

# Helping Male Survivors of Sexual Violation to Recover

An Integrative Approach –  
Stories from Therapy

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# INTRODUCTION

## THE SEXUAL VIOLATION OF MALES

Men who have experienced sexual violation often have a kind of invisibility in the world. They are not prominent in literature about therapy, in research about sexual violation, or even generally in the public awareness, although this has begun to change recently in the aftermath of the revelations about high-profile predatory figures in the media world and the abuse of young males in football and other sports. But, on the whole, the idea of a man or a male child being raped, sexually abused, manipulated or used by another is still a deep taboo for many people.

If we cannot face this taboo, we are collectively failing to look into the reason behind an enormous amount of suffering and even of death.

In an article in *Therapy Today*, Phil Mitchell, himself a male survivor of sexual violation and a specialist clinician in this field, makes the point that ‘Of the 6,188 suicides registered in the UK in 2015, three quarters were males. It could be argued that, for some males, especially those who have been sexually exploited, death can be seen as preferable to being seen as less of a man’ (Mitchell 2017).

Sadly, even some in the caring professions continue to feel that there is something so grotesquely awful and unthinkable, so incomprehensible – or even downright unbelievable – about a man or boy being sexually hurt or objectified, that they fear they do not have what it takes to be able to work with this issue or do not wish to even attempt it. In a systematic review of research published online in the *International Journal of Mental Health Nursing*, only 22 per cent of people using statutory mental health services are ever asked by mental health staff about previous experiences of abuse. Of those who were asked, women patients were far more likely to be asked than male patients (Read *et al.* 2017).

In nearly 20 years of working with male clients who have experienced sexual violation, I have seen a common factor in all the work I did with this client group which enabled them to feel less in pain, less alone, more hopeful, and better able

to look after themselves and heal from their trauma. This common factor was that the person coming for help was offered a combination of three things. First, warmth and care from whoever worked with them. Second, the opportunity to think rigorously about whatever they are bringing into the consulting space. Third, that the work can happen in the context of a boundaried relationship with a person whom they trust and by whom they feel respected.

I have written this book to encourage and embolden those in the helping professions who think they might not have the capacity or skill to support this client group, to trust that they certainly can be of use to them, whenever they offer this combination of warmth and rigorous thinking within the context of a secure therapeutic relationship.

What follows is an account of some integrative therapy work, with men who have been sexually violated, in the form of seven fictionalised accounts. I have, in effect, written the type of book that I would have liked to read myself, before I worked with my first male client who had been sexually violated, to help get a sense of what sort of things I would hear from them, how it might feel to work with them, and what would probably be helpful and not so helpful for them.

Whenever I read books about a certain area of therapeutic work in order to inform myself better, I know that the parts which tend to catch and hold my attention and then stay in my memory as a resource are the case studies, the vignettes and the transcriptions of verbatim exchanges from a session. These give the flavour of who actually said what to whom, and they most clearly demonstrate why the therapist took the approach that they did, and, crucially, they show what happened as a result, both within the room, and in the client's life beyond the room.

It is certainly of great use for my 'left brain' thinking-self to read about theories and research findings. Yet my 'right brain', deeper, slower, more relational, intuitive-self needs to be shown how it actually *feels* in the room with the client, when those useful theories inform clinical practice. So I have made up the stories I am about to tell, in order to try and illustrate what it looks, sounds and feels like when a therapist works, in an integrative way, with different men who have experienced a variety of sexual violating experiences. To do so I have drawn on the nature of the real experiences and the real suffering of a wide variety of men I have worked with in different settings over the last 17 years, in an attempt to give a flavour of what it was like to witness their trauma, their courage and their will to recover. I have, as the saying goes, told small lies to tell a big truth.

The chapters that follow are fictional accounts of work that describe short- and long-term therapeutic work with men of varying backgrounds,

ages and sexualities, who each experienced different kinds of sexual violation, some in childhood, some as adults. I have used the word ‘therapist’ to indicate anyone working explicitly with the emotional and psychological wellbeing of another. I have used the word ‘client’ to indicate an individual who comes for emotional and psychological support in any setting where such support is offered professionally. I have included in these fictional accounts one that tells the story of a piece of therapeutic work that, in some ways, was *not* effective enough. This is intended to reflect the reality of any therapist’s work, and in particular, therapy with men who have suffered profound, prolonged and complex trauma and abuse. Such men need much more than weekly therapy sessions in order to heal, and our society still, unfortunately, often fails to adequately support many who have this painful history.

I hope that the format I have chosen, i.e. fictional accounts of a therapeutic process, reflects a basic truth that clinicians are forever discovering in their work and then attempting to disseminate in different ways: that effective therapy is not only about knowing and skilfully applying important ideas and techniques but is, ultimately, about forming a meaningful and feeling connection with the client, whether that lasts a few hours or several years.

I decided not to interrupt the narrative flow of each chapter with many explicit references and links to the theoretical frameworks that inform my interventions. However, I also did not want to be too much like the apocryphal old sailor who replies to a curious traveller who asks how he knows what to do in a storm, ‘I don’t rightly know, but when the storm comes, I just does it.’

I have, therefore, included below an outline and brief description of the theoretical models that can each contribute to an integrative approach to the therapy. Each chapter begins with a brief overview of the work, to help clarify the part played by a number of different therapeutic perspectives.

## **AN INTEGRATIVE THERAPY APPROACH**

An integrative therapy approach could be said to bring the vital combination of warmth and rigour to three broad areas:

1. helping the client explore the past;
2. helping the client explore the present;
3. helping the client have a more conscious connection to what I call ‘the beyond’. By that, I mean whatever it is that meaningfully goes beyond the everyday and the purely rational.

Figure 0.1 attempts to represent this as an image.

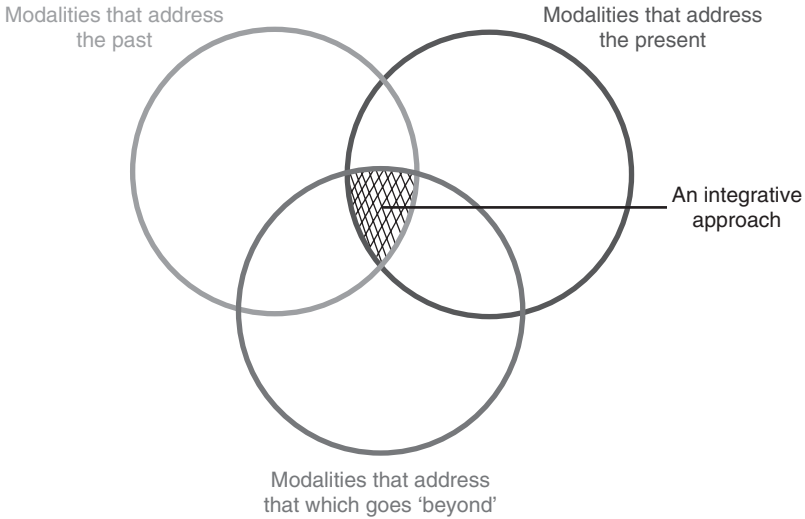


Figure 0.1 Where an integrative therapeutic approach is located

### 1. Modalities that help address the past

Examples of approaches that help unpack what has crucially shaped an individual would include all those that come under the heading of a developmental approach, including:

- Attachment-based work.
- Work informed by what we know and are discovering about the physiology of how a human body develops and functions, in particular what we are learning about the nervous system and neurobiology, especially with reference to the impact of trauma.
- Psychoanalytic and psychodynamic theory/practice that offers a framework for seeing how early experiences have an enormous impact on each of us, which are lost to conscious awareness, and can only manifest via the unconscious.
- Work that looks at family systems and group dynamics, and provides insight into the relationship between an individual and the family/group/communities connected to that individual.

### 2. Modalities that help address the present

By 'the present' I mean the client's current day-to-day life, as well as the present of any one moment in a session.

- Gestalt therapy and other work that is influenced by the therapeutic approach of encouraging a focus on and amplification of the moment-by-moment experience of the client, in the session.
- The use of the phenomena of transference and countertransference to uncover important feelings and experiences for a client which have been buried in the unconscious, and which aid the therapist to allow the client to re-experience these more consciously and thereby integrate them. (See below for brief definitions of transference and countertransference.)
- Body-focused trauma work, that supports a client to thaw old, frozen traumas and pain, and other embodied work such as dance and movement therapies, and therapeutic approaches that incorporate the physical touch of the practitioner.
- Work that encourages a client to reflect on their current life and become more aware of the ways they think and feel which have become habitual and which may no longer serve them, in order to bring about life changes, such as the therapies that come under the heading of 'time-limited' and 'solution-focused' work, e.g. cognitive behavioural therapy (CBT).

### 3. Modalities that address that which goes 'beyond'

These include:

- A transpersonal paradigm that explicitly gives a place to the spiritual, soulful or mystical aspects of existence, such as work informed by the approaches of, for example, Jung and Assagioli, and by different aspects of faith traditions and from ancient indigenous wisdom, such as Shamanism or Wicca.
- Approaches that make deliberate space for the creative and imaginative, for instance by helping the client use art, music, drama, dance or storytelling, either explicitly in a session or elsewhere in their life.
- Approaches that foster a client's capacity to focus on *being* rather than *doing*, such as meditation, mindfulness, chanting, centring, grounding, etc.
- Work that supports and fosters an understanding of and ability to reflect on the larger stories against which an individual life plays out, in terms of socio-economics, ethnicity, gender, sexuality, etc. and aims to give a conscious space to this in the work.
- Approaches that foster a greater connection to the healing that comes from being in touch with, and belonging within, even larger stories, e.g. the story of being part of a line of ancestors, the story of the cycling of the seasons, and the story of being part of the diversity of life forms on this planet.

### THE TERMS 'TRANSFERENCE' AND 'COUNTERTRANSFERENCE'

For anyone reading this book who is not familiar with the clinical terms of 'transference' and 'countertransference', I offer the following very brief definitions.

**Transference** can be understood as the way that we cannot help but bring our previous experiences and the meaning we made of them from the past, into the present, as we *transfer*, more or less consciously, some of the ideas and feelings we had about a person in our past onto an individual in the present.

**Countertransference** can be understood as the therapist's physical, emotional and mental reactions to some of the client's deeply unconscious feelings, thoughts, sensations and memories. The client, in effect, unconsciously puts some aspects of these (especially the ones that have been unbearably painful) out into the therapeutic space. This can convey to the therapist some vital things about the inner world of the client that the client has lost touch with and needs to rediscover, in order to be whole. The therapist aims to use the countertransference in a session, and they therefore strive to notice their feelings, their thoughts, and their bodily sensations, in order to make connections between (a) what they are picking up and (b) what the client may have experienced in their life at some point, and lacked the support at the time to integrate. If a therapist can successfully be open to, and reflect on, the meanings of such unconscious, non-verbal communications from a client, then that client feels the benefit of another person understanding, and perhaps giving words to, what has been buried away inside them, causing them such perplexing discomfort and a sense of not being complete. This enables a profound healing to take place as the client feels more of their whole self can be in their awareness.