

Notes from the Underground- some reflections on Clinical Psychology's role in responding to Historical and Institutional Child Sexual Abuse

'Once upon a time, a small boy, sensitive and eager to please falls under the gaze of a man in a position of power. The man takes a shine to the boy and over a period in subtle ways makes the boy feel cared for. The feelings the man expresses towards the boy grow in intensity until the boy begins to feel awkward and afraid of the man's attentions. But it is too late for the man to turn away now. He takes the boy into a dark, quiet room and does unspeakable things to him over and over again. The boy grows into a man and spends his life coming to terms with the awful suffering the man bequeathed him.'

This short vignette will be familiar to many in clinical psychology. We will have heard similar stories from our clients, people who have accumulated different psychiatric diagnoses over the years that all fail to properly uncover the underlying story of the powerful man and the dark, quiet room. I have a distinct but almost certainly not unique relationship to this story. I am both the little boy in the room and the clinical psychologist trying to make sense of the harm these experiences cause the boy and others like him. Given that in my case the room was in an institutional setting under the auspices of the Catholic Church<sup>1</sup> and that it occurred thirty-odd years ago, I am taking the opportunity in the wake of the BPS position paper on Dealing with Disclosures of Historical Abuse (BPS paper Ref, 2016) to offer some thoughts on how I see the profession doing in relation to this area as both a survivor of historical sexual abuse and a clinical psychologist. I hope that the dual lens through which I look might offer some illumination for my colleagues grappling around in the cesspit of sexual abuse with their clients. If not, at least the boy gets to switch the light on for a while.

While the abuse I suffered occurred back in Ireland in the 1980's when I was 8 years old, it was not until I was undertaking my training in clinical psychology that the nature and extent of it became fully apparent to me. Coming to terms with the abuse, processing it within a long term psychoanalytic treatment and reaching out to another man who had suffered similar at the hands of the same perpetrator resulted in me experiencing significant mental health problems for a number of years leading up to a time when I became psychotic for a brief but unforgettable period. Living through this has taught me much about the nature of madness, the healing potential of the arts and the importance of Kantian ethics in all aspects of clinical psychology's approach to victims of sexual abuse. I shall therefore organize my thoughts into these three themes and reference corresponding aspects of the BPS paper. Throughout the paper I will be putting forward my personal experience and resulting view which I make no claims of being in any way representative of other survivors. However I hope that the qualitative research concept of transferability might be appropriate in that my experiences and the psychological perspective that I bring to them will be of relevance to others in similar positions.

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<sup>1</sup> While legal representatives of the Catholic Church have acknowledged some responsibility through a judicial process, they have not formally admitted guilt.

## The nature of madness

“It is clear that the impacts of sexual abuse on mental health can be long-term and profound, particularly if people do not get a helpful response when they disclose, nor access to specialist evidence based intervention.” (BPS paper p. 16)

When I first became involved in Clinical Psychology in the 1990s I learnt about the paradigmatic battles between psychiatry and psychology for the terrain of defining what madness means. For someone who grew up in Belfast in the 1980s the idea of sectarian division around ideological lines came naturally to me. But beneath my own myopic worldview and intellectual limitations there lay a passionate belief that madness is something that for most people is created rather than inherited. The mind seemed as good a place as any to explain the complex way in which extreme distress is communicated and so my tribe became psychology. However what unsettles me now when I read and encounter psychological explanations of madness is that they often struggle to capture just how physical the experience is. My psychosis did not emerge in my head and move downwards, it arose up from inside my gut and infected my whole being. The sheer physicality of it was what frightened me most. I felt so unwell that for several days I thought that eventually the symptoms would kill me. Even when the pure white heat of the psychosis had passed and my fever had begun to break it is the physical sickness that I can remember most clearly. My body ached, my digestive system has never fully recovered and I wretched for days on end. My madness started in my body, only much later did it finally reach my mind. This back to front re-experiencing of the memories of sexual abuse was difficult to comprehend given my profession's reliance upon psychological mediators as a way to explain distress.

The idea that psychosis, including that induced by sexual abuse, lies on a continuum (BPS, 2014) with normal experience makes sense to me when argued from an ethical or even empirical stance but belies my experience on a phenomenological plain. While the weeks building up to the psychosis started off with the most frightening and debilitating panic attacks and gradually morphed into a purer hallucinatory domain, there was a qualitative difference in my experience during the psychosis that was unlike anything I have known before or since. I think in undertaking the task of normalizing sexual abuse victims experiences of psychosis, there is a risk that we might gleam over just how other worldly it can be.

Despite what I see as an over reliance on the primacy of mind based explanations of psychosis within Clinical Psychology, in the main my experiences validate the causal link made between madness and sexual abuse (Bebbington, 2009). As I said to a colleague and trauma researcher shortly after I was ill, we can give up researching the relationship between sexual abuse and psychosis because I have incontrovertible evidence that one causes the other. For me this particular quest has done what quests so rarely do; it has ended. From this vantage point I can

say that psychologists attempts to make this link not only understandable but often inevitable to clients has not only got strong validity but also has the potential to be healing in itself. Giving the unspeakable a name in my case was the first step in protecting the boy from the man in the dark, quiet room.

The importance of the arts in understanding the experiences of sexual abuse survivors

“...awful things can happen to people, but with the right support and help, good things can gradually emerge from bad events.” (BPS paper, 2016, p.16)

As a survivor of historical sexual abuse I take comfort from reading psychological work that illuminates the dark recesses of my mind and I have felt moved with gratitude by the position that colleagues have taken to the issue of sexual abuse and psychosis. However it is fair to say that the sources I extracted most meaning from, took greatest comfort from and felt most understood by were not of a psychological nature at all. It was art borne out of madness or existential despair that I connected with at the time of my illness. It became akin to a spiritual ritual for me; I would shut myself away from the outside world in my record room, take out an early Can record featuring the singer Malcolm Mooney and their inharmonic, disjointed sound would reach inside me to the boy locked in the room. I despaired of the isolation I craved at these times but when I described the room to my therapist and said it felt like a prison cell she disagreed. It sounds more like a womb she said. She was right and what was gestating in there was the boy getting ready to be seen within the real world proper for the first time. The music served to convince him that he would not be alone in his madness. One of the most powerfully accurate empathic experiences I had at that time was at a performance of the Samuel Beckett play ‘Not, I’. It was staged in a cave complex three hundred feet underground on the Antrim Coast and as I sat there in a shaky boat in the pitch black watching only a disembodied mouth screech and rant itself into oblivion, I felt an odd sense of calm. It was like Beckett spoke through the dark to me saying, ‘You are not alone.’

There can be beauty in the pain of madness borne of sexual abuse. I was fortunate to find it in art. This article is itself a modest attempt to bring some meaning through creation to counteract the darkness that has enfolded me, and others like me. I hope that art, in all its guises, can be harnessed by clients and psychologists working together to give shape to the amorphous depths of distress that underlie the experience of sexual abuse. I would encourage colleagues not to shy away from recognizing the importance of art in the work they do. Goodness knows survivors of sexual abuse need to find beauty where we can, the therapy room can be as good a place as any.

## The Memory Wars and Kant's Categorical Imperative

"If a client discloses non-recent sexual abuse, then it is important for the practitioner psychologist to convey belief. Practitioner psychologists can powerfully communicate that they have heard the client, they take their disclosure seriously, that it was not their fault, that the responsibility always lies with the perpetrator, and it was not acceptable." (BPS paper, 2016, p.20)

My memories of the abuse were always there, in the corners of my mind, like dusty black and white photographs stuffed in a plastic bag and put at the back of a wardrobe. What psychoanalytic treatment did was to bring them roaring and screaming back to life in full high definition. The man came storming through my mind and burst terrifyingly into the room, arisen from the dead like some terrifying antichrist. My memories were, while not recovered then certainly clarified through psychoanalytic therapy and therefore to realize that the fragmented experience of my broken mind had been the source of intense infighting between academic psychology and therapeutic professionals came as a profound shock to me. "The Memory Wars" refer to a debate in the 1990s about the legal validity of memories of sexual abuse recovered through psychotherapeutic treatment (Crews, 1995). Some academics questioned how much of these repressed memories were truly representative of client's experiences and how much they were rather created through the intensity of the therapeutic encounter and were fictitious, or falsely recovered (Loftus, 1993). A number of high profile cases were cited in reference to the damage the falsely recovered memories could cause both to the clients themselves and to the people who were falsely accused of perpetrating abuse (Patihis, Ho, Tingen, Lilienfeld, , & Loftus, 2014). The validity of both sides of this debate are beyond the scope of this article but I want to reference them in order to highlight an issue in how psychological science approaches the memories of childhood sexual abuse. For me the declaration of a 'Memory War' waged between different strands of psychological practitioners and fought over the broken minds of abused children, or for that matter the broken lives of those falsely accused, seems completely indecent and risks further darkening the rooms that many of us find ourselves in.

As an illustration of how we often view psychology's 'pursuit of truth' I cite an example from a debate featured between two academic psychologists in the Psychologist magazine:

"...ethics relates to how we apply knowledge, not the knowledge itself. To say that some sorts of knowledge are 'ethical' is a category error and there is no 'ethically correct' theory of human nature, only those that are better supported by evidence than others. Ethics enters the picture when we attempt to translate our understanding into action." (Cromby & Bell, 2015)

I find this misleadingly simple separation of validity of measurement and ethics to be a troubling feature of many strands of psychology, and particularly in relation to sexual abuse, memory and mental illness. Whereas to distanced

academics or clinicians accuracy of measurement and description is key, for those of us on the inside every step taken by the outside observer, every question asked needs to be surrounded by an ethical framework that extends well beyond the standards laid down by an ethics committee. As the philosopher Immanuel Kant said over 200 years ago, when it comes to our fellow humans they must always be treated as an end in themselves, never as a means to an end (Kant, 2002). Primacy of methodology with an ethical position imported in a utilitarian fashion later on risks objectifying victims of abuse and causing significant iatrogenic harm as this BPS paper has the good sense to point out. For me there is no strictly scientific objectivity possible on the subject of sexual abuse. It is a crisis of the ethics of human relations that affects us all. To pretend otherwise risks defending against the horror of it, which can in turn become complicit in its denial. Psychology needs to find a way to develop both methods of studying fragmented childhood memories of sexual abuse and interventions designed to ameliorate its impact that can at all times treat the victims as an end in themselves, not something to be understood in a neutral fashion. I am pleased to say that the BPS paper goes some way to addressing this issue by acknowledging the importance of survivor's experiences as being at the heart of any understanding.

## Conclusion

It seems fitting that here the boy will have the last word, as he always does with me one way or another. I ask him what he has to say to us clinical psychologists with our complex measurements, polysyllabic constructs but nonetheless, I believe, a genuine desire to help people like him. As the boy peers out from inside the dark room, which rests now on a latch no longer needing a lock, he looks a little less feral, less vicious and more human but with eyes still as wild as the wind. He looks out at me, from the room inside my chest and says simply, "See me."

## References

- Bebbington, P. (2009). Childhood sexual abuse and psychosis: aetiology and mechanism. *Epidemiologia e psichiatria sociale*, 18, 284-293.
- British Psychological Society (2014). *Understanding psychosis and schizophrenia*. Edited by Anne Cooke.
- Crews, F. (1995). *The memory wars: Freud's legacy in dispute*. London, England: Granta Books.
- Cromby, J. & Bell, V. (2015). Are understandings of mental illness mired in the past? *The Psychologist*, 28 (1), 34-37.
- Loftus, E. (1993). The reality of repressed memories. *American Psychologist*, 48, 518-537.

Kant, I. (2002). *Groundwork for the metaphysics of morals*. Oxford: Oxford University Press.

Patihis, L., Ho, L., Tingen, I., Lilienfeld, S. , & Loftus, E. (2014). Are the "memory wars" over? A scientist-practitioner gap in beliefs about repressed memory. *Psychological Science*, 25, 519-530.