandkids, at the supermarket, at church -- wherever human interaction requires integrity and compassion. Dad was good because he excelled in the smaller, unseen corners of life. He insisted on greatness in every facet of the daily grind. There are a lot of so-called great men who aren't good human beings. Paradoxically, it's harder to be good than it is to be great

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## Canada's new Minister of Defense: The Honourable Harjit Sajjan



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# Triangle of Experience

Fosha, 2000, p. 107

**D**  
**Defenses**  
(talking over,  
ignoring,  
minimizing, etc.)

**A**  
**Red Light  
Affects**  
(anxiety, fear,  
distress, guilt,  
shame, etc.)

**F**  
**Core Affective Phenomena**  
(anger, sadness,  
happiness, love, fear,  
guilt, shame)

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## Confrontation

- *The adolescent striving that makes itself felt over the whole world today needs to be met, needs to be given reality by an act of confrontation. Confrontation must be personal. Adults are needed if adolescents are to have life and liveliness. Confrontation belongs to containment that is non-retaliatory, without vindictiveness, but having its own strength*

Winnicott, D.W. (1971). Contemporary Concepts of Adolescent Development and their Implications for Higher Education. In: *Playing and Reality*, London: Tavistock, 138-150. Received from Karen Minsberg on AEDP list-serve, April 20, 2010

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## **Confrontation with Compassion: Reaching for Self At Best**

- Like looking for treasure – a diamond in the rough \*
- Always requires safety to be effective.
- *Connect before you correct*
- Is about taking a risk \*
- Thrives in an atmosphere of curiosity & openness
- Brings the power of immediacy

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- Should never be done to shame and may initiate shame anyway
- When confrontation is successful, facing what has been hidden may increase dignity, be experienced as healing and bring wholeness.\*
- May initiate vulnerability, which may flicker in and out of shame.
- Can be a way to start a deeper level of connection quickly, i.e. *Do you want to give away that much power?*

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## Steps of confrontation

- Identify concern for therapy relationship as very important
- Ask permission
- Describe how the confrontation is based on concern
- Check to see how the relationship is as a result (Meta-process)
- Express appreciation for having a relationship in which truth can be shared.

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## As a result of today

What will you do more of or differently with your patients?

How has your experience as a man or woman been influenced?

How has your view of men been influenced?

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APPENDIX D:  
BOWEN'S FAMILY SYSTEMS CONTINUED

**Multiple Generation Transmission Process**

The process of family projection will generally identify one child as the carrier of the family dysfunction.<sup>293</sup> This child will have a lower level of differentiation than the rest. The identified child will have a lineage that produces fewer offspring, and they tend to die younger. Bowen asserts that schizophrenia is a product of the multiple generation transmission process. The process is a means to keep most of the family strong to reproduce while depositing most of the anxiety on a few individuals. Bowen stated that this process may be static with a few generations but will eventually surface within the family system.

**Sibling Position**

Bowen suggests that siblings develop in reference to their birth order.<sup>294</sup> He based this portion of his theory on Toman's theory of birth order.<sup>295</sup> Knowing the position of a person in relation to siblings, Bowen says, is the most important piece of data to obtain about a person for therapeutic issues.<sup>296</sup> For example, the eldest child becomes more responsible in that he or she is often required to help with younger siblings. The youngest

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<sup>293</sup> Bowen, *Family Therapy in Clinical Practice*.

<sup>294</sup> Ibid.

<sup>295</sup> Walter Toman, "Family Diagnosis as Prerequisite for Psychotherapeutic Treatment," in *Theory & Practice: Feature Articles from The Family Center Report*, ed. Ruth R. Sagar (Washington, D.C.: Georgetown Family Center, 1997).

<sup>296</sup> Bowen, *Family Therapy in Clinical Practice*, 85.



child is quiet because he or she is perceived as the “baby”. Parental development such as socioeconomic-status changes will also change the parental caregiver role, and acquired knowledge of child rearing is a variable that changes within the family system as more children are brought into the family. It seems reasonable that each child acquires general traits due to the position of his or her birth.

### **Societal Regression**

Just as a family will regress, Bowen reports that society will also regress. He states that when a society demands rights but does not assume responsibilities, then the society will regress into chaos and violence.<sup>297</sup> Society becomes anxiously child focused. The anxiety is created when other pieces come into play such as an increase in litigation, busyness of parents, and a lenient juvenile judicial system that later becomes harsh.

Just as a family will accord leniency to the child to encourage good behavior, society also gives children leniency, assuming that the children were suffering from poor parenting. A triangling of the judicial system, the child, and the parents is created with the parents being the out-group. When the child learns that he or she is a victim of poor parenting, personal responsibility is reduced and rights are demanded. Society learns that it is not able to respond to challenging situations, and more demands are placed on the government. When the demands on government exceed its ability to acquire resources to control the dysfunction, chaos and violence ensue. Regression of the society becomes complete.

---

<sup>297</sup> Bowen, *Family Therapy in Clinical Practice*.

### Total Differentiation of Self (DoS)

DoS is a concept Bowen espoused as a major component of health.<sup>298</sup> To Bowen, DoS is a continuum. The DSI-R states that total DoS is a conglomeration of all four factors presented by Skowron and Schmitt.<sup>299</sup> As can be seen, the construct of DoS is multifaceted. Of interest to me is its correlation to cardiac health issues within a population of husbands married to women who experienced CSA.

DoS has been shown in many ways to affect well-being and psychological health. DoS has been linked to levels of psychological well-being,<sup>300</sup> spiritual well-being,<sup>301</sup> social anxiety,<sup>302</sup> perceived stress,<sup>303</sup> symptom severity,<sup>304</sup> adaptation,<sup>305</sup> and negative affect.<sup>306</sup> All of these outcomes affect public assistance expenditures and places an

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<sup>298</sup> Bowen, *Family Therapy in Clinical Practice*.

<sup>299</sup> Skowron and Schmitt, "Assessing Interpersonal Fusion."

<sup>300</sup> Elizabeth A. Skowron, Krystal L. Stanley, and Michael D. Shapiro, "A Longitudinal Perspective on Differentiation of Self, Interpersonal and Psychological Well-Being in Young Adulthood," *Contemporary Family Therapy* 31, no. 1 (2009), accessed September 22, 2017, doi:10.1007/s10591-008-9075-1.

<sup>301</sup> Sandage and Jankowski, "Forgiveness, Spiritual Instability, and Mental Health."

<sup>302</sup> Ora Peleg, "The Relation Between Differentiation and Social Anxiety: What Can Be Learned from Students and Their Parents?" *The American Journal of Family Therapy* 33, no. 2 (2005), accessed September 22, 2017, doi:10.1080/01926180590921403.

<sup>303</sup> Murray, Daniels, and Murray, "Differentiation of Self, Perceived Stress, and Symptom Severity."

<sup>304</sup> Murray, Daniels, and Murray, "Differentiation of Self, Perceived Stress, and Symptom Severity."

<sup>305</sup> Elizabeth A. Skowron, Stephen R. Wester, and Razia Azen, "Differentiation of Self Mediates College Stress and Adjustment," *Journal of Counseling & Development* 82, no. 1 (2004), accessed September 22, 2017, doi:10.1002/j.1556-6678.2004.tb00287.x.

<sup>306</sup> Jankowski and Sandage, *Spiritual Well-Being and Psychological Well-Being*.

increased burden on society.<sup>307</sup> Those higher in DoS have a better chance of experiencing interpersonal and psychological well-being.<sup>308</sup> In fact, health distress is predicted through levels of individuation.<sup>309</sup>

DoS has a powerful reach. It mediates constructs that predict well-being. DoS partially mediated dispositional forgiveness and psychological well-being and fully mediated mental health symptoms.<sup>310</sup> DoS also mediated the experience of psychological stress when undergoing cancer genetic counseling.<sup>311</sup>

Sandage and Jankowski suggest that DoS mediates through the ability to self-regulate emotions or to self-soothe.<sup>312</sup> Being able to regulate emotion is important in social interactions. The higher the DoS, the better the individual is at adjusting to social and personal pressures while regulating emotions. The amount of social anxiety is negatively correlated to DoS<sup>313</sup> as well as to somatic symptoms.<sup>314</sup> Knauth, Skowron, and

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<sup>307</sup> Nancy Hurst, D. Donald Sawatzky, and David Delahanty, "Families with Multiple Problems Through a Bowenian Lens," *Child Welfare League of America* 75, no. 6 (1996), accessed September 22, 2017, Academic Search Complete.

<sup>308</sup> Skowron, Stanley, and Shapiro, "A Longitudinal Perspective."

<sup>309</sup> David M. Harvey, Cynthia J. Curry, and James H. Bray, "Individuation and Intimacy in Intergenerational Relationships and Health: Patterns Across Two Generations," *Journal of Family Psychology* 5, no. 2 (1991), accessed September 22, 2017, doi:10.1037//0893-3200.5.2.204.

<sup>310</sup> Sandage and Jankowski, "Forgiveness, Spiritual Instability, and Mental Health."

<sup>311</sup> Suzanne Bartle-Haring and Paula Gregory, "Relationship Between Differentiation of Self and the Stress and Distress Associated With Predictive Cancer Genetic Counseling and Testing: Preliminary Evidence," *Families, Systems, & Health* 21, no. 4 (2003), accessed September 22, 2017, doi:10.1037/1091-7527.21.4.357.

<sup>312</sup> Sandage and Jankowski, "Forgiveness, Spiritual Instability, and Mental Health."

<sup>313</sup> John M. Griffin and Robert A. Apostol, "The Influence of Relationship Enhancement Training on Differentiation of Self," *Journal of Marital and Family Therapy* 19, no. 3 (1993), accessed September 24, 2017, doi:10.1111/j.1752-0606.1993.tb00987.x.

<sup>314</sup> Ora Peleg- Popko, "Bowen Theory: A Study of Differentiation of Self, Social Anxiety, and Physiological Symptoms," *Contemporary Family Therapy* 24, no. 2 (2002), accessed September 24, 2017, doi:10.1023/a:1015355509866.

Escobar found that adolescents who score higher in DoS also score lower in anxiety and higher in social problem solving.<sup>315</sup> They found that 46% of the variance of anxiety was accounted for by DoS, and that DoS and social problem solving were mediated by chronic anxiety. When a person is high in DoS, his or her chronic anxiety is lower, and, thus, the person's social problem solving is more effective. Murdock and Gore found that reactive and suppressive coping styles were inversely associated with DoS, while positively associated with reflective coping.<sup>316</sup> The higher the DoS score, the healthier the coping style.

Coping with wartime trauma has been a topic of research for many years. Solomon, Dekel, Zerach, and Horesh studied Israeli Yom Kippur War combat veterans and POWs. The combat veterans were the control group for this study.<sup>317</sup> The authors were interested in the differentiation and PTSD correlations in these two groups and in the relationships with their wives. The authors found that differentiation was a moderator for combat veterans; however, differentiation did not moderate PTSD for POWs. The POWs experienced more cutoff and fusion than the control group. The wives' differentiation scores did not contribute to the men's PTSD scores directly; however, a wife with low DoS contributed to a low DoS husband's PTSD issues. Even within trauma couples, there were differences in the severity and interactions of DoS and PTSD.

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<sup>315</sup> Donna G. Knauth, Elizabeth A. Skowron, and Melicia Escobar, "Effect of Differentiation of Self on Adolescent Risk Behavior," *Nursing Research* 55, no. 5 (2006), accessed September 24, 2017, doi:10.1097/00006199-200609000-00006.

<sup>316</sup> Nancy L. Murdock and Paul A. Gore Jr., "Stress, Coping, and Differentiation of Self: A Test of Bowen Theory," *Contemporary Family Therapy* 26, no. 3 (2004), accessed September 24, 2017, doi:10.1023/b:coft.0000037918.53929.18.

<sup>317</sup> Zahava Solomon et al., "Differentiation of the Self and Posttraumatic Symptomatology Among ex-POWs and Their Wives," *Journal of Marital and Family Therapy* 35, no. 1 (2009), accessed September 20, 2012, doi:10.1111/j.1752-0606.2008.00102.x.

Skowron, Wester, and Azen found that men experienced less emotively reactive (ER) and fusion and experienced more “I” position on the DSI than did women.<sup>318</sup> Other research indicated similar results: Women experienced more ER,<sup>319</sup> while men experienced more emotional cutoff.<sup>320</sup> Wives’ ER and the husbands’ cutoff scores were significant. When the wife became emotionally reactive, the husbands used cutoff. The combination of the two scores predicted more marital discord.

Levenson and Gottman confirmed this combination in reporting results that suggest that, when men did not reciprocate their wives’ negative affect, marital discord was higher.<sup>321</sup> Conversely, when the wives reciprocated the husband’s negative affect, marital satisfaction declined. While women may want to engage in conversation with their negative affect, men do not. According to this research, men would rather state their negative affect without remarks from their wives.

Using ER or cutoff as a coping mechanism limits flexibility. Adaptation or flexibility is an important component of DoS. Using DoS as a mediator and moderator between stress and adaptation, Skowron et al. found that DoS is a partial mediator, but not a moderator.<sup>322</sup> That means that DoS influenced adaptation, but did not vary as stress increased, thus making DoS a stable construct. The path between stress and adaptation

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<sup>318</sup> Skowron, Wester, and Azen, "Differentiation of Self Mediates College Stress and Adjustment."

<sup>319</sup> Elizabeth A. Skowron and Lisa F. Platt, "Differentiation of Self and Child Abuse Potential in Young Adulthood," *The Family Journal* 13, no. 3 (2005), accessed September 27, 2017, doi:10.1177/1066480705276314.

<sup>320</sup> Elizabeth A. Skowron, "The Role of Differentiation of Self in Marital Adjustment," *Journal of Counseling Psychology* 47, no. 2 (2000), accessed September 27, 2017, doi:10.1037/0022-0167.47.2.229.

<sup>321</sup> Robert W. Levenson and John M. Gottman, "Marital Interaction: Physiological Linkage and Affective Exchange," *Journal of Personality and Social Psychology* 45, no. 3 (1983), accessed November 5, 2012, doi:10.1037/0022-3514.45.3.587.

<sup>322</sup> Skowron, Wester, and Azen, "Differentiation of Self Mediates College Stress and Adjustment."

was partially mediated by DoS, as opposed to being moderated, where the level of DoS would indicate the ability to adapt to stress.

Another mediation effect of DoS is between forgiveness and spiritual instability.<sup>323</sup> In an earlier study on spirituality and DoS, Jankowski and Vaughn looked at contemplative prayer and DoS.<sup>324</sup> They found that those who focused less on tradition and rituals scored higher on DoS measures. They also found that those who sought help through prayer were more differentiated. In a more recent study, Jankowski and Sandage found DoS to mediate between spirituality and negative affect, but not between spirituality and positive affect.<sup>325</sup> Holeman, Dean, DeShea, and Duba also reported that high DSI-R scores indicated a reduction of negative affect.<sup>326</sup> In addition, they showed that DoS was a mediator between loss and forgiveness. Whether as a mediator or directly correlated, DoS has been implicated in the prediction of a person's spirituality. I will discuss this further in the next section.

Lower levels of DoS have been shown to correlate and merge with perceived stress. Murray, Daniels, and Murray researched the implications of perceived stress and DoS constructs on fibromyalgia symptoms.<sup>327</sup> In their first correlational analysis, all variables correlated significantly with each other. Correlations of perceived stress and

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<sup>323</sup> Sandage and Jankowski, "Forgiveness, Spiritual Instability, and Mental Health."

<sup>324</sup> Jankowski and Vaughn, "Differentiation of Self and Spirituality."

<sup>325</sup> Jankowski and Sandage, *Spiritual Well-Being and Psychological Well-Being*.

<sup>326</sup> Virginia T. Holeman et al., "The Multidimensional Nature of the Quest Construct Forgiveness, Spiritual Perception, & Differentiation of Self," *Journal of Psychology & Theology* 39, no. 1 (2011), accessed September 28, 2017, <http://journals.biola.edu/jpt/volumes/39/issues/1/articles/31>.

<sup>327</sup> Murray, Daniels, and Murray, "Differentiation of Self, Perceived Stress, and Symptom Severity."

symptom severity were higher than levels of differentiation and emotional cutoff with symptom severity. Further hierarchical multiple regression analysis revealed that Bowen's constructs did not significantly account for more of the variance as a moderator than perceived stress.<sup>328</sup> DoS did not influence symptoms any more than perceived stress. The authors suggest and reiterate Kerr and Bowen's postulate that those with higher levels of DoS will perceive events in a more balanced and less stressful manner.<sup>329</sup> Other research suggests DoS as an explanation or mediator of perceived stress and symptoms.<sup>330</sup>

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<sup>328</sup> Bowen, *Family Therapy in Clinical Practice*.

<sup>329</sup> Kerr and Bowen, *Family Evaluation*.

<sup>330</sup> Nancy L. Murdock and Paul A. Gore Jr., "Stress, Coping, and Differentiation of Self: A Test of Bowen Theory," *Contemporary Family Therapy* 26, no. 3 (2004), accessed September 24, 2017, doi:10.1023/b:coft.0000037918.53929.18.

## APPENDIX E:

### PERMISSION TO USE VIVARIUM STRUCTURES

**From:** Jeff San Souci  
**To:** ["John Raymond"](#)  
**Subject:** RE: Structure use aproval  
**Date:** Monday, November 27, 2017 12:50:40 PM

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These are fine to use in the context and form you submitted.  
This email can serve as permission....

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**From:** John Raymond [<mailto:JRaymond@comcast.net>]  
**Sent:** Monday, November 27, 2017 12:23 PM  
**To:** 'Jeff San Souci'  
**Subject:** RE: Structure use aproval

Jeff,  
Certainly agree with wanting your product shown in a respectful and appropriate manner.  
Attached are example photos.

They will be used as part of my doctoral dissertation to help couples where one or both experienced childhood sexual abuse learn to communicate better.

I left a message on Damian's voice mail this morning.

John Raymond

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**From:** Jeff San Souci [<mailto:jeff.sansouci@rchagen.com>]  
**Sent:** Monday, November 27, 2017 10:42 AM  
**To:** 'John Raymond' <[JRaymond@comcast.net](mailto:JRaymond@comcast.net)>  
**Subject:** RE: Structure use aproval

John,  
It has to do with content and context.  
As you can imagine we only would give permission to use if it was showing our product in a respectful matter and also showing it being used properly.

Jeff

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**From:** John Raymond [<mailto:JRaymond@comcast.net>]  
**Sent:** Tuesday, November 21, 2017 9:19 PM  
**To:** 'Jeff San Souci'  
**Subject:** RE: Structure use aproval

Hi Jeff,

I started raising frogs and took picture of them in the Exo-Terra bamboo terrarium. I will be using the pictures in a Doctoral dissertation and possible other publications. I want to be respectful of the bamboo structures that were created by Exo-Terra for any possible copyright issues and ask



permission to keep the structures in the pictures with reference to Exo-Terra. If not, I can photoshop the structures out of the pictures but I thought it would be a win win to keep them in.

So, how do I get permission to include the structures in the photos?

John Raymond

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**From:** Jeff San Souci [<mailto:jeff.sansouci@rchagen.com>]

**Sent:** Tuesday, November 21, 2017 5:24 PM

**To:** 'John Raymond' <[JRaymond@comcast.net](mailto:JRaymond@comcast.net)>

**Subject:** RE: Structure use aproval

John,

I am out of the office starting Holiday.

Can you email me your concerns?

Thanks

Jeff

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**From:** John Raymond [<mailto:JRaymond@comcast.net>]

**Sent:** Tuesday, November 21, 2017 3:39 PM

**To:** [jeff.sansouci@rchagen.com](mailto:jeff.sansouci@rchagen.com)

**Subject:** Structure use aproval

Hi Jeff,

Hi, I was referred to you for a question about using the structures of the bamboo vivarium in photos for a dissertation and publication. Is there a phone number I can call?

Re: 171117-000051 copyright question

Thank you

John Raymond, MA, MS, LPC

[www.JohnandJanetRaymond.com](http://www.JohnandJanetRaymond.com)

(703) 999-5567

PLEASE NOTE:

Emails are not secure. Please be aware that information sent through email is saved on nonsecure platforms which are not HIPAA compliant. I offer a HIPAA compliant email platform – ask for details.

**Sharon Ryder (Hagen Customer Service Rep) 11/21/2017**

Dear John Raymond,

We thank you for taking the time to contact us.

Our marketing team will need to approve all usage and content. Please send the details to [damian.hall@rchagen.com](mailto:damian.hall@rchagen.com).

Thank you,  
Sharon Ryder  
Customer Service Supervisor  
Rolf C. Hagen (USA) Corp.

John Raymond, MA, MS, LPC  
[www.JohnandJanetRaymond.com](http://www.JohnandJanetRaymond.com)  
(703) 999-5567

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