DRAWING FROM THE WELL: WOMEN’S SPIRITUAL EXPERIENCES IN HEALING FROM CHILD SEXUAL ABUSE

by

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Abstract

The prevalence of child sexual abuse remains high with girls 1.5 to 3 times more likely to be victims compared to boys. In addition to psychological and emotional challenges, this abuse can lead to spiritual difficulties that impact survivors’ ability to find meaning in their life, find a sense of purpose, experience hope or believe in a world that is just. Spirituality can facilitate healing and this study contributes to that knowledge base by exploring women’s own perspectives.

The purpose of this qualitative narrative study is to understand, from women’s perspectives, the role of spiritual experiences in their healing from the impacts of child sexual abuse. Spiritual experiences were defined as any experiences that have a different reality or feeling compared to our usual everyday reality that may seem extraordinary or unexplainable, or very ordinary yet meaningful. Twenty in-depth individual interviews were conducted with ten women survivors of child sexual abuse. Narrative analysis methods were used to derive key themes that represent participants’ perspectives of how spiritual experiences enhance healing.

Results of this study show that spiritual experiences opened doorways to self, shifted energy, expanded perspective, revealed truths, connected to the present moment, created possibilities of the positive and were an enduring source of support and strength. Spiritual experiences create inter-connections between aspects of the self that can simultaneously transcend the self and connect to the larger world thereby unifying each into a greater whole. These impacts prevail even when there is dissonance in the interpretation. Occupations facilitated spiritual experiences by acting as a portal to a spiritual dimension, transcending language and mind, facilitating internal communication, connecting to the body through doing and through innate healing qualities.

Engaging in respectful dialogue on spiritual experiences requires reflection and awareness in the use of bias-free language. Health professionals are well situated to address spiritual experiences,
using evidence-based practice and an understanding of embodied experience. Occupational therapists have a key role in validating spiritual experiences, facilitating the engagement in spiritual occupations, and providing resources to understand and interpret the experiences.
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Chapter 1

Introduction

The Research Topic

‘Drawing from the well: Women’s spiritual experiences in healing from child sexual abuse’ explores women’s perspectives on how spiritual experience help them heal. The main impetus for this study comes from my experiences working with and for survivors of child sexual abuse in a rural community-based advocacy role, in a feminist collective providing crisis, self-help and educational services and with sexual assault crisis workers across Ontario. Through this work I was inspired by women’s capacity to simultaneously hold pain and strength, the tenacity of their drive to heal and overcome, and by the recurrent positive role of what we, the staff and volunteers who worked in these settings, called the ‘higher self’. The higher self was like a well inside them, a source of strength and wisdom in their healing. The women came from many backgrounds and readily identified with the idea of an enduring strong inner part of them that could be a resource for healing amidst their emotional, physical, cognitive and spiritual pain. Spirituality was a recurring theme in healing, stemming not only from feeling bad inside or a loss of trust in themselves (and others), but also due to experiences of clergy abuse and ritual abuse. I was privileged to witness healing amidst incredible challenges.

Prior to this time in my career, I worked as an Occupational Therapist in both an inpatient psychiatric setting and a community mental health program. In these settings I worked with survivors of sexual abuse but the paradigm was more clinical and medical. When I contrasted it with my later work with survivors (described above), the clinical/medical paradigm seemed to lack the elements of an effective empowering model for healing and recovery (Hutchinson & McDaniel, 1986). I understood that the health care system was designed to address challenges
that are categorized into diagnostic groups according to mental, physical and cognitive illness or impairment and while many survivors of childhood sexual abuse were diagnosed accordingly, many were not. Healing occurred among those with and without a diagnosis, before receiving a diagnosis (as well as after the mental health diagnosis had cleared). At the sexual assault centre women needed to heal first and foremost because they were victimized and in the centre they were honoured for the creative (conscious and unconscious) ways they were able to survive.

In contrasting these two periods in my professional life, there was a ‘disconnect’ that I came to identify as being between the medical model and the feminist model, and I saw a greater value in the feminist model. The formal health care system had the advantage of legitimacy and financial accessibility but it did not seem to address personal strengths and resources, or spiritual issues. In fact, many women feared the formal health care system because some of the treatments and approaches were experienced as re-traumatizing. They also expressed the need for a place to talk about spiritual issues without assumptions of dominant religious paradigms. Occupational therapists could potentially provide this but they have been grappling with ways to appropriately address and respond to their clients’ spiritual issues. I have undertaken this study to learn more about the role of spirituality in healing from survivors themselves so further understanding can be transferred to supporters and health professionals who may have the opportunity to assist in the healing process.

**Theoretical Rationale**

The World Health Organization (WHO) has declared violence, including child abuse, a leading worldwide public health problem with known significant and comprehensive impacts (World Health Organization [WHO], 2002). In a 1996 resolution, the WHO developed a violence typology which identifies self-directed, interpersonal, and collective violence where each can involve four types: physical, sexual, psychological and deprivation or neglect. The report notes
“there is a need for substantial further research on almost every aspect of sexual violence, including… factors that influence recovery of health” (WHO, 2002, p. 172-3).

This study addresses interpersonal violence as opposed to violence directed at the self or a community. Due to the range of impacts of different types of interpersonal violence (Van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005), it specifically focuses on women who have experienced sexual abuse as children. This population was chosen due to the consistently high prevalence of child sexual abuse among girls (Goldman & Padayachi, 2000); the high degree of under-reporting, the tendency for impacts to be unaddressed until adulthood (WHO, 2002); the societal backlash specifically targeted at women survivors of child sexual abuse (Naples, 2003); the secrecy and shame around this issue which results in it being under-addressed in relation to other serious health issues and the particular social context for women in a society where male violence against women is still the predominant norm (Rivera, 1999); and the negative and persistent impacts that can extend into adulthood (Herman, 1997).

Despite the negative impacts of child sexual abuse, healing is possible but the prevailing research tends to over-focus on clinical diagnoses, symptoms and negative behaviours experienced by survivors (Ai & Park, 2005; Paolucci, Genuis & Violato, 2001). Where healing is addressed, there has been a tendency to focus on the acute crisis stages of coping and risk factors related to poor outcomes, to the exclusion of positive outcomes and processes that can be experienced by survivors healing and achieving well being (Ai & Park, 2005; Bogar & Hulse-Killackey, 2006; Ryan, 1998; Valentine & Feinauer, 1993). This can result in an unbalanced picture of survivor experiences. Herman (1997) found that many survivors of incest tended to recover on their own, noting that a minority of survivors of chronic child abuse become psychiatric patients but the majority of psychiatric patients have been abused as children. Therefore, qualitative research that includes survivor perspectives drawn from community
samples can provide a much needed perspective that may be under-represented in current research on child sexual abuse.

Another related area of research focuses on spirituality as it has been shown to be both impacted by child sexual abuse and a factor that facilitates healing from the abuse (Walker, Reid, O’Neill & Brown, 2009). The majority of research has focused on changes in spiritual or religious beliefs and practices following the abuse, rather than how spirituality or spiritual experiences impact healing, particularly from the survivor’s perspective. This study focuses on the role of spirituality in healing and addresses the following limitations in the existing research: it is either quantitative, it does not differentiate between spirituality and religion or it does not explicitly address spirituality (Bogar & Hulse-Killacky, 2006; Gall, 2006; Valentine & Feinauer, 1993; Walker et al., 2009). While spirituality has been identified as a factor that facilitates healing, how it does this is not well understood.

Miller and Thoresen (2003) note that patients in general would like their health care providers to inquire about and be open to discussing spirituality. Spirituality has also become an area of focus for health professionals working in a variety of fields including occupational therapy, nursing, social work, psychology and medicine where it is increasingly being viewed as a personal and universal dimension of all people (Havranek, 2003; Levin, 2003; McSherry & Cash, 2004; Smith, 2008b; Wardell & Engebretson, 2006). Occupational therapy literature notes that therapists have a responsibility to ensure that they have the capacity to holistically address spirituality in healing or recovery (Johnston & Mayers, 2005; MacGillivray, Sumsion & Wicks-Nicholls, 2006). Similarly, whether they are working in mental health or physical medicine, occupational therapists also have a responsibility to ensure adequate knowledge and understanding of the needs of victims of violence (Abrahamson, 1998; Silver, 2007) in the context of addressing occupational issues which may or may not be related to the abuse.
The Canadian Occupational Therapy Association has included spirituality in the centre of their Canadian Model of Occupational Performance and Engagement where it resides within the person (Townsend & Polatajko, 2007) but the profession is challenged in how to actualize this theoretical model into practice (Christiansen, 2008; Peloquin, 2008; Smith, 2008a). Occupational therapists have expressed feelings of discomfort or a lack of competence to address spiritual issues with their clients (Baptiste, 2005; McColl, 2003a). There is also disagreement on the definition and concerns about how to implement it in a way that is inclusive (Hammell, 2003; Smith, 2008b). The profession values an inclusive client centred approach and addresses issues of occupational justice or the right to participate in a way that is aligned with personal preferences and culture (Townsend & Wilcock, 2004). Given this, occupational therapists have a role in ensuring that clients have a place to pursue and explore spiritual aspects of their life free from religious bias (Johnston & Mayers, 2005).

The broader applications of research on spirituality and healing are also important considerations in the rationale for this study. Spirituality is a valuable personal resource in healing and coping with health issues and crises (Benor, 2001; Levin, 2003; Ryan, 1998) and an improved understanding of this concept in relation to health and healing can support health professionals in their work with all clients, in addition to survivors of child sexual abuse. The majority of the academic research on spirituality in the health sector has been based on the experiences of people with physical illness or disability so there is room for understanding the role of spirituality in interpersonal violence. Kennedy, Davis and Taylor (1998) note that while unexpected illness and accidents can affect people’s faith these types of events are fundamentally different from deliberate acts of harm by another human being. Ai and Park (2005) conclude that there are relatively few studies on the role of spirituality and violent trauma. A better understanding of this complex concept can facilitate positive outcomes for survivors.
Research Purpose and Definitions

The purpose of this study is to understand, from women’s perspectives, the role of spiritual experiences in their healing from the impacts of child sexual abuse. In this study, spiritual experiences were described to participants as “any experiences that seem to have a different reality or feeling compared to your usual everyday reality. They may be felt or noticed in your body, your emotions or your thoughts and can include experiences that may seem extraordinary or unexplainable, or very ordinary yet meaningful.”

For the purposes of this study child sexual abuse was defined according to the WHO Consultation on Child Abuse Prevention (1999). Here, child abuse includes actions or neglect that result in “actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (p. 15). Child sexual abuse is defined as:

“…the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.” (pp. 15-16)

This definition of child abuse and sexual abuse is comprehensive in that it addresses the actions towards the child, the negative impacts of these actions on the child, and the compromised capacity to give informed consent while allowing for developmentally healthy sexual activity between peer children. It also includes both contact and non-contact forms of sexual abuse and the relationship qualities of power, trust or responsibility. In keeping with Canadian standards of
reporting, child sexual abuse is defined as occurring before the age of 16 (Trocme, Tourigny, MacLaurin & Fallon, 2003).

**Relevance of the Study**

The results of this study will assist survivors as well as those who are supporting them in their healing, and will support occupational therapists and other health professionals in enhancing their understanding of spirituality and comfort in addressing spiritual issues in the health care context. It provides detailed descriptions of the ways that spiritual experiences can assist with healing and ways that others can support and facilitate spiritual experiences and their interpretation. The results will contribute to further understanding of spiritual experiences and their role in recovery from the impacts of interpersonal violence.

**Approach and Paradigm Stance**

This qualitative study is based on the constructivist paradigm which assumes that reality is relative rather than absolute, local and specific to individuals, and is constructed in the context of their interactions with the world and their experience (Guba & Lincoln, 2005). Thus it is recognized that participants share their experiences in healing based on their values and beliefs in the context of their social, cultural and religious traditions. Similarly, the role of the researcher is recognized as part of the co-construction of the experiences that are shared, by the very nature of her involvement in the study. Spiritual experiences in healing are represented and understood through the subjective experiences of the women while recognizing that they chose to talk about certain aspects of their experiences based on the time, place and interviewer characteristics, and that the experiences they shared are representations of their reality.

Narrative research is consistent with this paradigm and has been used in research with silenced or under-represented populations including victims of violence, and in exploring
sensitive topics and complex areas of study like spirituality (Chase, 2005; Cheals, Morgan & Coombes, 2003). Narrative inquiry explicitly addresses power relations and situates the researcher as a listener versus an interviewer while still realizing the potential inherent influence of the researcher role. Narrative also provides context for addressing the influence of dominant societal worldviews through consideration of meta-narratives and alternative counter-narratives. It is assumed that women know themselves and can sufficiently share their experiences and views on spirituality and healing. Their perspectives are accepted at face value and interpreted explicitly.

The interpretations and meanings of the spiritual experiences in the context of healing emerged inductively from the data as guided by a pre-existing taxonomy that supported dialogue on spiritual experiences without imposing the content, naming or meaning of those experiences (Wardell & Engebretson, 2006). A fundamental ethic in this research is appreciation of and respect for the broad range of personal spiritual paths as well as religious traditions that are a part of the current fabric of Canadian society and therefore the importance of defining spiritual experiences broadly enough to be inclusive of a diversity of backgrounds (Hammell, 2003; Townsend, De Laat, Egan, Thibeault & Wright, 1999). It is accepted that there is not one definition that captures the experience of spirituality due to the diverse expressions, meanings and value systems in which they are experienced (Townsend et al., 1999). Occupational therapy makes the distinction between spirituality as personal and religion as organized and manmade (McColl, 2003a). Due to the complex and varied definitions of spirituality this study focuses on ‘spiritual experiences’ as opposed to ‘spirituality’ because experiences are anchored within the person and this helps to clearly distinguish them from religion.

The interpretation process that follows spiritual experiences can be as varied as the experience (Wardell & Engebretson, 2006). Therefore, an object of transcendence, if it exists for
the individual, is not assumed to be god(s), goddess(es), spirit guides, angels, animal totems, deceased relatives, higher self, nature, or the universe; nor is it assumed to be higher or lower or deeper; and lastly, it is not assumed to be ‘of’ the self versus ‘beyond’ the self, or both at the same time. For the purposes of this study, all of these were viewed as possibilities to be openly and neutrally explored with the study participants. None of these aspects of spirituality are differently valued, negated, or assumed to be universal to all. A concerted effort to use bias-free language about spiritual experiences is a key value. A general description of spiritual experiences was used as a doorway to begin dialogue and specific labels or descriptive words were only used by the researcher after they were introduced by the study participants.

Given occupational therapy’s scientific foundation in humanistic psychology (Baptiste, 2005) and its predominant use of psychology for psychosocial or mental health practice (Bruce & Borg, 2002; Stein & Cutler, 2002) the literature used in this study draws on evidence-based approaches in the sciences, psychology and philosophy to the exclusion of theological and religious texts (Kelly & McFarlane, 2007). As noted, occupational therapy makes the distinction between spirituality and religion and in keeping with this, any studies that use the words interchangeably or without consistent definition, were not included. Worldviews and religions are addressed and validated as they are meaningful to the individual study participant, as opposed to assuming universal application of any particular religious paradigm.

**Reflective Stance**

In my role as researcher in this interpretive study I entered the subjective world of the participants in order to understand their experiences and their interpretations of their spiritual experiences in healing from child sexual abuse. I identified and consciously set aside my personal experiences and culture in order to remain open to understanding and interpreting the meanings of others, recognizing that I cannot eliminate my personal influences and worldview. Three aspects
of my life were a key focus of this process – being a registered occupational therapist with past clinical experience in mental health, my personal spiritual path and past experiences in healing.

Drawing on my clinical training and experience, I was ‘present’ for the interviewee, while aware of my own inner responses and conscious of the difference. While using reflexivity in a formal qualitative research context was new to me, I was comfortable in the familiarity of an approach that I had used in communicating and working with clients in mental health settings. When I suspected that bias may have crept into the interview or analysis processes I explored and addressed this with my thesis supervisor and committee. The ethic of research reflexivity fit well my professional ethic.

In a spiritual sense, I was raised in an environment where I was encouraged to think critically about the ideologies of others (including institutions), and supported with the view that I was free to choose my own beliefs. I have always had a strong connection to nature, dreams, and the metaphysical world, and religion never found a place in that. I am thankful for the choice I was given and feel strongly that people should be free to access and interpret their spiritual life in their own way. I support everyone’s freedom to choose any religion or worldview that works for them and I advocate for removing barriers to this choice. The fact that I do not adhere to any particular religious paradigm assisted me to be open to the experiences of women as well as their interpretations of their experiences, whether from a Christian, Jewish, Goddess or Buddhist perspective.

In my experiences of childhood sexual abuse and physical disability and impairment, spiritual experiences were integral to my healing and in coping with chronic pain. My healing journeys gave me a perspective and understanding that enabled me to connect with the women in this study but they were far enough in my past to keep me from being influenced through over-identification with the study participants. Since I have not analyzed how my own spiritual
experiences impacted my healing I was open to allow the themes to emerge in this study. As Moustakas (1994) notes, someone else may perceive and grasp experiences of mine that I have not even noticed because I am living them and must consciously step outside of the experience to observe it. That I was able to identify with their experiences in healing enabled me to understand and facilitated my ability to ask questions that deepened our dialogue. All of the women in this study have been an inspiration to me.
Chapter 2
Literature Review

This chapter provides information from the literature on child sexual abuse, healing and spiritual experiences. The first section addresses types of child sexual abuse along with personal impacts and survivor experiences of coping and surviving. The section on healing includes recovery, resilience, post-traumatic growth and healing itself. The next section, conceptualizing spirituality, distinguishes between spirituality and religion, and defines spirituality and spiritual occupations. Perspectives on spiritual experiences are presented along with holistic models, models of transformation, related research on survivors of child sexual abuse and a note about the language of spiritual experiences.

Child Sexual Abuse

Experiences of child sexual abuse can vary greatly depending on the age of onset, the duration, number of perpetrators, relationship of perpetrators to the victim, type of abuse, severity, degree of violence, and other forms of abuse, deprivation or neglect. Regardless of these factors, no child is unharmed and the impacts are broad and deep as well as varied. Similarly, the resources, strengths and resilience of survivors are also broad and varied. The healing process is often a long journey that can be facilitated and hindered by life experiences, relationships, opportunities, internal and external resources and personal qualities. This section will present some of the contexts of abuse, impacts and personal experiences.

Contexts of Child Sexual Abuse

Child sexual abuse is often categorized by contact versus non-contact and by the relationship of the perpetrator, with definitions of severity increasing with more intrusive contact, more frequent contact and greater closeness of the relationship. Contact sexual abuse can include
touching, fondling, kissing, attempted or completed sexual activity, rape or attempted rape (Finkelhor, Hotaling, Lewis & Smith, 1990; Roosa, Reyes, Reinholtz & Angelini, 1998). While the majority of child sexual abuse tends to involve physical contact (specifically genital) (Trocme et al., 2003) non-contact sexual abuse includes exposure, harassment, voyeurism, coercion to engage in sexual acts that may not involve direct contact with the perpetrator, and photography or pornography. Child sexual abuse occurs at any age, and for any duration or frequency, by perpetrators including family, extended family, friends, people in a leadership role or strangers (Finkelhor, et al., 1990). While perpetrators can be male or female, the overwhelming majority are male (Goldman & Padayachi, 2000). Finkelhor and Russell (1984, as cited in Goldman & Padayachi) estimated that among girl victims of child sexual abuse, 95% of perpetrators are male.

Child abuse has been identified as the most frequent cause of traumatization in women (van der Kolk et al., 2005) with girls 1.5 to 3 times more likely to be victims child sexual abuse than boys (Finkelhor, 1994). Prevalence rates of child sexual abuse have remained consistently high over the past 30 years and while they vary greatly from 7% to 62% among women in developed countries, (Goldman & Padayachi, 2000) they are considered to be underestimates due to the fear and silencing of the victim, a patriarchal and sexualized culture that socializes girls and women to be submissive, and institutionalized structures that continue to inadequately deal with abuse (Herman, 1997; Naples, 2003; Rivera, 1996; WHO, 2002). Experiences of abuse can range from a single incident with a stranger to multiple incidents with a close relative. Based on child maltreatment investigations in Canada in 1998, 64% of children experienced multiple incidents of sexual abuse while 31% experienced a single incident (Trocme et al., 2003). In a national sample of adults Finkelhor et al. (1990) found that women were more likely to be abused by a parent or close relative (29%) compared to men (11%).
Impacts of Child Sexual Abuse

Understanding the impacts of child sexual abuse requires an appreciation of the severity of the negative impacts as well as an appreciation of the resilience of survivors. Health researchers studying the impacts of child sexual abuse have tended to focus on medical diagnoses and symptoms which are framed as illnesses or disorders that require treatment. But it is also important to explore these critically from non-medical perspectives as well as the survivor’s perspective and to balance them with the many strengths and creative ways of adapting that can emerge in the midst of and following trauma. Negative symptoms or behaviours often stem from underlying psycho-emotional challenges that are part of a normal human response to abnormal or harmful human behaviour (Grossman, Cook, Kepkep & Koenen, 1999; Rivera, 1996). This section focuses on impacts and resilience is discussed in a later section on healing.

Child sexual abuse impacts a child at the physical, cognitive, emotional and spiritual level which in turn can impact relationships and function at school or work (Kendall-Tackett, Williams & Finkelhor, 1993). Whether there is physical damage or not, the child can feel dirty, violated and shameful, resulting in a distorted or negative body image. The child may fear touch or lack healthy boundaries and be overly physical or sexually inappropriate (Herman, 1997; Rivera, 1996). The child may be told that they are bad or that they deserved the abuse but whether they are told this or not, they can internalize these types of negative beliefs about themselves – these internalized beliefs impact self esteem, self concept and behaviour (Nurcombe, 1999). Sexually abused children may be withdrawn or act out, and they may direct aggression at others or inflict injury to themselves (Kendall-Tackett, Williams & Finkelhor, 1993).

Dissociation and amnesia serve to distance the child from the pain and enable her to function by compartmentalizing the abuse to keep it separate from other parts of her life where the abuse is not happening. When the perpetrator is a caregiver, the negative emotional impacts of
betrayal are deep as the child must reconcile her dependence for survival and loving attachment with the same person who is harming her (Freyd, 1996; Freyd, DePrince & Zurbriggen, 2001). Regardless of the type of abuse or the relationship of the perpetrator, the abused child is overpowered, with a loss of innocence and trust in the safety of her world (Herman, 1997).

As adults, survivors cope with this overwhelming pain and loss in a variety of ways, some extremely creative and resilient, others potentially harmful. Either way, internally they often experience guilt, shame, despair, loss of trust, amnesia and dissociation. They may find themselves in abusive relationships, engaging in self-harm, acting on suicidal thoughts and feelings, socially withdrawing, experiencing anxiety and post-traumatic stress, becoming depressed, over-controlling their eating, or experiencing substance abuse, chronic medical conditions and somatic symptoms (for example, headaches, pelvic and back pain, gastrointestinal disturbances) (Herman, 1997, 1992; Paolucci et al., 2001; Springs & Friedrich, 1992; Stenius & Veysey, 2005; Ullman & Filipas, 2005; van der Kolk et al. 2005). Managing stress, emotions and relationships can all be challenging but survivors also demonstrate considerable resilience in various aspects of their lives, including parenting, intimate relationships and in their work (Grossman et al., 1999).

Dissociation is an adaptive response that protects the child from overwhelming feelings and enables her to survive the abuse, but in adulthood it can cause challenges when it results in unconscious or subconscious responses and behaviours that are rigid and not under voluntary control (Rivera, 1996). The DSM-IV defines the essential feature of dissociative disorders as “a disruption in the usually integrated functions of consciousness, memory, identity, or perception” (American Psychiatric Association, 2000). In this model, dissociation is defined as a response to trauma where too much dissociation is viewed as pathological and an integrated unified self is the normative goal (Lynn, 2004; Seligman & Kirmayer, 2008). According to Lynn dissociation is an
adaptation spectrum that is culturally and socially defined where over-dissociation can be adaptive or maladaptive depending on the context and too little dissociation can also be maladaptive. Seligman and Kirmayer view dissociation as a “product of normal processes that regulate the flow of attention and information” (p. 33) between the internal and external environment in a continuous process of construction and representation of the self.

Rivera (1996) presents an alternative model where the primary challenge for survivors of trauma is in the fragile self’s denial of its multiplicity which can occur in two ways – with defensive dissociation the multiple self-states are disconnected from each other and with defensive association there is denial of the natural multiplicity of the self and a fixed adherence to a self as unified. The goal in this model is the maturation and strengthening of the self so it no longer has to defend itself against natural multiplicity. Instead the survivor can accept and manage her complexity, the diverse and sometimes contradictory or inconsistent ways of being and the changing or evolving self over time through life changes and new experiences. This model takes a post-modernist view which challenges the idea of a self that is fixed in time and space and whose truth can be objectively or empirically known, which is common among various psychological and philosophical schools of thought and drives the psychiatric expectation of integration into a unified whole. Rivera (1996) views unity of the self as an illusion and prefers that we accept the “notion of a self constantly shifting over time – organized, disorganized, and reorganized as it moves within its constantly changing relational context” (p. 40).

Research shows that dissociation tends to be more extensive and prevalent when trauma occurs at an early age and is recurrent (Herman, 1992, 1996; Van der Kolk, et al., 1996). With repeated trauma, the sense of separateness or dividedness of parts of the identity or personality can become more rigid acquiring differing abilities, qualities, emotional states and memories (Herman, 1997; Van der Hart, Nijenjuis & Steele, 2005). Survivors describe gaps in their life
history and localized amnesia for overwhelming experiences such as only being able to remember the outside of a house where trauma occurred but not the inside (Hall & Powell, 2000).

Dissociation was described by one survivor as “being there, but closing down your emotional, mental and spiritual eyelids” (p. 193). Freyd’s (1994) research has shown that amnesia increases in prevalence with the proximity of the caregiver relationship, and amnesia is considered an adaptive response for managing this pain.

Regardless of whether or not dissociation and memory are absent, partial, intermittent or complete, there is a point where many survivors are faced with the emotional, mental and spiritual impact of the abuse and the need to “put the pieces together” (Hall & Powell, 2000, p. 193). Survivors describe this stage as feeling like an abyss inside, a black hole, pain, pressure or disgust. Facing the abuse can involve experiencing periods of anger, rage, depression, doubt, hopelessness, fear, intrusive memories, hyper vigilance, nightmares, panic states, withdrawal, relationship disruption, fear of abandonment and domination (at the same time), disordered or fragmented sense of self and loss or confusion of identity (Herman, 1992, 1997). Remembering and processing memories can be particularly challenging and women self-soothe or protect themselves in a variety of ways which may be positive (for example, writing, self-talk, keeping busy, forgetting, avoiding, setting limits and boundaries) or unhealthy (for example, drug and alcohol use, suicide, sexual acting out, overeating or smoking) (Bogar & Hulse-Killacky, 2006). Survivors have identified a number of core issues needing to be addressed such as feeling unacceptable or evil, useful only for sex, shameful, self-blaming, abandoned, a loss of innocence, a sense of helplessness and hopelessness, and a view of the world as completely unsafe (Hall & Powell, 2000).

Survivors of child sexual abuse have been found to experience particular impacts that are not common among other trauma survivors. Complex Post-Traumatic Stress Disorder (PTSD) or
Disorders of Extreme Stress describe a complex of survivor responses identified in the DSM-IV Field Studies (Herman, 1992, 1997; Roth, Newman, Pelcovitz, Van der Kolk, & Mandel, 1997; van der Kolk et al., 1996). This complex includes seven domains representing alterations in a number of areas: regulation of affect and impulses, attention or consciousness, self-perception, perception of the perpetrator, relations with others, systems of meaning and the presence of somatization. Adult survivors of prolonged childhood interpersonal trauma demonstrated a high incidence of all of these domains and scored consistently higher than adults who experienced interpersonal trauma in adulthood and significantly higher than adults who experienced trauma due to natural disasters. These results support concerns that the criteria and symptoms delineated in the DMS-IV category of post-traumatic stress disorder, while appropriate for victims of accidents, natural disasters or war, do not adequately represent the particular challenges of child abuse (van der Kolk et al., 1996).

The above domain ‘alterations in systems of meaning’ provides information on some of the spiritual impacts of abuse as it includes despair and hopelessness, and loss of previously sustaining beliefs. Seventy-five percent of the survivors of child abuse in these field trials experienced hopelessness and 71% experienced loss of beliefs (van der Kolk et al., 2005). Herman (1997) found that traumatic events “violate the victim’s faith in a natural or divine order and cast the victim into a state of existential crisis” where there is a loss of security in terms of safety and the “meaningful order of creation” (p. 51). Janoff-Bulman and Frantz (1997) identified questions of meaning as important but add that life purpose and core values are also challenged (as cited in Ai & Park, 2005). As noted above, Hall and Powell (2000) highlighted spiritual issues of child sexual abuse survivors feeling evil and hopeless.

The results of the DSM-IV field trials provide a strong empirical base that supports the exploration of spirituality in relation to the impacts of traumatization and the role it can play in
the process of healing (van der Kolk et al., 1996, 2005). They highlight that the effects of child sexual abuse extend beyond psychological and emotional symptoms to include spiritual challenges. These spiritual challenges are particularly extensive for survivors of chronic or early onset child sexual abuse where it can lead to spiritual difficulties that impact survivors’ ability to find meaning in their life, find a sense of purpose, experience hope or believe in a world that is just (Herman, 1992, 1997). Therefore the study of spiritual experiences in healing is particularly relevant for survivors of child sexual abuse.

**Understanding Healing**

In light of the negative impacts described above, adulthood is a time when healing often begins for survivors. “Healing” is the word that survivors use to describe overcoming the effects of the abuse. Related terms used in the literature include recovery, resilience and post-traumatic growth. The following sections will consider healing in the context of this collective terminology.

**Recovery**

Models of recovery from interpersonal trauma that have been developed by health professionals represent a broad range of processes from coping and crisis management, to feeling better, and getting better. Judith Herman’s (1997) three-stage model of recovery includes establishing safety; remembering, integration and mourning; and reconnection with others and ordinary life. This model focuses on coping with crises and flashbacks, managing emotions, utilizing self-soothing and social supports, and in the later stages, meaning making and a sense of hope (Lebowitz, Harvey & Herman, 1993). Chaikin & Prout (2004) have a four-stage model which includes stabilization; overcoming pain and adversity; engagement and connection; and maintenance and aftercare. Both models recognize that the process of recovery is not always linear.
Herman’s final stage of recovery involves reconnecting to ‘ordinary life.’ However, there is evidence that healing involves more than returning to a ‘normal’ undamaged state. Morrow & Smith (1995) investigated “personal constructs of survival and coping” (p. 24) in a qualitative study of women recovering from childhood sexual abuse. Study participants described using a variety of strategies to cope with their overwhelming feelings of helplessness, powerlessness, and lack of control, and while they were successful, some continued to spiral back into depression or they were not able to move beyond the pain. They described a wish to be ‘living’ as opposed to just ‘surviving’. Those who did move beyond “mere survival” experienced healing, wholeness and empowerment.

Banyard and Williams (2007) conducted a qualitative study with 21 women survivors of child sexual abuse to learn about their views on recovery. Recovery was an ongoing process of change that included “acceptance of what happened; making peace within oneself; connections with others; regrouping; talking about one’s experiences” (p. 285). Participants described recovery as involving active engagement and work, learning from their experiences and changing their behaviours and attitudes.

Resilience

Research on resilience aims to understand the attainment of positive outcomes in the midst of adversity, thus shifting focus away from predominantly negative outcomes of abuse to understand how survivors experience a state of wellness and growth. Luthar, Cicchetti and Becker (2000) conducted a comprehensive review of resilience, defining it as a “dynamic process encompassing positive adaptation within the context of significant adversity” (p. 543). These authors note that definitions of resilience (as an outcome) vary according to the individual depending on the type of adversity experienced and the factors (personal, family or community) that are associated with the positive outcome. The study of resilience is different from normal
developmental theory because it concerns people whose life experiences deviate from normal developmental trajectories. Resilience is a dynamic ongoing process that does not assume a fixed state of stability once it has been attained (as new challenges and strengths may emerge). Objective definitions of resilience focus on observable behaviour and therefore can co-occur with underlying psychological challenges that may be problematic but go unnoticed. Depending on the definition, resilience can refer to emotional, educational or behavioural domains where resilience in one of these may not relate to resilience in another domain of a person or a person’s life (Grossman et al., 1999; Luthar et al., 2000).

Bogar & Hulse-Killacky (2006) explored the determinants of resilience (objectively and subjectively defined) among ten women who were sexually abused as children and who had stable relationships and work (volunteer or paid), felt content and believed their lives had meaning. These women attributed their success to personal factors (interpersonal skills; competence in an area, for example, education, music or sports; positive self-regard often based on deliberate cognitive self-talk; and faith or a spiritual belief system) and contextual factors (helpful life circumstances). In addition, a variety of cognitive and behavioural processes were related to their resilience: effective use of coping strategies as children and adults; refocusing thoughts and emotions away from the abuse; actively pursuing a conscious healing process; and achieving a sense of closure. Consistent with the definition of resilience as an ongoing process, the women in this study affirmed that they would “continue to pursue higher levels of functioning throughout their lives” (p. 325).

Post-traumatic Growth

While resilience explores positive outcomes despite trauma, post-traumatic growth refers to positive change that occurs as a result of crisis or trauma and the resultant efforts to cope (Tedeschi & Calhoun, 2004). In this model, the trauma initiates a process of healing that the
person would not otherwise have embarked on had he or she not experienced the crisis. Post-traumatic growth has been explored within a broad range of types of trauma and loss but tends to include adults who had a period of wellbeing before the adverse event. Tedeschi & Calhoun developed five domains of growth or positive change based on their research with people who experienced adult loss and life crisis (that was not a result of child abuse): greater appreciation of life; more meaningful relationships; greater sense of personal strength; new possibilities and changed priorities; and a richer spiritual life.

The idea that positive outcomes can result from experiences of child sexual abuse and that these are related to positive adjustment has been studied by some early researchers with this population but they caution against minimizing the negative and damaging effects. Draucker (1992a) explored one component of Taylor’s selective evaluation theory of victimization – construing positive benefit from a victimizing event – as a coping mechanism among survivors of incest. Half of a sample of 142 women identified at least one positive outcome resulting from their incest experience or from their process of recovery from the experience. Four themes emerged: increased ability to relate to other victims; understanding the contextual causes of abuse (not their fault); becoming stronger and more aware of their strengths; and introspection leading to self-understanding.

McMillen, Zuravin & Rideout (1995) also found that about half of their sample of women who experience childhood sexual abuse identified some benefits from the abuse, recognizing that these cannot be explored until some time after the event and that the likelihood of doing this increases with age or time. Types of benefits included protecting their own children, protecting themselves from further abuse by being less naïve and more aware, increased empathy for other victims due to increased knowledge of child sexual abuse and a sense of being a stronger person. What is not known in both of these studies is whether the benefit is directly or
indirectly due to the abuse or due to the survivor’s response to the abuse. Post-traumatic growth studies with other populations tend to focus on the person’s response to trauma. More recent research by Draucker (2003) asked survivors about ‘unique outcomes’ without identifying them as beneficial or harmful. Hall (2003) asked women about ‘positive self-transitions’ focusing more on the healing process rather than ways that they might have benefited from the abuse – in response the women described aspects of self-change.

The approaches that the above authors describe for framing research questions in their exploration of post-traumatic growth highlights the importance of stating unequivocally that child abuse is abhorrent in all instances regardless of whether or not survivors later find strengths or opportunities to grow as a result of their response to abuse. It is recognized as inappropriate and misleading to suggest that any aspect of child sexual abuse is positive. Given the trauma, healing can occur and the resources that survivors can draw on are many, but these resources belong to the survivor. They are in no way a gift from the abuse and the abuse is not an opportunity that spurred the abused person’s development.

Healing

Healing tends to refer to internal subjective processes as opposed to external behaviour or function. Webster’s dictionary defines it as a process of restoring wholeness or health as defined by the individual. It includes spiritual wholeness as well as overcoming an undesirable condition or restoring to original integrity (Gove et al., 1966). Healing in the context of survivors of childhood sexual abuse has been described as a process of becoming whole (Stenius and Veysey, 2005). Swarbrick (2006) views recovery from illness, crisis or trauma as a “deeply personal, unique process of (re)gaining physical, spiritual, mental and emotional balance when one encounters illness, crisis or trauma … a process of healing and restoring health and wellness” (p. 311). This definition implies an outcome of health and wellness and a regaining of something that
Healing is an experiential, energy-requiring process in which space is created through a caring relationship in a process of expanding consciousness and results in a sense of wholeness, integration, balance and transformation and which can never be fully known (p. 836).

The sense of healing as ‘energy-requiring’ is supported by women survivors of child sexual abuse who described their healing as an “active, ongoing, …and time consuming process” (Draucker, 1992b, p. 5) that is “difficult and painful, bringing about positive changes, a sense of well-being, and acceptance of themselves and of their life events” (Glaister & Abel, 2001, p.190).

Bogar & Hulse-Killacky (2006) reported that one of the determinants of resilience identified by women survivors of childhood sexual abuse was ‘active healing’ which involved a conscious process of taking control and rejecting the role of ‘victim’. It included talking about their abuse to people who were not part of therapy, expressing anger, letting go of negativity and embracing the positive aspects of their childhood. Anderson & Hiersteiner (2007) learned from the participants in their study that not all survivors view healing as a consistent upward trajectory or as a potential final end point.

Draucker et al. (2009) conducted a qualitative meta-synthesis to identify essences of healing for adults who experienced childhood or adult sexual violence. Based on 51 reports representing a sample of 1,093 women and 126 men, four domains of healing were identified – managing memories, relating to important others, seeking safety and reevaluating the self. These domains had a dichotomous component, including escaping and being drawn to memories; keeping out and seeking out others; constricting and reforming life world; and protecting and repairing self. They concluded that it is the synthesis of these tensions that best describes the
essence of healing, which they labeled as calling forth memories, regulating relationships with others, constructing an ‘as-safe-as-possible’ life-world and restoring a sense of self.

**Conceptualizing Spirituality**

**Religion Versus Spirituality**

Research in the area of spirituality can be complicated by issues related to definitions and methodology. Across different disciplines there is confusion between the terms ‘spirituality’ and ‘religion’, and a lack of consensus on the definition of spirituality and its complexity. These factors can result in a small pool of studies that are specific to just spirituality amongst an already limited number of studies, many of which actually refer to religion (Miller & Thoresen, 2003). Some authors view spirituality and religion as the same phenomenon, but for those who view them as separate, the differences are clear.

Religion is consistently defined as an organized, man-made, institutionalized expression of belief and system of worship (McColl, 2003a; Miller & Thoresen, 2003). Miller and Thoresen define religion as an institutional and social phenomenon that (unlike spirituality) has boundaries around beliefs and practices, membership requirements and types of social organization. These authors distinguish between unspiritual religiousness and unreligious spirituality, recognizing that religion can also be a medium for spiritual experiences, as can nature or other activities and beliefs. To further illustrate differences they note that religious versus spiritual identification can result in different impacts on outcomes that influence wellbeing such as forgiveness, judgment, tolerance and rigidity of beliefs.

Despite these distinctions between spirituality and religion, many authors use these terms interchangeably and without definition. For the purposes of this study, this confusion is viewed as a data quality issue that affects research validity and rigor so upon reviewing literature if the
author(s) did not differentiate between spirituality and religion, the article was not used. This decision was made due to the distinct nature of the two concepts, the different results of research to date on religion and health, and because spirituality does not exclude those who identify with religion.

Defining Spirituality

Given the broad range of definitions of spirituality and the context of this thesis, spirituality will be primarily defined using Canadian occupational therapy literature and supplemented with additional literature where necessary. According to the Canadian Occupational Therapy Association, spirituality resides in people, and is situated at the core of the individual as the “essence of the self” (CAOT, 1997, p. 42). Spirituality is defined as “sensitivity to the presence of spirit” and “a pervasive life force, manifestation of a higher self, source of will and self-determination, and a sense of meaning, purpose and connectedness that people experience in the context of their environment” (p. 182). Townsend et al. (1999) note that spirituality may be experienced within or outside a religious context and there is no one definition of experience of spirituality due to the diverse expressions, meanings and value systems in which they are experienced.

Sensitivity to the presence of spirit implies a capacity to experience ‘spirit’ which is viewed as “an entity, a force or an energy” (McColl, 2003a, p. 11). This is similar to Webster’s Third New International Dictionary where ‘spirit’ has a range of interpretations: breath of life, animating or vital principle giving life to physical organisms; a supernatural being; the active essence of a Deity; soul; and life or consciousness (Gove et al., 1966). Animating or vital principle is similar to ‘pervasive life force,’ the second component of the occupational therapy definition. Extending this elemental nature, Christiansen (1997) views spirituality as metaphysical and describes it as a fifth essence or element beyond earth, air, fire and water. It’s like an energy
that animates us but unlike electricity running through a wire it is imbued with consciousness or something uniquely human. Here it is described as both energy and consciousness and this too is consistent with Webster.

For the third component of the occupational therapy definition, the meaning of the term ‘higher self’ is not explicitly defined but it is described in the context of the capacity for self-determination with attention to a greater purpose, and as manifesting our uniquely human aspect (CAOT, 1997). Egan and DeLaat (1997) note that attending to spirituality requires acknowledgement of the spirit which “underlies the physical self” (p. 116) and is the “truest” self (Egan & DeLaat, 1994, p. 96). Wilding, May and Muir-Cochrane (2005) urge occupational therapists to help clients “connect to their sense of their spiritual selves” (p. 7). Assagioli (1965) distinguishes higher self from our ego or conscious self that experiences everyday waking life through sensations, thoughts and feelings. In contrast, the higher self is a pervading true Self which is beyond or above this conscious self. Based on a variety of philosophical traditions, Wilber (2000a) distinguishes between layers of Self from superficial to deep starting with the body, and moving through persona, ego, centaur (archetypal), soul and spirit. While these lower and higher aspects of self are often experienced as separate by the ego, they are viewed as one by both of these authors.

In the next component spirituality is considered to be ‘a source of will or self-determination’ or a “fundamental, central part of the process of enabling self-determination” (CAOT, 1997, p. 79). It is also described as an “expression” of “will, drive, motivation” (p.43). Further understanding of this aspect of the definition is gained from earlier occupational therapy literature which associates spiritual malaise with loneliness, depression and feelings of powerlessness, stating “that which affirms their …spiritual value, becomes the key to motivation” (CAOT, 1991, p. 58). Kreidler (1995) expands on this and defines spirit as “the humanizer and
the vitalizer - that force in each person that searches to rise above self, to fulfill, to grasp, to find meaning and purpose in life and the living of it” (p. 30).

Next, spirituality is defined as a sense of meaning and purpose which includes both a “greater purpose” and the personal experience of meaning in everyday life activities (CAOT, 1997, p. 42). Earlier occupational therapy publications stated that as spiritual beings, individuals are concerned with the “meaning of life and their purpose and place in the universe” (CAOT, 1991, p. 18). However, Urbanowski & Vargo (1994) argue that it is the meaning ‘in’ life that is important to occupational therapy practice, rather than the grand questions about the meaning of life. It’s been argued that meaning is not inherently spiritual (Beagan & Kumas-Tan, 2005), but its inclusion in the definition suggests that there is an aspect of deep meaning that is important to consider and in that context, spirituality “gives meaning” to occupations (CAOT, 1997, p. 33).

Lastly, spirituality as a ‘sense of connectedness’ is explicitly stated as a connection ‘to others’ in the 1997 CAOT document while citing authors Egan and DeLaat (1994) who included connection with self, other, and the rest of creation. These authors note that spirituality allows us to unite “aspects of our true selves with the greater whole of all being” (p. 96) and this can include nature, another person, humanity, or a transcendental deity. Thus they add the element of interconnections as well. This sense of connectedness can bring together other aspects of the occupational therapy definition of spirituality in that it involves connection with one’s truest self, personal meaning and greater purpose in life. Townsend (1997) describes a community connectedness that is a dimension of spirituality involving deep caring for the inclusion of all members of a community.

Spiritual Occupations

Occupations are activities that people engage in on a regular basis that are important to them for a variety of reasons, for example, because they are part of their culture or their values.
They may also have a particular purpose or function, for example, for taking care of themselves, making a living or for enjoyment (CAOT, 1997). Occupations have both a ‘doing’ and ‘being’ component. In the occupational therapy literature spirituality is described as being experienced, expressed, accessed, and understood in the activities people do (Schultz, 2004). Kang (2003) uses the term spiritual occupations to describe activities imbued with spiritual meaning that tend to be “collectively classed” as spiritual, which can include prayer, scripture reading, singing or chanting, meditation, yoga, tai chi, expressive arts (for example dance, painting), dreamtime stories, rituals of healing, communing with nature, ecological activism and journaling. Kang also refers to ‘generic occupations’ recognizing that spirituality can be embedded in all forms of occupation and is dependent on the connection for the individual, for example, gardening, playing sports or conversing with friends.

Christiansen (1997) uses the term “activities of spirit” (p. 170) to describe a range of activities that can meet spiritual needs including reading poetry, walking in nature, meditating, gardening, letter writing or visiting historical places, and notes that any occupation can be spiritual. McColl (2003b) reviewed the literature and identified five modalities frequently used by occupational therapists in addressing spirituality: narrative, ritual, appreciation of nature, creativity and work. Ritual has been defined in terms of habits and routines that frame daily activities and as “mythological activities and symbolic expression” (DoRozario, 1994a, p. 48).

Wilding et al. (2005) conducted a phenomenological study of spirituality with six people who experienced mental illness. Participants were asked about their definition of spirituality, its relationship to occupation and how it has been impacted by mental illness. They found that ‘spiritual occupations’ enabled the person to directly connect to his/her spirituality; spirituality was experienced during ‘ordinary’ occupations; and spirituality positively altered the experience of ordinary occupations (p. 4). ‘Spiritual’ occupations are engaged in to experience spirituality; spirituality can also be experienced during ‘ordinary’ occupations.
Understanding Spiritual Experiences

Shifting from spirituality as a concept to personal spiritual experiences, this section provides some holistic models to situate personal experience in context. In the next section, spiritual experiences will be addressed generically and in relation to survivors of child sexual abuse.

Holistic Models

Wilber (2000a, 2000c) provides a four-quadrant model that illustrates different ways to approach the study of reality. While the model is generic it is used here to clarify how spiritual experiences are situated in relation to religion. The quadrants are composed of combinations of two dimensions – internal (subjective) and external (objective), and individual and collective. The individual subjective quadrant refers to what we can understand based on personal experience and includes for example, thoughts, beliefs, feelings, sensations and spiritual experiences. The collective subjective quadrant refers to our sense of culture, worldview, religious beliefs and society. The individual objective quadrant represents biomedical approaches such as measuring blood pressure in response to a spiritual experience. The collective objective quadrant contains physical structures such as temples or churches, sacred texts, organizational religious structure such as the people and their expected roles.

The Canadian Model of Occupational Performance and Engagement (Townsend & Polatajko, 2007) provides a framework for holistically representing the person in relation to their activities and the environment using a three-dimensional interactive model. In this model the person (which includes physical, cognitive, emotional and spiritual aspects) is represented in the centre, surrounded by occupations which are, in turn, situated in the environment, including the physical, institutional, cultural and social environments of the client. Spirituality is in the centre
of the person, where it is shaped by the environment and gives meaning to occupations. In this model religion would be included as part of the environment as the socio-cultural and institutional context of the individual’s environment. This study did not explicitly address religion but it is recognized that individual religious experiences and beliefs impact personal perceptions of spirituality and interpretations of experiences.

Spiritual Experiences

Based on the previous definitions of spirituality, spiritual experiences can be broadly defined to refer to any experiences that are outside of or beyond our usual physical or material reality. Thus, they include related terms found in the literature including anomalous experiences, flow experiences, peak experiences and mystical experiences. Cardena, Lynn and Krippner (2000) define anomalous experiences as either uncommon or those that “deviate from ordinary experience or from the usually accepted explanations of reality” (p. 4). They note that many occur during altered states of consciousness but not all. Spiritual experience can include lucid dreaming, psychic abilities such as telepathy, anomalous healing, and out-of-body, past-life, near-death, and mystical experiences. Anomalous experiences can be described in relation to the level of awareness and the ability to exert voluntary control over the onset or during the experience, degree of pleasantness versus unpleasantness, physical and metaphysical (time, space, energy) qualities, and involvement with another entity or individual (Berenbaum, Kerns & Raghavan, 2000).

Focusing on the waking state of consciousness, Csikszentmihalyi (1990) coined the term flow to refer to experiences of peak performance and peak experience when attention is focused on a goal that is being met through an optimal match between the challenges of the task and the skills of the person. While it is not viewed as a spiritual experience, there are some common elements in the enjoyment of the peak experience – time is altered and there is a loss of self-
consciousness, sometimes with a sense of union with the environment. Sometimes a person experiences “extreme joy, … ecstasy for no apparent reason” but the majority are “goal-directed and bounded by rules” (p. 49). It is in this context that flow diverges from a spiritual experience as it occurs when a person focuses attention and concentration on a task that provides immediate feedback and a sense of control – activities that are qualitatively different from previously described spiritual occupations. Flow is considered a form of energy that is neither inherently good nor bad but can be used positively or negatively, for example, as an addiction or for growth.

Maslow (1970) used the term peak experiences to describe experiences that were common among self-actualized people (who meet their higher level needs) and that had a mystical quality characterized by transcendence (beyond the self), “feelings of limitless horizons opening up,” “the feeling of being simultaneously more powerful and also more helpless,” and great ecstasy, wonder and awe (p. 164). Maslow (1968, 1970) viewed these experiences as natural as opposed to supernatural and as potentially available to everyone. Whether these experiences are common everyday occurrences (as they tend to be for self-actualized people and mystics) or intermittent and brief, they are characterized by feeling more integrated, unified or whole; an ability to fuse with the world; a sense of being at full capacity; an effortlessness; freedom from fears or doubts; a more spontaneous, natural, unself-consciousness; and being very present in the experience, in the here-and-now (Maslow, 1968).

Wulff (2000) describes a mystical experience as that which “diverge[s] in fundamental ways from ordinary conscious awareness and leaves a strong impression of having encountered a reality different from – and, in some … sense, higher than – the reality of everyday experience” (p. 397). Wulff reviews multiple definitions of mystical experiences but highlights seven characteristics identified by Stace (1960, as cited in Wulff) – the receding of ordinary physical and mental consciousness or the perception of the material world as having an underlying unity;
absence of space or time or the experience of life in all things; a sense of objectivity or a reality that feels very real; feelings of bliss or joy; a sense of a sacred or divine; paradox or lack of fit with laws of nature or logic; and being indescribable. Wulff differentiates between mild and extreme mystical experiences where mild are more common and spontaneous, and extreme types tend to be related to specific ascetic practices and religious interpretations. Spontaneous mystical experiences are associated with natural settings, the arts, sacred places, swift movement, creativity and caring for others. According to Wulff, mystical experiences are considered to be innate human capacities available to people of all ages and stages of development.

In a review of mysticism, Deikman (2000) distinguishes between two types of consciousness and an associated sense of self – ‘survival self’ operates in instrumental consciousness and ‘spiritual self’ operates in receptive consciousness. The former is our functional, dominant day-to-day ego-driven consciousness where we act on the environment. The latter is a receptive relaxed or meditative mode of consciousness that is connected with a non-localized, world-centred awareness. Instrumental consciousness is logical and communicated through language while receptive consciousness is more sensual and communicated non-verbally, for example through the arts. Greater experience of the receptive consciousness is the goal of mysticism. Examples of mystical experiences include: “a feeling of a larger connectedness than just between two people” and being “part of a much larger process that has no beginning and no end” (p. 88).

Under the leadership of Alister Hardy (1979) the Religious Experience Research Unit in Oxford collected over 3000 written accounts of spiritual experiences from people throughout Britain ranging in age from under 20 to over 90 years old. Participants responded to newspaper ads requesting accounts of experiences of being “conscious of... or influenced by ... [a] power” whether or not they called it God (p. 18). Based on a review of the first 3000 experiences
submitted, a classification was developed with twelve main divisions to capture the range of spiritual experiences: four types of sensory or quasi-sensory experience including visual, auditory, touch and smell; extra-sensory perception; behavioural changes with enhanced power; cognitive and affective elements; development or growth with the individual or in relation to others; dynamic patterns including positive/constructive and negative/destructive; dream experiences; antecedents or triggers; and consequences. The largest group was the cognitive and affective elements which included twenty-two items, some of which are listed here in decreasing order of frequency: a sense of security, protection, peace; joy, happiness, wellbeing; presence (not human); certainty, clarity, enlightenment; guidance, inspiration; prayers being answered; purpose behind events; harmony, order, unity; awe, reverence, wonder; new strength in oneself; love, affection (in oneself); and exaltation, ecstasy. This classification system is horizontal, without sub-categories, where all categories can apply to each experience.

Wardell & Engebretson (2006) developed a comprehensive taxonomy of spiritual experiences based on the ‘most significant spiritual experience’ reported by 335 Complementary and Alternative Medicine practitioners. This taxonomy clearly distinguishes between religion, experience and interpretation. Experiences are described under two main domains – types of awareness and types of phenomena. Types of awareness include embodiment (awareness is through the senses and feelings), noetic (direct or absolute knowing) and ecstatic (through an altered state of consciousness). Ecstatic includes oceanic feelings of absorption (like transcendent mystical experiences) or a sense of connection, unity, love, bliss, peace and joy, or oneness with the universe. Ecstatic also includes disembodiment which refers to out-of-body experiences, a sense of being detached, and being an objective observer of one’s self.

The second domain of experiences in the taxonomy, types of phenomena, refers to what is experienced and includes observable events, sensations or perception experienced through the
body and symbols. Observable events include personal healing or an altered physical environment such as the experience of time and space being extended while a real event is happening. Sensations include light, voices, noises, odours, feeling a sense of touch, warm comforting energy or a floating or melting feeling. Within these sensations, their content is captured by the symbolic domain of phenomena. For example, the visual or auditory sensations can include encounters with discarnate beings (for example religious figures, deceased people or animals, spirits, angels), words (messages, solutions, predictions or warnings) or iconic symbols (non-word representations of discarnate beings such as a bright white light that represents Christ) (Wardell & Engebretson, 2006).

While anomalous experiences as broadly described can be positive or negative (Berenbaum et al., 2000), spiritual or mystical experiences are overwhelmingly considered to have a positive impact (Hardy, 1979) and some consider their “therapeutic possibilities” to be “intrinsic to [their] very nature” (Wulff, 2000, p. 412). Maslow (1970) noted that there was something valuable and transformative about peak experiences and the impact transferred into daily life. Spiritual or mystical experiences can result in the discovery of new truths, new beliefs, feelings of love and compassion and new meaning in life (Wulff). Mild and spontaneous mystical experiences (the most common) have been shown to have positive effects on a range of conditions including post-traumatic stress disorder (PTSD). Positive effects have also been found for deep mystical experiences but challenges can arise when, after an overwhelming positive experience, a person returns to day-to-day reality finding it comparatively lacking, or when deep emotional pain surfaces or if the experience does not fit with their existing worldview (Wulff).

The term ‘spiritual emergencies’ has been coined to refer to “critical, experientially difficult stages of profound psychological transformation” (Watson, 1994, p. 23) related to a broad range of spiritual experiences. In this state an individual may feel overwhelmed or
threatened, a need to be in control, an inability to accept the experience, a lack of trust in the
process and an urgent need to discuss the experiences (Watson). It is important to differentiate
spiritual emergencies, which present positive opportunities for growth, from mental health issues
which may require psychiatric intervention. There is the potential for harm in mistreating a
healthy person who needs support to integrate their experience. In these situations, even when
challenges arise they are viewed as opportunities for transformation and growth (Lukoff, Lu &
Turner, 1998; Watson, 1994).

A small number of experiences in Hardy’s (1979) study described being in the presence
of an evil force. In response, Hardy notes that further research is needed to clarify those who
believe in the devil and those who feel they are in the presence of evil powers as he cites a study
by Glock and Stark (1965) where about a third of Protestants and a third of Catholics were ‘sure’
they had been tempted by the devil. Wardell and Engebretson (2006) highlight that negative
impacts may arise in the interpretation rather than the experience itself. Interpretation is the
process of attaching personal meaning to the experience and reconciling the degree of
concordance or dissonance with cultural and/or religious norms. This is related to and influenced
by personal beliefs, past experiences, cultural norms and spiritual or religious orientations.
Meaning making may result in insight, further action or uncertainty.

This section on understanding spiritual experiences has presented a broad view that
informs the explorations of personal spiritual experiences in the context of social, cultural,
physical, environmental, and activity domains related to healing. In general, spiritual experiences
tend to be described as an alteration in consciousness and an extended or broadened awareness.
They are different from ordinary conscious awareness and the reality of everyday experience and
yet they can occur in the context of ordinary everyday activities or in the context of special
activities or events. Wardell & Engebretson’s (2006) taxonomy is consistent with occupational
therapy practice models as it is broad enough to incorporate a range of spiritual experiences in the context of the person’s environment, including interpersonal, physical environment and occupational aspects of the experience without defining the content of those experiences.

Transformation and Development

Process models of transformation and development incorporate spirituality or spiritual experiences and healing in relation to the self in context and over time. They provide a framework for approaching our understanding of spirituality and healing that moves beyond lists of descriptions and definitions to consider processes of transformation and where spirituality, healing and the self may overlap or blend. Two occupational therapy models are presented here: Kang’s (2003) psycho-spiritual integration frame of reference, and Do Rozario’s (1997) model of wholeness and reconstitution. These models reinforce the innate capacity of humans to transcend ego, matter and form to experience greater levels of wellness and to experience transformation and growth. It is not clear how often they have been applied in clinical practice or how effective they are because there is limited published literature in these areas.

Kang (2003) developed a psycho-spiritual integration frame of reference to guide occupational therapy practitioners in working with clients on issues of spiritual growth and fulfillment. The model includes six dimensions that are in harmony, “flowing from one to another along an ever-expanding continuum” (p. 96) increasing in depth and vastness. These six areas include becoming, meaning, being, centredness, connectedness and transcendenence. Becoming is inner directed growth of the self that holds potential for transformation and self-actualization. Meaning is an intrinsic sense of purposefulness that can be personal, interpersonal or transpersonal. Being is described as “primordial presence” or true essence of self that includes creativity, intuition and insight, and centredness is the nucleus (of being) and it involves knowing the self. Connectedness is the awareness of self as fluid and in relationship with a larger inter-
relational context that includes family, culture, community, society and the cosmos. Transcendence is connected to all dimensions and includes an innate drive to find ultimate meaning and happiness (transcendental drive), with the goal of inner freedom and “a consciousness that has grown beyond all ego-identification” (p. 98).

Do Rozario (1994b, 1997) developed a model of wholeness and reconstitution to explain how people with physical disability or chronic illness successfully cope in their lives. Wholeness is a sense of unity or coherence of the true self in connection with the greater environment and reconstitution is a “bringing together, reordering and remaking of fragmented, disparate or separated parts of self and one’s life” (1994b, p. xiii). Five factors were identified that facilitate coping and adaptation: meaningful engagement, positive social supports, personal control, hope, and spiritual transformation or growth. The five-step progression to wholeness begins with a shift from focusing on the outer world (related to their disability), to their inner world of experience and solitude, to reconciling both inner and outer worlds, to transcending old definitions of self and finally to realizing a unity of self with the rest of the world. In response to these stages people separate from the reality of their situation, view it only as transitional or temporary, incorporate new learning from the disability experience and see it as part of themselves, experience a transformation of going beyond their accepted identity or self and finally experience a unification or feeling one with all. Related to these responses is a process of adjustment that includes letting go, embodying, re-embodying, transcending and wholing in relation to meaningful engagement, positive social supports, personal control, hope, and spiritual transformation or growth.

**Spiritual Experiences and Healing from Child Sexual Abuse**

Few research studies have been published that explicitly explore how spiritual experiences or spirituality impact healing for victims of child sexual abuse. Studies that have identified spiritual issues of survivors of child sexual abuse tend to focus on three general areas:
outcomes, resilience and coping which inadvertently revealed spiritual issues; changes in religious or spiritual beliefs and practices as a result of child sexual abuse; and whether religion helps or hinders the recovery process (Gall, 2006; Walker et al., 2009). The initial group of studies will be highlighted here but the remaining two groups are outside the scope of this research.

One qualitative study was located where fifty men and women who experienced sexual violence either as children or adults were explicitly asked how spirituality helped them (Knapik, Martsolf & Draucker, 2008, p. 337). Participants in their study, who were predominantly African American and Caucasian, and predominantly Christian, described being “set free from the effects of sexual violence by a spiritual being or power” (pp. 339-340) through a spiritual connection characterized by a sense of communion, presence, passion and timelessness. This connection allowed many of the participants to embark on a spiritual journey that strengthened and supported them, awakened them to new perspectives, and revealed their strengths. A few participants experienced a spiritual transformation where they came to view their abuse as something that had an important purpose in their lives or where they experienced a sense of other-worldly intervention in their lives.

In the following qualitative studies survivors of child sexual abuse reported the importance of spirituality even though they were not explicitly asked about it. Stenius and Veysey (2005) interviewed 18 women to better understand what helps them heal. A grounded theory analysis resulted in the identification of four key themes that help women take care of themselves in times of crisis. One of these themes includes ‘Spiritual practices and beliefs’ which provided support, a sense of hope and a feeling of inner peace. Spirituality was seen as a constant presence and participants engaged in a variety of activities including meditation, prayer and reflection on their greater purpose. The spiritual connection enabled them to have a greater sense of their
“goodness” as people, to not take responsibility for the bad things that happened to them and to believe in life as just. Another theme of restorative activities included finding healing in nature, taking baths, listening to music, burning candles or using self-relaxation techniques. These were used to reduce stress, or restore a sense of calm or balance.

Draucker (2003) examined the narratives of 27 women who suffered extensive sexual violence, in order to identify unique outcome stories as a result of their experiences of abuse and to describe the common types of stories they told. Two of the six identified key themes can be considered spiritual – refuge stories and resurgent stories. Refuge stories included experiencing peace through a special place in nature or by feeling rosary beads or experiencing a sense of calm for example, “when driving … at sunset, seeing the colors of the sky and the ‘strawberry moon’” (p. 10). Resurgent stories described experiences where women felt a “sense of renewal or revival, often spiritual in nature” (p. 11).

Hall (2003) examined positive life transitions among 55 predominantly African American women who experienced child sexual abuse and were also recovering from substance abuse problems. Two of the themes that emerged in their exploration of positive life transitions are spiritual in nature – self-centreing and spiritual connection. Self-centreing refers to participants making a commitment to themselves, their own life and interests, trusting their own instincts and guiding themselves or rebirthing. Spiritual connection described the “introspective changes associated with the natural environment and religious experiences” (p. 659) and included finding positive value in negative experiences, church as a place to access God and commune with others, and developing a relationship to the natural world and their bodies in a mystical sense.

Bogar and Hulse-Killacky (2006) conducted a phenomenological study of resiliency (“pivotal experiences”) among ten women who had been sexually abused as children. Religious and spiritual beliefs or convictions were identified as determinants of resilience; prayer was used
as a coping strategy; religion or spirituality helped participants refocus on something other than the abuse; and visualization and dreams facilitated active healing. While the researchers identified these resiliency processes as cognitive and behavioural in nature, one detailed quote describing a significant dream includes language consistent with a spiritual experience: the pictures were “so vivid; it was like I could reach out and touch objects… it was [my grandmother] leading me through happy memories” (p. 323). The researchers recommend further research comparing resiliency among individuals with and without a religious-spiritual foundation versus a secular life.

**A Language of Spirituality**

Spirituality is a very subjective and conceptually complex term which can present some research challenges (Griffith, Caron, Desrosiers & Thibeault, 2007). Despite this, several qualitative researchers asked participants directly about spirituality and reported no concerns or challenges for participants regarding the meaning of this term (Cheals et al., 2003; Daaleman, Kuckelman & Frey, 2001; Knapik et al., 2008; MacGillivray et. al., 2006; Wilding et al., 2005). Knapik et al. added an explicit question about spirituality to their interview after they noticed its emergence as a recurring theme. They asked, “Can you give me an example of how spirituality, however you define it, helped you with your experience?” (p. 337).

MacGillivray et al. (2006) conducted an exploratory study to identify relevant elements of spirituality from the perspective of eleven adolescent inpatient mental health clients. Results indicated that aspects of spirituality that were most relevant were those related to their individual self (an ‘intangible part of self’ and self awareness) and lifelong pursuits (meaning, purpose) while those of least relevance related to external transcendent relationships and spiritual practices (meditation, prayer). One of the goals of the researchers was to determine language that adolescents use to describe spiritual elements. They found that language drawn from the literature
was understood by participants, with only minor changes. For example, participants preferred the term “going beyond” to “transcending”. The authors noted that direct questioning of participants resulted in “few language comprehension concerns” (p. 299).

In a study involving parents who were dealing with their child’s life-threatening illness, non-spiritual questions elicited open sharing of “intuitive or spiritual experiences where they felt deeply connected with others … [and] sudden moments of recognition” (Raingruber & Milstein, 2007, p. 44). These researchers asked “What is the story of your experience after hearing that your infant had a life-threatening illness?” and “What helped you cope with what you had to face?” It may be that the general question elicited a spiritual response due to the context of the study – potential loss of a child.

Griffith et al., (2007) interviewed eight older adults adjusting to autonomy loss and explicitly asked them about spirituality: For example, “The word ‘spirituality’ seems to mean different things to different people. Tell me how you would define the word spirituality.” “Does it hold a place in your typical day?” (p. 82). Researchers reported that these questions seemed to create initial tension in the interviews that was otherwise not present prior to asking. This tension dissipated when the questions were reframed in a non-threatening and non-judgmental manner although the authors did not specify how that was done. The investigators also noted that the word meaningful (in relation to questions about occupation) was not well understood, so they shifted to a discussion of activities considered to be enjoyable, appreciated or important.

Bartel (2004) studied the ways people talk about spirituality and through comparisons across disciplines which included eighteen theories or texts, created lists of words that can serve as gateways to dialogue. These words are grouped into the five categories of love, faith, hope, virtue and beauty. Of particular interest for this study are the words Bartel identified from the psychological theories of Maslow and Seligman (from the Positive Psychology Movement), and
these are listed in Table 1. This provides guidance for the recognition of words in the secular realm that may have a spiritual meaning and therefore could be further explored as a potential signal that a spiritual conversation may be taking place or as a gateway to a discussion of a spiritual experience.

Summary

Child sexual abuse impacts children and adults at a physical, emotional, cognitive, relational and spiritual level, resulting in a loss of a secure and strong sense of self. Spiritual impacts are seen in the sense of hopelessness and despair, and loss of previously sustaining beliefs. Despite these impacts, healing is possible but it is a personal journey that does not follow a predictable linear path and can include resilience, growth, adaptation, thriving and a sense of balance or wholeness. There is a range of views and experiences of what constitutes healing from interpersonal trauma, and in reality they may not be clearly delineated. Given the range of views described here there is a need to understand healing as a broad concept that is both a state and an ongoing process. Women may use a variety of words to describe different aspects or stages of their recovery, and in this thesis emphasis has been placed on understanding the participants’ own interpretations and meanings associated with these terms.

Spiritual experiences have a role in the healing process but how they work is not well understood among survivors of child sexual abuse. Spiritual experiences are felt through the body and may be interpreted from a particular religious or worldview according to what fits for the individual. Anomalous, peak or mystical experiences could be referred to as spiritual experiences due to the similarities across their definitions. Given this and the fact that ‘spirituality’ is the commonly used term in occupational therapy literature and practice, participants in this study were asked about their “spiritual experiences” in healing. Given the importance of using neutral language to avoid bias, spiritual experiences were minimally defined as experiences beyond our
usual everyday material reality. This different reality may be experienced in relation to the self, time, space, and in the relationship between the self and other (the world around us).

Table 1. Bartel's (2004) Five Categories of Spiritual Need Applied to Maslow and Seligman

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Love</td>
<td>Love, Belonging, Community, Contact; Esteem from others; Self-esteem; Uniqueness, Individuality; Acceptance of self; Acceptance of others; Democratic values</td>
<td>Love &amp; Humanity; Kindness &amp; Generosity; Loving &amp; Allowing oneself to be loved; Forgiveness &amp; Mercy</td>
</tr>
<tr>
<td>Faith</td>
<td>Peak experiences; Plateau experiences; Mystery, Awe</td>
<td>Spirituality and Transcendence; Faith/Religiousness</td>
</tr>
<tr>
<td>Hope</td>
<td>Meaningfulness</td>
<td>Courage; Hope and Optimism; Future-Mindedness; Sense of purpose</td>
</tr>
<tr>
<td>Virtue</td>
<td>Truth, Honesty; Goodness; Wholeness, Unity, Dichotomy-Transcendence; Perfection, Necessity, Completeness; Completion, Fulfillment; Justice, Order; Simplicity, Essentiality; Self-sufficiency, Autonomy</td>
<td>Wisdom &amp; Knowledge; Justice; Temperance; Perseverance; Integrity; Responsibility; Self-control; Gratitude</td>
</tr>
<tr>
<td>Beauty</td>
<td>Beauty; Aliveness, Spontaneity; Richness, Intricacy; Playfulness, Fun, Joy, Humour; Effortlessness; Creativity</td>
<td>Creativity and Ingenuity; Curiosity; Love of learning; Appreciation of beauty and excellence; Playfulness and Humour.</td>
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Chapter 3
Research Methods

The nature of the questions that this study aims to answer warrants a qualitative research design. Within this broad approach, narrative inquiry was selected. Consistent with the personal narrative approach, this study involved in-depth individual interviews with survivors of childhood sexual abuse. Sample selection, data collection, the study participants and analysis approaches are presented.

Research Questions

The over-arching question this study addresses is: In women’s own words, how do spiritual experiences influence their healing from the impacts of child sexual abuse? Related to this are three specific sub-questions:

1. What does it mean to heal (as process and outcome) from the impacts of child sexual abuse?

2. What kinds of spiritual experiences do women describe as meaningful to their healing and what is the context of those experiences (in relation to objects, people, places and occupation)?

3. How do these spiritual experiences (including aspects of embodied experience or the physical senses, occupation, social and physical environment and their own interpretation) influence healing from the impacts of child sexual abuse?

Research Paradigm

Qualitative research is designed to explore inner subjective experiential domains of human and social life with particular attention to understanding a “complex, holistic picture”
(Creswell, 1998, p. 15). Research occurs in a naturalistic setting where the researcher is engaged in the process, the analysis is inductive versus deductive, and the focus is on the participants’ perspectives and meanings (Denzin & Lincoln, 2005). This study is based on a constructivist paradigm with a relativist ontology where reality, rather than fixed as one truth, is relative, locally situated and constructed or co-constructed by interaction between two people and their respective socio-cultural contexts. This does not make the reality invalid but adds context to its understanding, and it does not mean that another researcher would not find similar underlying themes, but perhaps different nuances of meaning and emphasis. A subjective epistemology recognizes that the known is co-created by the researcher and the respondents in interaction and relationship. Gaining understanding is an interpretive process where the researcher interprets the known or comes to understand meanings through her personal and theoretical lens (Denzin & Lincoln, 2005; Guba & Lincoln, 2005).

A number of different traditions are consistent with the constructivist paradigm and selection is based on the particular research question. For example, if this study was focusing primarily on understanding the essence or qualities of healing and spirituality as manifested through the people experiencing them then phenomenology would be an appropriate method. Grounded theory could be an appropriate tradition for inductively answering the question of ‘how spiritual experiences influence healing’ if development of a substantive theory was the goal of this study (Creswell, 1998). However, the primary focus of this study is on understanding the perspectives of women in the context of their healing, where the person is the focus of analysis (Josselson, Lieblich, & McAdams, 2002) rather than a phenomenon or process that comes to be understood through the person (Creswell, 1998). This is the foundation for selecting narrative inquiry to answer the research questions in this study.
Narrative Inquiry

Narrative inquiry is a qualitative research tradition that is built on theory and practices that are interwoven throughout all stages of the research process in terms of the methods used and levels of representation (Chase, 2005; Riessman, 1993, 2008). It focuses on “biographical particulars as narrated by the one who lives them” (Chase, p. 651). It begins with the narrative or story form where events are connected in a meaningful way to represent action and meaning, and “events perceived by the speaker as important are selected, organized, connected, and evaluated as meaningful for a particular audience” (Reissman, 2008, p. 3). There are different types of approaches within narrative inquiry related to the number of voices (participants) represented, the depth of the story (a moment, a period or life history), whether it is oral or written and who tells the story (autobiography, biography). This study uses the life story or personal narrative to elicit in-depth stories of a particularly significant aspect of women’s lives, namely healing from trauma. This particular approach developed from liberation movements of the 1960’s and 1970’s through the civil rights movement (slave narratives) and the second wave of the women’s movement where feminist research challenged dominant assumptions based on sex, class, race, ethnicity, sexual orientation and disability. Previously silenced voices were added to the mainstream societal views, expanding perspective, challenging power relationships in the dominant worldviews and exploring the power dynamics between researchers and participants (Chase, 2005). More recently, narrative inquiry has been used in the study of women’s spirituality (Cheals et al., 2003) and with women’s experiences of abuse and recovery (Ben-Ari & Dayan, 2008; Draucker, 2003; Hall & Powell, 2000).

Narrative inquiry is well suited to this study for a number of reasons outlined here. Narrative or story form enables one to reflect on, make sense of, interpret and find meaning in experience (Kirsh & Welsh, 2003), and by recounting multiple spiritual experiences (or events) it
enables exploration of how they are integrated into the participants everyday lives (Murray, 2003). Narrative is well suited to reveal the phenomenological aspects of experience (Yamane, 2000) and can be a means to healing (Mattingly & Lawlor, 2000; Rosenthal, 2003) making it compatible with sensitive topics and populations. Narrative inquiry is a common method of study in expanding our understanding of those whose voices have been silent, silenced or spoken by others on their behalf (Chase, 2005; Cheals et al., 2003). Narrative inquiry sets the stage for understanding experiences in context as it includes setting, action and resolution, as well as sub-narratives within narratives (Mishler, 1986; Riessman, 1993). It provides a range of analysis methods that are suitable for all of the questions in this study, and also provides contextual frameworks for fitting these pieces (sub-questions) together holistically with a consistent approach (Lieblich, Tuval-Mashiach & Zilber, 1998). Finally, narrative inquiry recognizes pre-narrative types of experiences (Murray, 2003) and disclosure where a story may not progress temporally or may exclude feelings and interpretations, which can be common among survivors of trauma (Herman, 1997; Riessman, 2002). In this situation these types of narratives can be re-storied or organized in a temporally sequential story for comparative purposes (Mishler, 1995).

As part of its attention to context, narrative inquiry accounts for socio-cultural factors which are described as master narratives or meta-narratives. According to Mishler (1995), meta-narratives “define rights and duties of dominant political and social groups” (p. 114) and while they can be oppressive, they can also offer people a way of identifying what is assumed to be normative experience (Andrews, 2004). Murray (2003) refers to these as dominant narratives and notes that they are not “value-neutral” (p. 99). Meta-narratives are often internalized either wittingly or unwittingly and can cause difficulties for individuals when they do not match with their inner personal narrative. Meaning making, growth and recovery can involve a process of identifying internalized meta-narratives and creating alternative counter narratives that are more aligned with personal experience. Counter narratives are “stories which people tell and live which
offer resistance…to dominant cultural narratives” (Andrews, 2004, p. 1). In analyzing narrative data it is important to note the different voices and influences of these types of narratives, for example by the use of first, second or third person (Personal Narrative Group, 1989).

Sample Selection

This study used purposive sampling (Neuman, 2000) to reach women who experienced child sexual abuse and were in the process of healing. The community participants in this study self-identified as survivors and volunteered to participate in response to flyers posted throughout Kingston and the surrounding area. Flyers were located in a variety of community settings such as sexual assault and trauma services, women’s services, mental health organizations, generic counseling and social services, public libraries and various university locations that are targeted to or frequented by younger or ‘mature’ students. The flyer asked “Have spiritual experiences affected your healing from childhood sexual abuse?” and “Would you like to share your perspective on healing or recovering from the impacts of childhood sexual abuse?” Information on the flyer noted that this was a Queen’s University PhD thesis study with details of the time commitment and the honorarium provided. To provide some context to the broad and inclusive meaning of ‘spiritual’ a statement indicated that all women with or without any spiritual or religious affiliation were welcome.

Potential participants contacted the researcher directly via phone or email to inquire further about the study. Information was provided, questions were answered and the researcher asked the following eligibility screening questions if there was interest in participating:

1. Are you 18 years of age or older?
2. Did you experience sexual abuse as a child (under the age of 16 years old)?
3. Do you currently live in the Kingston area?
4. Do you have support (for example, friend, family member or professional)?

5. What type of support(s) do you have?

The questions regarding supports were included to provide some assurance that should the women find the interview or study processes stressful or traumatizing, they would have existing supports accessible to them to respond to their needs. Lebowitz et al. (1993) recommends that survivors have established mechanisms to keep themselves safe, using positive coping strategies and the support of one safe attachment (which can be a friend, spouse, or therapist).

A total of 17 women responded to the flyer and 10 women participated in the study. Among those who did not participate, one did not attend the scheduled interview, one was not eligible, three declined and two indicated their interest after the data collection was completed. In keeping with the inclusion criteria all women were English speaking adults 18 years of age and older with a self-reported and self-defined history of child sexual abuse who identified as healing from the impacts of the abuse and resided in the greater Kingston area.

Sample size in a personal narrative or small qualitative study is often based on “reaching saturation” which is described as the point in a study where additional participants only provide “redundant results” (Josselson & Lieblich, 2002, p. 267). This occurs when relationships and patterns recur in the data until no new information is noted (Creswell, 1998). Josselson and Lieblich note however that this is not a straight forward determination because in truth, each participant is unique and is unlikely to produce no new data. In reality, data collection continues until enough information is available to answer the question but not so much that it can not be managed. Another consideration is how representative the sample is of the people under consideration in the study question (appropriately heterogeneous). But Mason (2002) notes that understanding the process is more important than representing the population. All of these factors contributed to the decision to stop at ten participants for this study.
At ten participants there was a considerable depth and richness of information from a heterogeneous sample. After five interviews I was seeing consistent descriptions of healing and was able to begin to answer the question of how spiritual experiences impact healing. I saw recurring themes and patterns regarding different types of spiritual experiences and how they affected their mind (thoughts), body and emotions. In addition, the decision to stop sampling was also based on the attainment of 20 solid interviews representing from 2.5 hours to 4.25 hours of formal interview recorded time with each participant; multiple supporting data sources (noted in the Analysis section); multiple spiritual experiences per participant (from three to 14 specific detailed experiences) so the sample of experiences is much larger than 10; and a heterogeneous sample in terms of age, types of abuse, age of abuse, relationship of perpetrator(s) to survivors, education, religious and/or spiritual affiliation, stages of healing, with/without children, economic opportunities, and mental health status. The study participants are described in a later section.

For the ten women who participated, a mutually agreeable location and time was set up to meet in person. The Information and Consent Form (Appendix A) was reviewed, discussed and signed. The purpose of the study was explained as well as the level and type of involvement, and the risks and benefits of participating. Women were reassured that their participation was voluntary at all times. Protection of their identity was discussed and a pseudonym was chosen for those who did not want to use their real name. One woman chose to use her real name.

**Data Collection**

Data were collected through two face-to-face semi-structured interviews of approximately one to two hours in length each, with additional contact throughout the study as participants provided additional information, reviewed their transcripts and provided feedback. Roughly half of the interviews were held in various private rooms on the Queen’s University campus (Louise D Acton building, Ban Righ Foundation, Grad Club and Stauffer Library) and
the other half were equally split between the participants’ homes and the researcher’s home. One participant changed locations, beginning on campus for the initial and then inviting the researcher to her home for the follow-up. All interviews were audio-taped.

Participants were asked broad questions in order to encourage open narrative responses and to encourage them to use their own words (Reissman, 2002). Proper names of significance were used by the interviewer only if they were first introduced by the interviewee and identified as relevant to them, for example, the universe, cosmic consciousness, God, Goddess, or the Force. The interview questions were designed to be discussion starters and were used only as a guide secondary to the participants own flow and areas of emphasis (Reissman). Probes and prompts were used to encourage deep description and focus the interview where necessary (Patton, 2002).

Interview One

The first interview began with questions about basic demographics and history of abuse that participants were comfortable sharing. This information guided the interview approach and provided context for understanding their healing process and what it means to be healing. Two closed questions on healing were asked to see where women situated themselves in relation to the stages of healing described in the literature and another to explore the idea of healing as an ongoing process versus an outcome, again, based on the literature. In addition, questions about spiritual and/or religious identification(s), affiliation(s) and practice(s) were included as they represent different levels of connection and action, for example, affiliation doesn’t necessarily mean practicing (Gall, 2006). The demographic information provided context for developing the interview relationship (Reissman, 2002) as well as descriptive information about the sample in relation to the results.
Subsequent questions asked “what aspects of your healing have felt spiritual?” and “what is a spiritual experience for you?” The latter question (answered by the last seven participants) replaced an earlier version “what does spirituality mean to you?” because it resulted in richer experiential descriptions. Inquiring about ‘spirituality’ had resulted in concepts, practices, beliefs, and generally a language of interpretation versus experience. Participants were then asked about any spiritual experiences they had and how these impacted their healing. See Appendix B for the Initial Interview Guide. The vast majority of the interview time focused on open ended questions and researcher silence to elicit responses and listen to the participants’ in-depth descriptions of their perspectives and experiences.

When asked about spiritual experiences, all participants responded without requests for further definition. For those participants who had multiple spiritual experiences, they were asked to describe their “most significant spiritual experiences” in the recent past (few years) as well as significant experiences over the course of their healing, as spiritual experiences may be repetitive or isolated, and can have significant impacts years afterwards (Wardell & Engebretson, 2006). When sharing historical experiences, participants tended to discuss their reflections and interpretations in the present.

Since spiritual experiences can manifest through images, feelings, iconic symbols and/or words, depending on the individual (Wardell & Engebretson, 2006) pencil crayons and paper were available and offered early in the interview for use in describing experiences (Finley, 2005). These were used by one participant during the interview and one other participant drew at home after interview one and brought it to the second interview. Several participants spoke of the importance of their creative works of art (including drawings, paintings, poetry and short stories) which they brought to subsequent meetings/interviews, emailed or displayed in their home. These
facilitated communication as participants talked about them in relation to their experiences and perspectives.

After the Interview

At the end of each interview time was taken to debrief and provide closure. Participants were asked how they felt about the interview. Most shared that while it was hard it was good to talk about the experiences as there are few outlets where they can do this. Further details are provided in the next chapter.

Field notes were written immediately after each interview to highlight observations, issues, concerns and further questions for clarification. Specifically, a Contact Summary Form for each participant included the main issues or themes; impressions about the narrator-listener relationship (interviewee-interviewer); things that stood out as salient, interesting, illuminating or important; emotions and energy level; and new or outstanding questions for the second interview (Miles & Huberman, 1994). These Forms were also used to record researcher reflections and interpretations throughout the data collection and analysis process.

Audio-taped interviews were transcribed verbatim by the researcher, including the interviewer/listener dialogue to capture the narrative in sufficient detail given the analysis method (Reissman, 2008). Lengths of silences, nonlexical (like ‘uhm’), false starts and discourse markers like ‘y’know’ or ‘so’, were not transcribed into text (Reissman, 2002) as these were not required for the analysis methods or to answer the research questions, thereby aiding the readability of the transcripts. During transcription the researcher identified and noted early themes and connections in the field notes. Clarifications of the initial interview transcript and further questions were noted for follow-up in the second interview. Identifiers like proper names and places were removed for confidentiality as were any sections requested for deletion from participants. Deletions tended to be related to identifiers or details in stories told about a third
party that were not related to the research questions and therefore not part of the data for analysis. In the one instance where a participant requested the deletion of the details of a spiritual experience it was still included in the analysis and interpretation for the creation of themes but was not audio recorded, documented or quoted in the thesis. The particular experience was reviewed in relation to all the themes that emerged for that particular participant and differ from the other experiences or contradict the identified themes. Deleting information requested is an ethical responsibility that ensures the safety and comfort of the participants without compromising the qualitative rigor of the study. In fact, as noted in Chapter 4, it enhances the rigor.

A copy of each transcript was offered to all clients and they were invited to review it and confirm their intended meanings and details. Nine of the ten participants indicated their interest in doing this so copies were provided and their feedback, changes, additions and clarifications were incorporated. Most added more information, clarified meanings or identified sections they did not want shared with others or included in the report. At the conclusion of the interviews participants were also offered the opportunity to review the results chapters and provide feedback and all ten of the women were involved in this.

Spiritual Experience Cards

Initial interview transcripts were reviewed to identify all words or concepts related to spiritual experiences and healing which were used as Spiritual Experience Cards for the follow-up interview (see Appendix C). A word was selected if it is an experience (for example, ‘ah-ha’, awe, joy); an adjective that describes an experience (for example, peaceful, profound, beyond); an outcome of experience or verb related to the experience (for example, awakening, accepting, connected, grounded, newness); a name for something that is not of this physical world (for example, the substance, cosmic consciousness, god/dess, the divine); a symbol (for example,
spiral, mandala); a spiritual or religious concept (for example, prayer, hope, faith); and transcedent or transformative aspects of self (for example, wisdom, intuition, little voice, higher self). These are not necessarily mutually exclusive categories and if in doubt, I included them (for example, symbols and spiritual or religious concepts were less clear).

In relation to the taxonomy of spiritual experiences (Wardell & Engebretson, 2006) with its three general domains of phenomenon, interpretation and circumstance, the above inclusions related to the phenomenon of the experience and the personal meaning in the interpretation domain while exclusions were related to organized worldviews in the interpretation domain and the circumstances (objects and places). Exclusions were ideologies (for example, post-structuralism, Christianity), physical objects (for example, the bible, a wooden box), places (for example, nature, church) and activities (for example, painting, meditation, journaling). Ideologies were further explored to discern the underlying meaning. For example, Leni spoke about the importance of post-structuralism as a spiritual experience in her healing and when exploring what this meant to her on an experiential level, it was evident that she was talking about being inspired by it.

Most spiritual experience cards were the participants’ exact words from their own interview transcript or based on descriptors. For example, for Joanna, ‘self-understanding’ was used to represent ‘understand myself better’ and ‘invisible’ and ‘unknowable’ were selected to represent her phrases ‘can’t touch’, ‘can’t understand’, and can ‘never see it or necessarily measure it.’ Implicit analysis was used to identify underlying themes particularly when they recurred throughout the interview. These were then confirmed or disconfirmed by the participants in the follow-up interview. For example, on reviewing Renée’s transcript, the phrase ‘inner strength’ was selected for her spiritual experience cards because she told numerous stories about how she fought back or overcame odds at various times in her life. The number of spiritual
experience words/phrases identified in the transcript ranged from 23 to 56 per participant, with additional ones added during the interview. While there is no qualitative significance in the actual number of spiritual experience cards, it is provided here simply to enhance the description of the process for the reader. These were printed in large font on separate pieces of paper for use in the follow-up interview. Spiritual experience cards were only used once for each participant and were selected from their own words from their own interview.

**Follow-up Interview**

A follow-up interview was conducted three to five weeks after the initial interview beginning with a check-in about any negative impacts from the first interview. Some women spoke to their support person or had to actively engage in self care but all noted that they were okay and glad they were participating. Next the interview focused on further exploration of the spiritual experiences and impacts on healing, and any questions or further thoughts from the first interview. This often resulted in clarifications as well as deeper and richer sharing of experiences, possibly due to pre-established rapport and relationship building, and also because participants had more time to think about the questions and their spiritual experiences. At the end of her follow-up interview Laura noted, “tonight really seemed to be good in that there was depth in a way that wasn’t there the first time.”

The words describing the circumstances of the spiritual experiences were helpful in initiating further exploration of the experiences described in the initial interview. The places and objects served as gateways to further sharing without using (possibly inappropriate) specific experiential words. For example, I asked Leni to tell me about her experience in water (an object) or in the woods (a place). I didn’t ask her to tell me about her experience of ‘clarity’ or ‘purity’ in the water even though those were some of her spiritual experiences words. I left the spiritual
experience words for participants to describe or re-describe in their own language and then only used them after they related them to the object, place, activity or ideology.

Participants were asked to select from the spiritual experience cards, those that are important to their healing. The process of creating them was explained and the ones that were not directly taken from participants’ own words were identifiable. Once selected, they were asked to talk about the cards they chose and how the selected words related to their healing. Multiple cards were selected (from seven to 54 per participant) and sometimes almost all of them. The cards were arranged in shapes and patterns and sometimes re-arranged, as women spoke about their importance or applied them to different experiences. Most women found this exercise to be very enjoyable and rewarding.

Finally, they were asked what types of overall experiences have helped them heal and ones that made it hard to heal. These questions were intended to see if any key spiritual experiences emerged and to open the door for them to share social, cultural, relational, and any other broad environmental factors in their healing, including dominant worldviews and meta-narratives. See Appendix D for the Follow-up Interview Guide.

**Study Participants**

Ten Caucasian women participated in two interviews resulting in a total interview time ranging from 2.5 to 4.25 hours with the study investigator. All spoke fluent English but for two participants it was their second language – their mother tongue was French and Bulgarian. Participants spanned all age groups with one in the lower end of the 18 to 29 year age group, six 30 to 49 and three 50 years of age or older. Highest formal education ranged from some high school to university graduation, with three attaining partial credits or a completed high school education, three with some college or university credits, one with college diplomas and three with
university degrees. Half of the women identified one or more religion(s) in their life (United, Anglican, Jewish, Buddhist). The other half stated they did not have any religious identifications or practices and specifically stated that they were not Christian but that they were very spiritual. Women utilized a variety of spiritual practices including divination (Runes, I Ching), meditation, astrology, journaling, inspirational reading and prayer.

The women experienced childhood sexual abuse starting at infancy and ranging up to teenage years, from their father, brother, cousin, extended family members, neighbours and/or strangers. All spoke of abuse by men and three experienced abuse by a woman as well. They described noncontact abuse such as inappropriate comments about sex or their body, as well as molestation, rape, coercion, attempted rape, ritual abuse and pornography. In the home, half of the women experienced physical abuse, four identified neglect and most felt emotional or verbal abuse.

Some participants shared that they currently experience mental illness or mental health issues, while others had either experienced some issues in the past or none at all. In their own words, current mental health issues or diagnoses include dissociation or dissociative identity disorder, post-traumatic stress disorder (PTSD), complex PTSD, borderline personality disorder, bipolar disorder, major depressive disorder, addictions, anxiety disorder, eating disorder and attention deficit disorder.

**Data Analysis**

The primary source of data used in the analysis was over 415 pages of interview transcripts and these were supplemented with a variety of additional data sources including interview audio files; spiritual experience cards; observations and notes taken during the interview; field notes in the form of Contact Sheets for each participant; art, stories, books and
poems provided by the participants; the audit trail and reflections; further clarification and feedback provided by participants on the transcript and results chapters; phone calls and emails from participants providing general feedback, input, ideas or questions; and feedback and coding information from my thesis committee. In qualitative research, analysis and interpretation begin when data collection begins. These additional data sources were used throughout the study process to gain further understanding of participant experiences, identify initial patterns and relationships, verify, check, confirm and add completeness when themes were identified from the transcripts and are referred to in the detailed descriptions under Parts 1, 2 and 3 where applicable. The art, stories, books and poems added depth and clarity to the experiences and meaning that the participants described in their interviews. Data analysis and interpretation were managed using colour coding of hard copy transcripts, hand written notes, MS Word and N*Vivo qualitative data management and analysis package.

Specific analyses followed the three general themes of inquiry – healing, spiritual experiences, and how those experiences influence healing – and analysis involved reading and re-reading the transcripts for each sub-question related to these three areas. This was a circular and iterative process as opposed to linear because the understanding of each phenomenon was supplemented by the understanding of another. Analysis began with a full exploration of each participant’s data before moving on to identifying themes across participants and comparisons among them, for each question. Inductive analysis was used in that the interpretation emerged solely from the participants without the use of pre-existing theories or models about how the results could or should be shaped. Analysis was also explicit versus implicit, in that it was based on what the women themselves said and not based on interpretation or assumptions of underlying meanings or subconscious processes.
Depending on the question being answered, three key forms of analysis were used based on Lieblich et al. (1998) – holistic-content (which explores overall themes), categorical-content (focuses on separate parts of the story) and categorical-form (which identifies emotion and tone). These are consistent with Mishler’s (1986) categories of content and structure where the former looks at what was said and the latter at how it is told. The taxonomy of spiritual experiences developed by Wardell & Engebretson (2006) supported the analysis as it includes categories for exploring spiritual experiences without imposing the content or processes of experiences.

Transcripts were reviewed with the explicit intent of noting where the interviewer voice entered the dialogue and if there were any introduced terms or changes in the narrator’s dialogue as a result (Riessman, 2002). In the few situations where this occurred or was suspected, it was clarified with the participant or the information was not used in the analysis.

The overall result of the interpretation process is the identification of themes that are meant to capture what healing means, what a spiritual experience is and how spiritual experiences heal. When overall themes were selected, the various stories and experiences were reviewed to confirm that the theme captured the experiences. Morse and Richards (2002) note that a theme in qualitative research is more than just a category or topic. A theme is woven throughout the data, appearing and reappearing, rather than being related to one segment. It is meant to capture a depth of information and to allow variation and complexity within it (Lieblich et al., 1998). For example, in chapter 7, the theme ‘Opens Doorways to Self’ includes physical, emotional and cognitive aspects of self and allows experiences that include going to a part of self or receiving a part of self.

Part 1. Understanding Healing

To answer the question ‘what does it mean to heal from the impacts of child sexual abuse?’ interview transcripts were reviewed and interpreted in a series of steps using the holistic
content approach to identify themes representing the broad range of perspectives shared by the participants. Due to the nature of responses, categorical content was also used as described below.

1. Responses to the open ended questions on healing were reviewed to identify words, phrases and descriptions of healing. These were then reviewed to identify patterns and grouped into key themes related to healing. As new themes emerged, previously identified themes were revisited for comparison. The themes all identified healing as a process.

2. These themes were compared to the themes identified in Part 2 of the analysis that describe what a spiritual experience is. This was done both to clarify concepts and to check for any overlap and relationships.

3. The healing themes identified in #1 above were reviewed in relation to Part 3 to check how they fit with stories about how spiritual experiences impact healing. There was consistency between these two comparisons.

4. The last step in the analysis of healing explored ways that the women viewed healing as an outcome to understand their perspectives due to the prevalence of this use in the literature and also as a form of triangulation. Because healing as an outcome did not emerge in the holistic content themes, the categorical content approach was used to conduct line by line coding (Creswell, 1998). Common patterns were noted and compared to the responses to the two closed categorical questions about healing to note similarities, differences or inconsistencies. This reinforced the process focus of healing.
Part 2. Understanding Spiritual Experiences

In the interview, women were asked to describe spiritual experiences that were meaningful to their healing and the circumstances around them. Analysis involved identifying all spiritual experiences, identifying exemplary spiritual experiences, and using categorical content analysis to distinguish the experiences from interpretation (using the taxonomy by Wardell and Engebretson, 2006) and to compare the phenomenon of the experience to descriptions of healing and stories of how spiritual experiences heal. The following specific steps were taken.

1. All spiritual experiences were selected and loosely numbered for ease of understanding due to the often multiple references to the same experience throughout the interviews. Labov and Waletzky’s (1979) six components of a story (abstract, orientation, complicating action, evaluation, result or resolution and coda) (as cited in Mishler, 1995) were used as a guide to identify complete stories of spiritual experiences. These were collated across the two interviews for each individual participant and then grouped into discrete, ongoing and general descriptions of spiritual experiences.

2. Re-storying (Mishler, 1995) was used for one experience that was difficult to understand because it was particularly fragmented throughout the interviews so the pieces of the story were copied into a separate document and re-ordered (based on setting, temporal sequence and internal versus external physical reality) in a way that enabled understanding and use in the analysis.

3. Wardell & Engebretson’s (2006) taxonomy was used to deconstruct complex or exemplary spiritual experiences to better understand them in terms of circumstances, manifestation and interpretation (see Appendix E). This involved a content analysis of the spiritual experiences based on the categories of the taxonomy. Thirty-eight
stories for six participants were coded to gain a greater understanding of the components of the whole. This was sufficient to enable identification of the remaining spiritual experiences. Remaining exemplary spiritual experiences were identified as well as brief descriptions of experiences. The more familiar I was with the components of spiritual experiences, the better I was able to recognize an experience when I read it.

4. Explicit responses to the question ‘what is a spiritual experience?’ were coded using both categorical content and holistic content analysis to identify patterns and themes. Themes were then compared to the actual spiritual experiences for consistency between the stories of spiritual experiences and the identified themes based on their definitions of a spiritual experience. The category in the taxonomy that describes the actual phenomenon of the experience is called ‘types of awareness’ and review of this category for the 38 coded spiritual experiences provided a check for clarity and consistency in the themes related to ‘what is a spiritual experience?’

5. Healing themes were compared to spiritual experience themes to verify their meaning and to check for discrete versus common elements. One area of similarity or overlap was identified and retained due to their qualitatively different states that reflected their particular qualities. Healing is about ‘feeling good’ and spiritual experiences were described as ‘intense positive experiences.’

6. As context, the circumstances of the spiritual experiences were grouped according to the taxonomy including external activity (everyday or symbolic such as meditation or prayer), internal state of mind (heightened, ordinary or contemplative), relations (solitary, with one other or with a group) and temporal aspects (isolated event or repeated, spontaneous or planned).
Part 3. How Spiritual Experiences Influence Healing

Interviewee perspectives on how spiritual experiences influence their healing process were analyzed by reviewing spiritual experiences that were linked to healing. Sequential and structural aspects of the narrative were preserved (Riessman, 2002) as they provided context and temporal sequence. With an understanding of the complexity of spiritual experiences in Part 2, analysis methods employed include categorical content, holistic content and categorical form focusing on action/how, impact, interpretation and aspects of self. Individual themes were compared across interviews to capture a holistic picture.

1. The exemplary stories were rich with descriptions of how spiritual experiences heal so they were used to begin to identify themes. Categorical content analysis was used to focus on the verbs and phrases that described action in relation to how spiritual experiences heal. These were then grouped and re-grouped according to themes related to how spiritual experiences heal. Initially, impacts that occurred within the experience (immediate) were reviewed separately from those that occurred in the interpretation of the experience, but no differences were noted so they were combined. For example, participants might feel support immediately in the experience or afterwards upon reflection. Effects of spiritual experiences could also be cumulative, growing or changing over time. Themes that emerged from the exemplary spiritual experiences were then compared to all of the remaining spiritual experiences to ensure they were represented in the themes.

2. Themes describing how spiritual experiences heal were then compared to the whole descriptions of spiritual experiences to capture temporal sequence and context, to confirm that they fit with the stories and to specifically link them to the process of healing, for example through phrases like ‘and then’ or ‘which made me realize.’
3. Themes were compared to the spiritual experience cards to check for consistency. The cards tended to be more general and inclusive of the ways that the specific spiritual experiences helped women to heal. Where new information was provided I went back to the transcripts for context.

4. The themes that highlighted how spiritual experiences impact healing were matched to the themes describing or defining healing itself. For example, a spiritual experience ‘opens a doorway to self’ (how) which in turn relates to the healing theme ‘connecting to self and winnowing.’ These were not fixed groups but were used to test how well they worked in relation to the whole. Where there was overlap, I went back to the transcripts with a focus on temporal sequence to note ‘what happened next.’ This helped distinguish the process from the effect. Asking the question ‘what happened next?’ led from the spiritual experience to its impact and the outcome of healing for many of the exemplary spiritual experiences.

5. In the process of using the taxonomy to classify the exemplary spiritual experiences in Part 2, five key categories emerged and assisted understanding how spiritual experiences heal – embodied experience, action (words that describe how it impacts), impacts or outcomes, interpretations/insights and aspects of self. Healing tended to be identified in ‘impacts’ and in ‘aspects of self’. All of the themes related to healing, defining a spiritual experience and how experiences help heal, were ‘tested’ against these five categories. The ‘how’ themes were compared to the ‘what is healing?’ themes and to those defining a spiritual experience to ensure that they were distinct. For example, for Maeve, ‘knowing’ was a key aspect of the experience itself and ‘awakening’ was the action and ‘awareness’ was an impact of the experience. Amanda experienced great joy (the phenomenon) but the way that the experience helped her heal was to anchor her in the
moment where ruminations about the past or anxieties about the future did not predominate.

6. Analysis involved a circular process of going from the experience to the participant’s interpretation of the experience and back (like a spiral) as the healing was described within these and over time. While I used a temporal sequence in the stories of spiritual experiences and healing, the way that spiritual experiences heal is very fluid and timeless. It is not linear. Many of the words used are both phenomenon and impact depending on the individual so they were context specific, for example, feeling overwhelming love and then being able to love self or others (Lori). From going back and forth from healing to spiritual experiences to how they impact healing and back into the context for each individual participant, it became clear how the experience of love could be understood in relation to her experiences. For this participant love fits with the definition of spiritual experiences as ‘intense positive feelings.’ The spiritual experience ‘expanded her perspective’ which allowed her to ‘transmute a negative’ and ‘care for herself’ (part of healing).

7. Overall, the transcripts were reviewed using categorical form analysis to note emotion and the way participants spoke including the use of active versus passive voice and the use of pronouns to identify master narratives and counter narratives. For example, the use of words such as ‘us’ and ‘them’, or first and third person, give clues to identifying the proximity of experience, as personal narratives will reside more closely to the individual (and be described as ‘I think…’ as opposed to ‘it is said that…’). This can indicate whose voice is speaking, their own or an internalized meta-narrative, and their related comfort level or tensions. Further verification of this voice was explored by reviewing transcripts.
for how participants positioned themselves in relation to others in their life, the interviewer and in relation to themselves (Personal Narratives Group, 1989).

8. Interpretations (which include individual and cultural relevance versus dissonance in their interpretation of the experience) were reviewed to identify master narratives and counter-narratives (as internalized collective stories) based on how participants situated their experiences in relation to dominant societal paradigms (Andrews, 2004; Chase, 2005) as well as their own religious or spiritual affiliations. Meta-narratives were also discussed by the women in relation to experiences that have helped or made it hard to heal.
Chapter 4
Quality Evaluation

Rigor in qualitative research is considered throughout the length of the study from beginning to completion and is demonstrated through researcher orientation, research methods, and how well this is articulated for the readers. Stige, Malterud & Midtgarden (2009) have developed an evaluation agenda for qualitative research that incorporates this broad spectrum based on seven items in two dimensions – the research methods (engagement, processing, interpretation and critique) and the application of the research results (in terms of context and consequences) to socio-cultural and academic fields (critique, usefulness, relevance and ethics). The authors have created an acronym for the items in their two dimensions (EPIC and CURE) and in combination (EPICURE). The guide was designed to be applicable for use with the broad range of philosophical approaches and paradigms that qualitative research can be based on. Thus it provides an evaluation agenda that is compatible with the pluralism of qualitative research rather than fixed criteria that require agreement on one ontological, epistemological or methodological approach. Here it is applied in the context of this constructivist narrative study with additional references used within each item where applicable.

Engagement

Engagement refers to the researcher’s closeness or relationship with the phenomenon being studied, including appreciation of the area of study, respect for participants and continuous interaction to understand both. It includes both the quality and quantity of interactions and relationships (Stige, et al., 2009). This was particularly important in this study given the complex topic of spiritual experiences from the perspective of participants who have experienced early childhood trauma of a sensitive and personal nature. Engagement was facilitated by full
explanations of the purpose and process of the study and the importance of participants’ perspectives, and practical support for their involvement and ongoing input to the study.

Participants chose their preferred interview location, which included private rooms on the university campus, their own homes and the researcher’s home. A dedicated phone number was provided and participants were encouraged to call or email the researcher if they had any questions, concerns or comments. Transcripts were delivered and picked up from their homes where this was preferred.

All of the women were involved throughout the entire process of this study and many initiated contact with the researcher. So in addition to the two formal interviews which resulted in approximately 30 hours of transcription, there were ongoing phone calls, emails and in person visits where they provided more information, added to their transcripts, asked and responded to questions, expanded on ideas, provided references or resources, and shared about their life in general.

Researcher experiences related to the topic of study facilitated understanding of the phenomenon for respectful engagement and enhanced researcher ability to connect with study participants. Personal researcher stance was consciously monitored and reflected upon throughout the study to ensure that participant experiences and interpretations remained in the forefront. Throughout the study observations, thoughts, feelings and ideas about the narrator-listener relationship were documented in the Contact Summary Sheets and discussed with the thesis advisor.

The following quotes from participants provide some of their views on engagement.

I feel amazing. I was very apprehensive going into this although I knew the rewards would overcome the inhibition part of it or the discomfort and I just wanted to let you know once again, on tape, I want you to know that the fact that you were willing to come to my home, [teary] I just think that’s amazing and I said it
to you on the phone but I’ll say it again. The fact that you allowed me to do this in my comfort zone you’ll never get more honest answers than you did. Thank you so much. – Renée

Yeah. So I think I probably sound a bit kooky now. [Researcher: Not to me.] Well I’m glad not to you. I can tell. – Kira

It’s very good for me. It’s healing to be able to say it out loud and to see it. You know, I’ve never really sat there and said ‘okay what is my process’ so this has been really good for me to actually lay it out and to say ‘oh, this is what it looks like’ so, it’s good to be able to speak my truth out loud, in a safe environment of course. – Maeve

[First Interview] So I’m so much better. This morning I wasn’t though, this morning I’m like ‘oh my god, oh my god.’ It was so weird, it was like I felt as though I wouldn’t be believed. It’s so bizarre that I had that feeling. … [At closure] Okay. And then when we get to see each other again [in the follow-up interview], then yeah, [more] change. … I feel I can actually express myself very well with you. – Amanda

Processing

Processing refers to the process of “producing, ordering and analyzing” (Stige et al., 2009, p. 1509) data with the aim of precision, thoroughness, systematic effort, appraisal and contextualized judgment. This includes the sample, the interview itself, data management, ensuring accuracy, reflexivity and documentation, verification by participants and committee members and triangulation approaches.

While the sample is heterogeneous in terms of age, education, type of abuse, religion, relationship status, children, economic situation, length of time healing and mental health issues, all of the participants are Caucasian. Criteria for determining sample size in a qualitative study are not clear or concrete and it is possible that the inclusion of more than ten participants, younger participants and visible minorities could change the results.
Interview questions were reframed, repeated and expanded on where necessary (Krefting, 1991). A broad range of data and information sources were gathered for the analysis including transcripts from two in-depth interviews, art, poetry, stories, feedback, field notes and reflections. Participants shared fully and the researcher voice was minimal. The interview guide was designed with bias-free language to avoid the use of any specific religious or spiritual symbols, names or ideology and transcripts were reviewed to confirm that specific interpretations or proper names were not used unless and until they were first introduced by the participants themselves. The following dialogue provides one example of the importance of this:

R: Okay. You’re not going to say Jesus Christ or that type of.

J: No.

R: Yeah. It’s spiritual.

J: Yeah.

R: Okay. Good.

J: There’s no religious, I worked to not have any religious, specific religious language in it.

R: Good. Excellent.

J: And I ran it by people.

R: Then by all means, go ahead.

Participants were involved throughout the processing stage. Nine of the ten participants who chose to review their transcripts for accuracy and/or comfort, added or removed content and confirmed their intended meaning. All participants reviewed the results chapters and confirmed comfort with the themes and personal selected quotes that were included. Issues or questions that were noted in the individual Contact Summary sheets were followed up on to check, clarify and correct – questions were answered, concerns were tested by specific review of the transcript, review of the audio files and by asking participants directly where appropriate.
Methodological process and content issues and decisions along with rationale were documented at all stages of the research process as an audit trail (Morse & Field, 1996; Rodgers & Cowles, 1993) which was reviewed by the thesis advisor. Concerns, issues and questions were taken to my committee members for input, feedback or verification. Peer examination is a way of checking the rigor of the research process where insights and problems are discussed (Krefting, 1991). As a student learning qualitative research this process involved all members of the thesis advisory committee at various stages of data collection including listening to sections of the audio recordings, comparison of initial and follow-up transcripts and the role of spiritual experience cards (in the follow-up interview) in validating stories from the initial interview, transcript review with a focus on the difference between spiritual experiences and dissociation, joint transcript coding and comparison of themes, and feedback on status reports based on issues identified and changes made as documented in the audit trail.

Triangulation is one form of ensuring rigor and has been described as “the simultaneous display of multiple refracted realities” (Denzin & Lincoln, 2005, p. 6). Streubert and Carpenter (1999) describe triangulation as multiple viewpoints or perspectives in understanding the completeness or confirming the results regarding the description of a phenomenon. Four types of triangulation have been described in the literature – data, theory, methods and investigator (Krefting, 1991; Streubert & Carpenter, 1999). The first three can be applied to this research. First, the collection of data at two points in time (initial and follow-up) provides two perspectives from the same participants. Theory involves consideration of the results in light of existing and competing theories to assess how well they explain the results. This is addressed in the Discussion section. The third type applicable to this study is discussed below.

Methods triangulation refers to different types of data collection and in this study the use of spiritual experience cards in the follow up interview verified and validated sharing from the
initial interview and often took women into a deeper, holistic and integrated sharing of their healing in spiritual experiences. The initial interview tended to focus on stories about spiritual experiences in healing and the spiritual experience cards elicited general descriptions that were compared to the stories. Leni described in detail how water helps her heal including the elemental properties of water that she experiences, how swimming in water brings these out, and how these help her heal by transcendence, immersion in positive states, and connecting with her body and her thoughts. This description added depth to her earlier stories of spiritual experiences in water. She repeated this comparison with her experience in the garden using some different cards.

The process of using spiritual experience cards was well received by participants. Lori described the process as “freeing,” stating, “they don’t have to be a certain way. I can put them however I want them.” Maeve noted, “It is handy to have those words out there! To try to think what you’re thinking.” Amanda said, “I could play around with this all day long, to create stuff. It’s all interconnected, separating it is kinda difficult.”

**Interpretation**

Interpretation is “the act of creating meaning by identifying patterns and developing contexts for the understanding of experiences and descriptions” (Stige et al., 2009, p. 1509). It includes thick description, an awareness of levels of interpretation and the interplay of researcher and participant voices, the use of multiple interpretations and understanding the results in relation to various theories.

Interpretive rigor is facilitated by the use of thick descriptions with the inclusion of the first person voice of the participants to illustrate the composite descriptions. These are used extensively in the results chapters. Fossey, Harvey, McDermott and Davidson (2002) suggest that the greater the proportion of the data used in the interpretation the greater the indication of
coherence and in this study the vast majority of interview data were used in the interpretation of
the results. In addition, participants shared multiple stories of spiritual experiences which
facilitated understanding and interpretation both individually and collectively.

Krefting (1991) and Fossey et al. (2002) highlight the importance of addressing
disconfirming information. Early in the initial interview Leni described a very terrifying
experience as a ‘spiritual’ experience which had a very negative impact on her healing. It was at
this point in the study (Interview four) that I realized that up to this point, all the participants had
described spiritual experiences as positive. This led me to question whether or not I had been
leading the first three participants in my questioning so I returned to the transcripts and checked
all of my questions and responses. This process verified that I had followed the interview guide
and asked how their spiritual experiences “influenced” their healing. I noted where I used
language that referenced this relationship in the positive and it was only after the participant
indicated this in the interview.

Leni’s negative spiritual experience did not fit the data because other
participants had described spiritual experiences as positive and their effects as helpful to healing.
I noted it as an area of concern requiring further exploration and returned to my Contact Sheet
and Leni’s transcripts to re-read them with a particular eye to her descriptions of spirituality and
spiritual experiences. I noticed that further in the interview Leni described spiritual experiences as
‘positive’ and provided many spontaneous descriptions of spiritual experiences that were healing.
I shared with her my thoughts on her nightmare and my lack of clarity around whether or not it
was a spiritual experience. For Leni it seemed that the original incident was viewed as spiritual
because of her interpretation (it was about eternity and spirituality is about eternity). She said that
her mother would have her do the sign of the cross after she had this nightmare as a child and that
she was raised in a fundamentalist Catholic family where spiritual experiences have to include the
negative or evil in the world. It seemed that the recurrent visions of this nightmare that she had as an adult were identified as spiritual based on that early religious interpretation. As her interviews progressed she consistently described spiritual experiences as positive healing experiences and they were described based on her embodied experience without the entanglement of religious interpretations.

The shift in Leni’s perspective to viewing spiritual experiences as positive could be a result of interviewer bias or it could be due to Leni’s process of clarity in defining for herself, what spiritual experiences are, rather than defining them based on her upbringing in a fundamentalist Christian household. Parts of Leni’s audio recording and transcripts were reviewed by my Advisor to receive additional perspective and feedback on this interview. Presenting this dilemma transparently is one way that rigor in qualitative research is addressed. The intent is to present my process with enough information that the reader can decide if my process or conclusion is appropriate.

Leni’s experience also raised the question of whether or not a nightmare is spiritual. For other participants, certain dreams were spiritual experiences, but all dreams were not automatically considered a spiritual experience. The dreams that were spiritual experiences had an expansive and positive quality to them where they gained insight and let go of something negative. Similarly, with painting, Amanda noted that some of her paintings are very spiritual, but not all of them. Spiritual experiences are defined by personal embodied experiences rather than the context or circumstances.

Interpretive rigor was further strengthened by the participants’ review of the results chapters (Chapters 5 through 8) and by the feedback provided. Below are some responses from participants.
I liked the theme of facing the dragon. … The title of theme ‘connecting and discerning’ seems too vague for me – it seems more exact to say ‘sorting out self’ or … ‘self-connections.’ Also the title of the theme ‘being’ better feels icky. ‘Becoming better’ emphasizes the process aspect of it. – Lori

I have read everything over and you have done a great job, the themes fit wonderfully and I couldn’t find anything that I would change. – Tricia

I just finished reading the first draft of that chapter. I feel very honoured to read the journeys of the women who shared so much of themselves with you. It was very energetic to read of the process of growth that each of us experienced on our path to ourselves. I could see what a place of sacredness that you held for each of us and for that, I thank you! – Laura

Finally, this quality evaluation domain involves reflecting on the multiple levels of interpretation. In the Initial Interview participants were encouraged to tell stories about their spiritual experiences in healing. These stories were interpreted in relation to what healing means to them and the spiritual experiences they described that particularly impacted their healing. In the Follow-up Interview I asked them to describe how spiritual experiences heal and to discuss spiritual experience cards. This interview resulted in the participants interpreting their stories and ideas from the first interview. In the analysis I then interpreted their interpretations and compared them to their stories and to my own impressions, for consistency and further understanding. These results were further interpreted for deeper or broader meanings that emerged, for consideration in the Discussion. There is a progression from individual participant stories and interpretations to collective interpretations, and while I have used the participants’ own words in identifying themes, at this higher level of analysis, I am overlaying my own perspective. In the Discussion I extend understanding of the results by comparing them to existing theories. This process demonstrates multiple levels of interpretation.
Critique

Continuing with the evaluation framework developed by Stige et al. (2009), critique includes self-critique and social critique in relation to both the research process and the product or results. Self critique requires the researcher to demonstrate reflexivity across the first three areas (engagement, processing and interpretation) and relationships between them. Throughout this research study, questions, problems, assumptions, biases and thoughts were noted in the Audit Trail, participant Contact Summaries and a personal journal, all of which guided decisions impacting the research process.

At the interview stage, I was conscious of my primary role as researcher and my initial understanding was that I was not to reveal my opinions, thus remaining neutral to the content (while not neutral to the development of the relationship) (Neuman, 2000; Patton, 2002). At times this researcher role conflicted with my training as an occupational therapist and with my personal ethics particularly when participants would share an experience that demanded an empathetic validating response, which I gave. I reflected on how it would not feel right to remain neutral in response to emotional sharing about abuse experiences or descriptions of injustices, especially when being disclosed for the first time. Through reflection, further exploration of the feminist literature (Bergen, 1993; Edwards, 1993), and in discussion with my Supervisor, I was supported in being authentic and recognized that responding to experiences of abuse would not bias the study results in relation to the questions being explored. This approach is consistent with a feminist constructivist approach which reinforces that the researcher is part of the study, in an authentic relationship with the participants. I continued to monitor and reflect on my interview style and responses, and their impacts (Krefting, 1991). In contrast to this example, I remained fully neutral on aspects of spirituality and spiritual experiences but there were times during participant interpretations of their experiences when I felt my own internalized meta-narrative
that questioned my ability to conduct this study without having religious training. The dominant meta-narrative that only religious clergy are qualified to engage in discussions about spirituality was internalized so I felt myself questioning this even though I do not agree with it.

Part of reflection and self critique involves demonstrating where these processes resulted in effective changes. A number of changes were made at the processing stage. For example, during the interview I noticed that asking about ‘spirituality’ tended to shift responses from personal experiences to general, abstract or ideological accounts so the question was changed to ask about ‘spiritual experiences.’ I was particularly concerned that I maintain neutrality in relation to spiritual and religious interpretations so I reviewed my responses in the transcripts and compared them in response to religious content versus spiritual content to see if there was a difference. Two of the participants were strongly identified with their religion and had limited experience with other ideologies or practices. I reviewed their transcripts and changed the word God to ‘the force’ (as an example) to check if it altered the appropriateness of my response in the interview. There were no differences noted.

In the analysis stage when I described how spiritual experiences heal, I felt that the theme called Gives Faith and Hope did not fit but I did not know why. On further in-depth review I removed this theme because the quotes were more about how the spiritual experiences inform interpretation and this was not one of the research questions. On reflection I realized that I included it because there is so much emphasis on Faith and Hope in religions and participants were expressing that emphasis. When I reinterpreted the quotes it was apparent that the women were not talking about spiritual experiences. They were talking about their beliefs. One of the quotes was moved to the Interpretation section (in Chapter 8) where it added depth to the theme Connecting Experiences to Beliefs.
Each of these examples provides a window into the inter-relationships across all stages of the research and the importance of reflexivity. Sound interpretation and re-interpretation require data that clearly represent the phenomenon being studied and this in turn requires an engaging unbiased interview process. Each change in response to reflections and issues impacts the whole. Mishler (1986) uses the term interactional setting to refer to the need to understand the interpersonal context in which narrative accounts are constructed. This includes how the interviewer listens, attends, encourages, interrupts, digresses, initiates topics and terminates responses. It also includes gender, age, culture, and religion of both the interviewee and the interviewer (Riessman, 1993). Contact Summary notes were written to maintain conscious awareness of issues and reflections on these aspects of the relationship with each participant. For example, regarding one participant interview I wrote: “I thought about the point when she emitted the most energy around an experience … so I asked her more about that – to describe that. … Interestingly, her language flowed when talking about spiritual experiences in the woods. … When I ‘think’ that there aren’t any spiritual experiences it’s good to trust my gut/heart response – when I feel moved or when the energy is raised, then that seems to signal a spiritual experience. So far it is working.”

Social critique involves demonstrating how the research addresses the role of power and privilege or repression and disempowerment both in terms of the research process and the application of the results. In the research process, the researcher took action to facilitate participant empowerment by taking time to explain processes, clarify intent and actively ensure understanding (for example, considerations in the use of a pseudonym); reassuring participants that the study is fully voluntary at all stages; explicitly and proactively providing choices around recorded, transcribed and quoted text and the option for specific material to be deleted or modified for their comfort; discussing the role of the Advisory Committee in potentially reviewing their material; and explicitly requesting and responding to their input.
Questions of power emerged for me regarding considerations in disclosing personal information about my healing and childhood experiences. I openly shared when directly or indirectly asked but did not disclose otherwise. The most common indirect question was ‘Why are you doing this study?’ and in response I shared my experience working with survivors and that I had my own history. Edwards (1983) shared her personal experiences with all participants at the end of her study as a way of reducing the power imbalance between researcher and participant, noting that the women wanted to know. I questioned whether all the women in my study wanted to know. At the end of the interview I asked if they had any questions but in retrospect I would ask specifically if they wanted to know anything ‘about me’ or about the study. Also, in response to sharing my personal experience, one woman who was initially very appreciative and responsive to this sharing, later negatively compared herself to me because she perceived me as further healed or ahead in life and judged herself for not being able to be better.

Throughout this study my ‘counselor-therapist’ self was the predominant energy I brought to interviews (second to the ‘researcher’ self) and over the course of this research, the role of my personal experiences in conducting this research faded in importance. I did not disclose my spiritual perspective (and lack of religious perspective) unless asked and this only came up in two interviews (Laura and Renée).

Another area of challenge in terms of empowerment was in the way I approached engaging participants in the transcript review process. Initially I asked them if they would like to review their transcript because it improved the results. Framing it this way was deliberately intended to illustrate the value of their input but for some participants this review was an onerous task. So I reinforced that it is a choice, explained that it can be onerous and created a letter with suggestions on how they might approach their review process. Most participants were disconcerted by the way they ‘sounded’ in the their transcript and I reassured them, both in the letter and in person before I gave them their transcript, that everyone sounds like that when they
are talking. I illustrated this with examples of my own stop and start sentences. These two examples highlight ongoing issues in the empowerment process when participants are being invited in and as the researcher I am clearly in the position of power by the nature of my role and the information I have.

The analysis of dominant meta-narratives of patriarchy, medical labeling and organized religion was integral to the research process and provided social critique on systems of oppression as experienced by some of the women and their impacts on healing. In contrast to some of these dominant meta-narratives, results of this study support the assumptions that survivors are resourceful and empowered in their healing, that they can access spiritual experiences and inner wisdom, that there are alternatives to negative labeling, that mental health issues do not preclude capacity for spiritual experiences, that there is a wealth of rich spiritual experience that exists outside of religious contexts and that health professionals can engage in dialogue on spiritual experiences without religious training. These also relate to usefulness and relevance factors below.

**Usefulness**

Usefulness refers to how the research provides new understanding that can be applied to everyday settings. The results of this study are directly transferable to clinical and real world situations where counselors, health professionals, family or friends may be in a position to engage, listen and support survivors in accessing, experiencing and interpreting their spiritual experiences. The emergent themes provide in depth understanding of some of the ways spiritual experiences can assist with healing. At a more basic level, this study provides validation regarding the feasibility of using language related to experiences that deviate from the physical reality of our everyday five senses. It demonstrates that it is possible to speak about spiritual experiences with people who may or may not be religious, without the use of symbols and
concepts associated with any specific religion. Spiritual experiences were accessible to people who reject religion as well as those who practice and identify with an organized religion.

Please get the message across how important it is for women to be empowered by women. You know, to have that knowledge of women’s spirituality. – Maeve

They were real experiences and they were informing my process and my healing as much as anything, which is why I’m so glad you’re doing this study because helping people actually facilitate for that and also helping them name when they’re starting to happen, to name that as a spiritual experience and to elevate it to the point of, you know, it’s important that you continue to connect with this. – Kira

Relevance

Relevance refers to how the research is linked to and extends existing theory and discourse in an (inter)disciplinary context. Addressing the role of spiritual experiences in a health context involves various perspectives among health professionals and paraprofessionals in the community and in health facilities. In response to expressed concerns by health professionals about how to address spirituality among patients and clients, results of this study contribute to the expanding body of knowledge that distinguishes between spirituality, spiritual experiences and religion. Results of this study contribute to a scientific view of health and healing for health professionals, demonstrating that a theological or religious interpretation of the reality or source of spiritual experiences (which is out of their scope practice) is not necessary to understand the phenomenon. Results support a holistic view of health which is compatible with transpersonal psychology and occupational therapy models of practice. The results of this study contribute to theory on transformation, consciousness, transcendence, recovery, transpersonal psychology, and occupational science. This study reinforces the strengths, resources and wisdom of survivors themselves and the key role they play in their own healing. Survivor perspectives are taken at face value and it is not possible or necessary to know an absolute truth regarding the
interpretation of their spiritual experiences. In the Discussion various interpretations are respectfully explored in relation to current theories.

**Ethics**

Ethics refers to the ways that “values and moral principles are integrated in the actions and reflections of research” (Stige et al., 2009, p. 1511). This study began with review and approval by the Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board. Once the study was initiated additional ethical considerations continued throughout the study since research with people who have experienced early trauma is particularly sensitive and requires specific ethical considerations (Streubert & Carpenter, 1999). Prior to participating in the study women were asked if they had a support person in place that they can turn to should they need or want support following the interview. Participants were told about the type of results that are common in qualitative research such as quotes to illustrate a particular theme and the use of a pseudonym. Implications were well explained. They were informed that they were not required to participate in the study; they could withdraw at any time should they become uncomfortable; they could refuse to answer any question; and they could request the deletion of any information after it had been collected. Participants were offered the option of not having the details of their abuse or the interview tape-recorded. Audio recording was stopped as requested and restarted throughout the interview and specific segments were deleted, as requested by the participant. This tended to be when sharing more personal information. The researcher took a supportive role when needed without concern for loss of data due to potential bias.

At the end of the interview, time was taken to debrief or check-in with the participant to see how they were feeling, to discuss any difficult material or residual discomfort that may have been brought up by the interview and to discuss self-care measures (Blanck, Bellack, Rosnow, Rotheram-Borus & Schooler, 1992). A list of community resources was offered and/or provided
to the participant. The interviewer ensured that the participant was stable before leaving and follow-up calls were made in one instance. The Follow-up interview began with a check-in to inquire about any impacts of the first interview. Those who found the first interview unsettling or upsetting received support and wished to continue with the study.

Women shared a range of responses to their involvement in the study. In response to the interview itself feelings varied from “energetic in a positive way” (Laura) to “feeling tired” (Carolyn). Participants also wanted to help others who may be going through what they were going through - “I hope this helps somebody somewhere” (Tricia).

It’s always really really hard to just talk about everything. But I’m happy that I’m trying. … I’ve talked about a lot of things and I hope I’ve made myself clear. …I hope your study benefits from it. I definitely benefited from this so thank you for that.” – Joanna

…this is like being able to tell somebody how I feel about my life. Somebody listened to me so I think it’s likely a positive thing and for whatever’s stirred up, I don’t know. I might feel it later. I don’t know right now. – Leni

I’m feeling good. I’m feeling happy. … I enjoyed this process and when I speak my truth out loud I can feel the healing. … And I don’t normally know until I get broadsided by the feelings, later or two days from now or, but right now I’m feeling good about telling you the story. And I have tons of supports so that if I’m not feeling well I’m not worried at all… I’m very glad you’re doing this study. – Kira
Chapter 5
Understanding Healing

This chapter describes the participant themes in response to what is healing, explores healing as a process and as an outcome, and compares the participant themes to five themes from the literature. See Table 2 for a summary of the results from this chapter and for the subsequent three chapters describing the results.

What is Healing?

In response to the question, what does it mean to be healing from child sexual abuse, the following themes (in no particular order) emerged from the participants’ descriptions – facing the dragons, connecting to self and winnowing, transmuting negatives, feeling good, gaining strength, caring for self and reclaiming self.

Facing the Dragons

Facing the dragons refers to facing the memories, the impacts and some of the ways they coped with the abuse; accepting what happened, who they are as a result of the abuse and that healing takes work and time; not denying what happened; and admitting their need for help. Women used active verbs like “looking at”, “realizing”, “not denying”, “accepting”, “acknowledging” and “facing”, and used phrases that described effort or “work”, for example, “I have to” or “being able to.” Maeve referred to healing as “a huge awakening.”

It was time to go and start looking in the past and start looking at the parts inside of myself and being able to listen and to be able to heal. – Maeve

When the floodgates came down and I realized what had happened, it was like [big exhale], I understood myself then, it was like ‘okay, so that’s why I’m doing the things I’m doing!’ – Tricia
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<th>How Spiritual Experiences Heal</th>
<th>Engaging Self in Context</th>
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<td>UNIFYING</td>
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<td>Intense positive feelings A “life of its own”</td>
<td>Opens doorways to self Moves &amp; shifts energy</td>
<td>TAKING ACTION Facilitated by OCCUPATION: Portal to spirit Transcend language &amp; mind Facilitate internal communication Connect with body through doing Inherent spiritual qualities</td>
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<tr>
<td>Connecting to self &amp; winnowing</td>
<td>A different reality Timeless</td>
<td>Expands perspective – flips it</td>
<td>REFLECTION as: Meaning making Connecting experience to beliefs Reconciling dissonance Discerning support from others Reconciling meta-narratives</td>
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<td>Transmuting negative</td>
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<td>Reveals &amp; anchors truths</td>
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<td>Feeling good</td>
<td>Meaningful connection</td>
<td>Connects to now</td>
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It is monumental. It does affect me in so many ways and I don’t want to deny it. I don’t want to say it has no affect on me or it doesn’t change me in any way because it does. – Joanna

And I think in order for healing to take place we need to accept the truth for being what it is. … I think it’s honestly being able to look at the past and see it for what it was. … I had to acknowledge and accept that I’d been abused. – Laura

What I’m doing now to get clarity is doing that emotional work and accepting that I have to do that emotional work. … addressing the beliefs, doing the cognitive work. And maybe when I really accept the full extent of how sick I have been and am, then I’ll see that ‘better’ are those little things, what seem like little accomplishments. – Leni

I have to know in my heart that had I been afforded, had circumstances been different I would have done different, but circumstances be as they may, I did what I could with what I knew and what I had, and I couldn’t do more. – Renée

I cannot get up as a healing survivor unless I’m willing to face the truth of my circumstances … It means being willing, … to day after day, to get up and to own that truth, to say this is the truth about who I am and to need to be willing to sit with those feelings. – Kira

Those triggers will always come. I don’t always know what they’re triggered by. Some, I do, but I can’t avoid the smell of manure. So just recognizing that, knowing that. – Carolyn

**Connecting to Self and Winnowing**

Connecting to self and winnowing refers to women tuning in to their body, feelings, thoughts and memories, and then getting clarity, sorting out the feelings, making connections and bringing the pieces together. Lori used the term winnowing to describe a process of sifting and sorting while Kira used the metaphor of an archeologist, which is also captured by “winnowing”.
Healing is “about connecting with your body, about living in your body” (Laura) and having “more awareness of me, as my body belonging to me and being something that I have control over” (Lori). For Amanda it was important “to know and to feel that what you are sensing is the right thing for you.”

Women described healing as getting more in touch with feelings, releasing feelings, honouring feelings, recognizing them and discerning what they are.

My purpose was just to go back and try to bring up some of the emotions because I’d blocked out all of my emotions, good and bad. … So that’s where I felt I needed to work through some of that and I needed to be able to raise my awareness of what those emotions were because some of them I didn’t understand. – Carolyn

Kira described herself as “an archeologist of the truth” stating, “I’m in a real active dig right now.” The archeologist provides a metaphor for aspects of healing that mirror discovering and finding memories or parts of self, sorting and reviewing them, categorizing what to keep and what to throw away, and putting the pieces together to understand what it all means.

And that’s been a big part of my journey is sorting out the feelings … And looking at some of the belief systems around the distortions as a result of the abuse … It was beautiful seeing stuff like that. Just to have clarity. – Kira

It’s kind of that winnowing of, that’s the voice right there, that’s the voice, not all these other voices. That’s the voice that I’m following. That’s the voice that I’m listening to. That’s the voice that I’m hearing. – Lori

So it hasn’t been ‘til the last four years that I’ve actually brought … the pieces together to understand. But the memories were there of certain things but [I was] not understanding what these memories meant until they were able to be brought together. … Then it was time to go and start looking in the past and start looking at the parts inside of myself and being able to listen and to be able to heal. – Maeve
I mean it’s sometimes only as an adult that you can review your past and realize what masks you did wear simply because you had no idea that you were wearing them. And that certain traits or behaviours that you have are born out of survival. – Laura

Transmuting the Negatives

Transmuting the negatives refers to healing as changing, releasing, removing or letting go of the negative impacts of abuse, including the triggers, thoughts, feelings and behaviours. Healing was described as the absence of negatives such as fear, anxiety, anger, hate, tears, “icky feelings”, “knots in my stomach”, being controlled by the memories, powerlessness, confusion, shame, guilt, “body pain”, “mind pain”, self recriminations, self-hatred and blame. Renée described healing as pulverizing a glass until it is dust, and could no longer hurt her.

[Healing is] to be able to speak about the experience much in the way that I’m able to speak about other similar experiences and not have my heart cloud my head. … Every success along the way, every success chips away at the negative. … like breaking a valuable piece of glass with a hammer. Each time you do something good you smash it once and you rebuild your self esteem and you rebuild everything that was taken down. And ultimately, at some point you’re going to hit it enough times that you’ve pulverized the glass and it’s no longer something that can cut you or hurt you, it’s just powder. – Renée

Healing for me was in being able to make a mistake without being tormented for days because of it…. To realize I am just like everyone else… that to make a mistake means I’m healthy. …It’s all about just trying to use control to cover up my shame and fear of abandonment, that is what I was programmed to do when I was little. I posted a note by my bed to say in large letters “I made a mistake today YAH! That means I’m healthy and just like everyone else”. – Maeve

From the beginning I basically felt that it was a hundred percent my fault, everything that happened. I was born bad, I survived. You know all the things that I’ve been taught as a child and it started with the cognitive therapy type of stuff, and changing my thinking. Counselors were able to help me see that the
perpetrators were the ones that were doing wrong. I understand now. – Carolyn

The way that my thought patterns are, they’re pretty well stuck on things that aren’t very positive for me, and so you try to remove that stuff and form new connections. …Changing negative things about myself that have hindered me and caused me pain; to restructure my brain, making new connections, by doing it over and over again. – Amanda

And it was so scary to see that after so many years I was still so vulnerable to that man. … I was still so in his possession. So healing would be to be free of experiences like that. To be free of re-experiencing that pain. – Joanna

Release some of the feelings …overcoming the shame and the fear of talking about it with somebody and what’s their reaction going to be. ….I just got to the point where I knew I needed to change that – I started to see it differently. – Lori

It’s more of what it [healing] excludes and that’s the huge fear and anger and powerlessness. It’s more the things that aren’t there anymore rather than things that are because I don’t know what there is to come. – Leni

Feeling Good

In addition to transmuting the negative feelings, healing included experiencing positive emotions – feeling good. Leni stated that healing is “anything that feels good.” The theme of feeling good includes feeling worthy, joy, happiness, self-awareness, peace or serenity.

So that’s helped a lot, … keeping the idea alive, that that can feel good. And enjoying the moments when it does feel good. …Clarity sometimes goes with the serenity but sometimes when I’m serene it doesn’t matter. I don’t think any more about wanting the clarity…. I don’t know if it’s gone or if it doesn’t have any truth anymore. – Leni

I feel better about myself like I feel like I’m worthy of something…. Healing from abuse, I guess the way it felt for me was being able to let go of all that icky feeling and to feel good
about things. … I just, I let it go, I feel good, I don’t have knots in my stomach. – Tricia

Finally trusting someone with the truth and feeling good about it … I think a big part of healing is feeling good about admitting things and feeling good about admitting that this happened to you. – Joanna

I’m doing things that I could never do before, like feeling joy and, feeling more self aware. – Amanda

The ability to enjoy the moment. That’s a big part of it. … That’s to me what healing is, is to be able to have those moments, to wake up feeling good. … to be able to sit and look out the window and see the most beautiful day I’ve ever seen and to feel it ….that’s what healing means to me. – Maeve

Gaining Strength

Women in the study talked about gaining strength in the context of healing. This theme includes healing on the inside and being authentic on the outside, being empowered, gaining inner strength and self confidence, being brave, having courage, standing up and overcoming. Strength can come from connecting and discerning as Lori stated, “you discover resources about yourself that you didn’t know that you had and it’s like, oh, I’m strong there.” For Amanda “it’s self confidence and trusting yourself.” For some, being a survivor means being strong in comparison to being a victim and for others, just surviving is not enough; they want to thrive or flourish.

… about the two sides. I think what I meant was one being a victim and one being a survivor. In coping you’re portraying external strength but really you see yourself as a victim. That’s what I feel the word coping defines, this sort of, portraying external strength but then being extremely fragile and broken inside. And I would rather heal on the inside first and then portray external strength. – Joanna

I’m a survivor just like a breast cancer survivor or any other kind of survivor… And I let it get me down …a little more often than
I’d like it to but in my day-to-day life am I successful! … You can overcome and survive and, what’s that word I’m looking for, flourish from being a victim. … Inner strength is what's going to ultimately heal you because only you can heal you... although someone else took something from you that left you what you thought was powerless but the healing process is completely empowering because no one heals you but you, so you can take it back by healing. You can take your power back. – Renée

I have found a strength in me I knew existed but could never trust. I never knew when I would be able to stand up for myself – one moment I could and the next I couldn’t… Now I can rely on that part of me that is strong and also wise. I have learned that I can trust my own self to make decisions that are right for me, and knowing that I do have the courage to stand up for myself. – Maeve

To me surviving is a negative term mainly because I’m getting frustrated with just surviving. I need to overcome. … I can honestly say that I would never go back and change anything because I feel that I’m very much stronger because of what I’ve experienced. – Carolyn

The theme of healing as empowerment emerged in other less explicit ways when participants told stories that seemed unrelated to the study questions but that illustrated their strength or position of power. Laura told stories of her mentoring and counseling role with her friends and how she walks her own walk without a lot of negative influence from religious paradigms or societal expectations. Carolyn boldly and successfully confronted her perpetrator and told stories about how she persevered against negative attacks and accusations from some of her neighbours and in the end was vindicated. Renée talked her way out of an attempted rape using her verbal skills and knowledge. Leni talked about how she has asserted her rights and successfully fought to obtain and maintain decent housing for herself. Maeve talked about how she moved away from her family and released their hold on her. Lori spoke about how she did volunteer work with incarcerated men and helped to support them, some of whom were in this environment due to child abuse.
Caring for Self

Healing is about caring for self. Lori stated “healing is very much learning how to take care of yourself, how to care for yourself.” Caring for self includes feeling compassion for self, accepting self, loving self, nurturing self, believing in self, forgiving self, and “a willingness to honour that part of who I am” (Kira). Amanda affirmed, “the only person who can … take care of me is me.”

I was expressing anger in various ways that weren’t appropriate, more so against myself. … I was able to connect with the hurting emotions of the child and I try to nurture that myself because like I say, I’ll never have a mom and it’s hard to nurture yourself when you shouldn’t have to in the first place. Most days it’s still really difficult but I can do that when I’m strong. – Carolyn

So self-forgiveness is probably the hardest part… I’ve forgiven the girl that I was, and I have completely forgiven even the young adult that I was who did what she had to do to get by and to survive through it. …The part of forgiving myself is what lets me get by day-to-day without being bombarded by these recurring nightmares slash negative thoughts. The love and belief you have in yourself, helps, are important ingredients in healing. …You have to learn to love yourself and believe in yourself to deal with these things. – Renée

The biggest thing that’s helped me heal… is just accepting me, and this is friendships too, … you know I always say to people ‘where you are now is exactly where you need to be and anyone else who tells you differently is not a friend of your healing.’ – Kira

It’s about, just taking care of myself in loving ways and being able to listen. Like to hear that ‘oh maybe it’d be good to go out for a walk’ instead of just not listening to myself. Before I’d say ‘oh no, no, you don’t have time for that.’ – Maeve
Reclaiming Self

Reclaiming self includes reclaiming an essence of self, core self or authentic self, reclaiming parts of self that were lost (like trust and innocence), finding their way back to a self that always existed, getting to know themselves or just being themselves unhindered by the negative impacts of abuse. Reclaiming self is a process of discerning false self from authentic self. For Leni it was not about reclaiming herself so much as finding herself – “I am coming to believe that I have an authentic self.”

I’m working towards thinking of myself as more of a complete person, like a person who’s centred. That’s still very very difficult. … I feel that because of the changes that occur when you’re small, when you’re younger, you are removed from the essence of who you really are and I think for a lot of people, for myself, it is a process to get back to that original instinct of feeling like we are more than the sum of our parts. – Amanda

I received a lot of healing in that first year being there [at her new church]. Just knowing that I could believe the way I do and have bits and pieces of different faiths in my beliefs and I was still okay. … So in that sense it’s encouraged me to get to know more about who I want to be and to grow in that rather than to fear that people might not like me because of it. – Carolyn

In telling someone … you’re making a step of trust and I think one of the things that is so detrimental about experiences like this is that you lose trust. … I don’t want to be struggling. I want to know that I’m Joanna and yes this happened to me but this is not what defines me. … I just want to make sure that it doesn’t dominate my views. I want to be able to form my own views on life without being dominated by this. – Joanna
I’m not trying to re-create a new me. I’m just trying to return to a me that already existed … I’m just returning home. … My experience has been that self love is something that it’s there from the beginning and it’s forgotten. It’s not something you get or you find. You had it and you lose it. And you have to get in connection with it again. It’s not something that you go out and get. You have it, it lives within and you’ve lost touch with it. So finding the path back is what you need to do. – Kira

I don’t know if I’m getting better or if I’ve always been better. I’m just, it’s just realizing who I already am. … I guess it’s just knowing everything I have done in my life has been normal considering what I lived through as a child. It’s about celebrating who I am, to truly embrace the courage, creativity and strength I had even as a five year old. – Maeve

Yeah, I would think of healing as getting better but not in the sense of getting normal. Not in the sense of getting better like getting more towards normal but getting better at being who you are. – Lori

Healing as Process and Outcome

Across these themes the women considered healing as a process and as an end state or outcome – with some noting that an end state is not definable or knowable. Phrases used when discussing healing as a process include: “the last step”, “the next stage”; “it takes time” (Tricia); “the healing process”, “the first step” (Joanna); “I’m just beginning,” “when the healing can start” (Leni); “slowly but surely” (Renée); “healing is a slow process” (Carolyn).

It’s like train tracks, you know, sometimes I get derailed but I can go back. That’s the process. I know though I still have a ways to go. –Amanda

The question of whether or not it’s possible to be healed and what that might look like was considered by some. “I think I’m pretty much done.” (Tricia); “And I really don’t think I can fully heal without being loved.” (Laura).

I don’t want to skip the step of making sure that I have healed and that I am quote-unquote, “better.” That I feel better. – Joanna
So people that I’m close to, spending time with them or doing something fun, I try to hang on to those rather than ‘down the road’ because, like I say, I don’t believe that I can be one hundred percent completely healed. I’ll always remember what my life was like and what I’ve lost. It’s kinda to me like losing, I can’t imagine losing a child, but if you lose a child that child will live in your heart forever. They’re not gone. – Carolyn

For Leni, whether or not healing is an attainable outcome is unknown. Leni stated, “When you’re healing, what is ‘being better’? I think that’s an ongoing question and can you get better and how have you defined that better?” And for others, it did not matter either way.

A part of the recovery means I have to surrender the story line, like I want to finish all the memories in a year. But you know what? I don’t know when I’ll finish. I don’t feel afraid of not finishing because I’m well even in the middle of it. There’s no end to get to. I’m not waiting for something to happen. I’m feeling a lot of joy and happiness in my life and I’m still healing.
– Kira

I’m always reaching towards there [being healed] but actually the more I heal the more I’m okay with where I am. – Maeve

The Scope of Healing

Healing is a multifaceted process that changes over time and is very personal. When the women were explicitly asked about five areas of healing that are often published in the literature, they agreed that it involves some combination of coping, managing, self care, feeling better and getting better, but it does not include all of these for all women. Coping and managing are helpful in the healing process but healing was viewed as much more than just coping and managing. In keeping with the lack of resonance for healing as coping, there were only a few references to healing as the ability to do things. These included coping and managing in life, and doing day-to-day activities including activities of daily living, parenting and family relationships. Kira stated
“I’m stable, I’m on no medications, I sleep well, I’m painting, I’m functioning well, I’m showering.”

Not that everything’s good but I handle things a lot better because that was a huge huge load. I carried that forever and it was the core, I think, of who I was, so everything else that happened, that’s where I drew from. So now that that’s gone I can draw from a healthier place I guess. That kind of explains it, or if I do get stressed out, I get stressed out but I don’t have all that other garbage inside of me to add onto it to make it ten times worse than it was. – Tricia

Healing for me was also learning how to relate to others more, in a more positive way. … becoming a better parent, having a warmer relationship. … being able to cook a meal without the anxiety that it would be good enough. The more I learn about my past and work through all the abusive programming, the more I can accept myself as being the same as everybody else, I feel less afraid to be close to others. – Maeve

Healing includes self care but Leni noted that women who have survived child sexual abuse have an amazing capacity to take care of themselves or they wouldn’t be here, so it is important to recognize that self care involves more than just taking time for self. For example, Leni said that the way she fought to ensure that she had decent housing on a limited budget was self care. Feeling better provides a reprieve from the healing process and hope that healing is possible, but Lori noted, “sometimes you have to feel really really bad first,” feeling all the emotions that have been buried (like facing the dragons) and releasing them. Getting better is part of healing and it includes being able to do everyday activities of daily living and reclaiming lost parts of self or who they have always been. Several women spoke about experiencing mental illness, mental health issues or addictions. Healing from the impacts of childhood sexual abuse as well as managing these created added challenges that required extra fortitude, strength and clarity. These women spoke of recovery as learning to manage or live with the illness and accept the limitations it imposes on their life.
Chapter 6
Understanding Spiritual Experiences

This chapter presents themes on what a spiritual experience is, distinctions between spiritual experiences and emotions and memories, and the types of spiritual experiences that participants had, including context and setting.

What is a Spiritual Experience?

All participants had a sense of what a spiritual experience is to them and were not limited or confused by the description provided in the Information and Consent Form: “Spiritual experiences can be any experiences that seem to have a different reality or feeling compared to your usual everyday reality. They may be felt or noticed in your body, your emotions or your thoughts and can include experiences that may seem extraordinary or unexplainable, or very ordinary yet meaningful. These experiences can occur in day-to-day life, with others or while alone, in nature, religious gathering, at home or in work, leisure or self care activities.” Participants described spiritual experiences as intense positive feelings, having a “life of its own”, a different reality, timelessness, something bigger, a meaningful connection and all encompassing.

Intense Positive Feelings

A range of intense positive feelings were used to describe spiritual experiences. Tricia said “spirituality I think is something that I feel.” Amanda stated emphatically “it’s a feeling.” Participants described feelings of overwhelming joy, love, beauty, safety, peace and calm. The adjectives used to describe the feelings added depth and meaning – “a beautiful feeling” (Leni),
and “this immense feeling of unbelievable pleasure” (Maeve). Amanda described feeling joy even amidst unpleasant life conditions. Carolyn said, “I feel like I’m loved.”

It’s love, that’s all it is. And it’s warm and it’s encompassing, ….it makes you cry. … to me that was a huge spiritual experience because of the love that came through – a huge amount of love. … Love to me is very warm and very light. That’s what it feels like in my body and that’s what spirituality is to me – it’s just love, it’s just energy. – Maeve

A spiritual experience for me is when I feel, it’s really a feeling, this gut feeling and you just feel surrounded by, I wouldn’t say goodness, you just feel joy, this great great joy! – Amanda

When I think of the experiences where I feel spiritual or in the presence of the Divine, it’s very much a sensory level. … I think it’s in the essence of being alive. … It was boundless. It was completely boundless. … I couldn’t even speak. I was just balling. … I couldn’t even contain the joy. – Laura

Spiritual experiences were described as having a positive impact. When asked how spiritual experiences impact her, Renée said, “always positively. It can only benefit.”

And it was, I guess it was a spiritual thing because I did it because it just brought goodness and there was no other reason for it but then to bring something good. I didn’t have to ask, what does this accomplish? What kind of productivity is this? – Leni

A Life of Their Own

Spiritual experiences were described as having an energy or life of their own – “It just flew out of me” (Maeve). Leni described the garden as “this thing that took on a life of its own.” Joanna said, “it’s almost like it has a goal, it has a purpose.” Renée described a spiritual experience as something that “just happens.”

When answers come to me that I’m not searching for and they are purely simplistic and logical and there’s nothing to refute
them but they popped in without any strain. You didn’t go searching for it. … That’s what’s spiritual – when I don’t feel I searched and found but where I may have searched and it found me. The answer found me or the resolution or whatever found me instead. – Renée

A Different Reality

Spiritual experiences were described as different from physical reality, as an altered reality and as a reality that is not physical. Participants used terms like waves, energy or vibration. Maeve described an altered physical reality, “the air is different, everything, colour is different, everything is.” Kira described spiritual experiences as being different from the five physical senses.

Information comes in a way that is not typical right? It’s not like I read it. It’s not like I’m told it. It’s not like I remember it. It’s metaphysical. It’s mystical. It’s infused and it’s a knowing that becomes as true as my eyes are blue as soon as it’s received. … So it is information or knowing that is received in a way that we don’t typically receive information, so the tendency is to say well it’s not real. And it’s very real but it’s just not, it’s not received in the sensory method we typically get information about who we are in the world. – Kira

Spirituality means being, believing in something more in the world than the calculations and the facts. Believing in some kind of substance that we can’t, that’s not material, that we can’t touch and we can’t understand, and that we try to. It’s almost like gravity. We see the effects of it but we can never see it or necessarily measure it. – Joanna

I think it’s an example of spirituality because I think it’s something that, it’s the ‘ah-ha’ you know. It’s the ‘yes, I know this’ even though I have no reason to have known it prior. – Laura

So that to me is one kind of spirituality, is feeling those moments that just feel so good, of something that is sort of, I guess transcendent, is the word for it, from everyday life. – Leni
Timeless

Another way that their spiritual experiences were different from everyday reality was in relation to time. They were described as “timeless”, “instantaneous” or just “a moment.” When Renée recalled an ah-ha moment and was able to access the wisdom of the words after it happened, she identified it as spiritual because it transcended time, “it was spiritual because I’m not in the exact moment of when it was said.”

I just experience it as a very, often it’s very instantaneous feelings that are just happening within me. – Joanna

It just happens to you with no warning. It just, something all of a sudden becomes clear. Something that wasn’t clear before. – Renée

It’s just such a clear moment of nothingness …those are moments of creation. They’re moments of total life. … They are unexpected moments. – Leni

But it’s just the presence of life or awareness of life and living and how this moment will not be like any other moment. – Laura

It was just that very moment … to me it’s like everything comes together, you know, and everything from the past feeds into one particular moment. – Lori

Something Bigger

Spiritual experiences were described as relating to something bigger or beyond everyday reality, as “bigger than me.” For some women this ‘something bigger’ was named and for others it was not or it was not necessary to name it. Many felt it could not be captured with one name but most participants referred to it as the universe. Other examples include collective consciousness, god, greater power, higher self, spiritual being, goddesses, energy, the force and the creator.
Spirituality is about the bigger thing. And is about where we live in context. And is about what makes us human, and where we fit. … And [about] the Universe because the garden was something bigger than me. – Leni

That was my earliest experience of thinking ‘oh my God there’s something like bigger than me.’ And it has some sort of wisdom or truth you know. – Kira

It’s that feeling of something bigger than yourself, like moving beyond your own picture and yet at the same time, something very particular to you. – Lori

Spirituality is a sense of unity of me and the Universe. … And I guess the sense of, it’s also a sense of well-being that there is something beyond us. … It’s bigger than the sum of the separate parts. – Laura

But those seed pod paintings are the ones that I feel that it just came to me from something other than myself. – Amanda

Meaningful Connection

Spiritual experiences were described as “a sense of connection” and while many participants did not explicitly state this in their response to the direct question about spiritual experiences, words related to connection were used repeatedly throughout their descriptions of their spiritual experiences. The connection may or may not be identified in relation to an object, person or symbol which may or may not be of the physical world but the connection itself was meaningful and at times transcendent or all encompassing whether it was another person, nature/plants or something bigger or beyond themselves.

It’s just a feeling of oneness, you know. I feel connected, that’s the word! Connected. A sense of connection, I’ll say Universe. … Even though I am alone, …but I feel like I’m with everything. It doesn’t feel lonely. There’s no loneliness there, none. – Amanda
Nothing was there except that one moment. … being allowed to be present in that moment, like that total connection of that moment, forgetting all else and being right there and feeling, really feeling the water and all of it. To me that’s very spiritual.
– Maeve

Renée described the importance of the connection with her friend in creating her ah-ha moment. “She’s my friend. We have a relationship. That’s how the ah-ha moment came out.”

That helps me in healing when I can just share my story with someone else who has been through similar, better, easier or worse, abuse than I have. You feel a sense of belonging, almost a part of that person’s family more than friendship. You feel like you were there and you belong in this relationship. You were meant to be friends. – Renée

Leni’s connection with “threatened native plants that are necessary to our health” was a key part of the spiritual experience in her garden.

I couldn’t believe how strongly I felt about the plants. … it was a strong spiritual connection. …Because I was so determined I was going to save those plants and that seemed so important and it seemed so much a part of me. – Leni

All Encompassing

For some there is an overlap between spiritual experiences and healing experiences, where they seem like the same thing. When asked, “If you were going to say in a general sense, how some of these spiritual experiences impact your healing, what would you say?” Kira responded, “I’m not sure they impact it. I think they are my healing.” Similarly, when asked “what aspects of your healing have felt spiritual to you or feel spiritual to you?” Maeve felt that it is “everything.”

It’s almost like everything. … it’s like all of it, everything’s a part of it. … I don’t think there’s anything that’s not affected because now it’s going inside and the decisions I make, the things I do, it’s all part of that. It’s all a total connection. Even
with my cats, it’s a very spiritual experience for me. Like everything is part of it so I can’t say what part, it’s just everything. – Maeve

Lori talked about “healing the world” as integral to spiritual experiences. This theme of helping others was reiterated by many women who said they were participating in this study as a way to help others so something good might come out of their abuse.

I realized what was missing was kinda the whole aspect of, what I kind of call, ‘healing the world’ aspect of a spiritual experience. … part of that expanding out is really that feeling of being of service I guess, of healing the world. And I’ve found that in my own day-to-day life when there’s moments where I feel I’m participating in that, that that’s a very spiritual experience for me. – Lori

**Emotions and Memories**

While spiritual experiences were described as deep feelings they are distinct from emotions in that they are more stable and deeper than emotions. They are more grounded, and they provide more of a sense of control.

Personally I find emotions a lot more disorganized. I find them almost like a chaos within me. They’re just, I can’t control them. They just happen. This feeling on the other hand is very, … it’s almost like a very centred emotion. … In general, I find the intuition and this little feeling, little inner voice, this feeling that drives me forward, is very strongly centred and with purpose, while emotions on the other hand are, I can’t control emotions. … They just pour out of me. – Joanna

I’d say it’s different from emotions because of maybe my responses to it. …[A spiritual experience] affects everything I do. It affects my thinking. It’s more of a stable feeling whereas, if it were just strictly emotion like you know like the next minute something could happen and I’m up and down, and up and down. And I have experiences like that but this is more of a constant, I can always find that spot. – Carolyn
For some participants, retrieving childhood memories was like a spiritual experience in terms of the wisdom and brilliance in the process and the transcendence of time. Interestingly, it is the same two participants who described spiritual experiences as all encompassing.

Even my memories come in a way that feels almost spiritual or magical or mystical. … I still have a lot of body memories... And are those spiritual experiences? I don’t know but it seems mystical. … I mean it is, maybe it’s just the wisdom of the body. I’m not entirely sure and maybe the body itself is spiritual, so round and round in circles.

My inner children are brilliant, just brilliant, brilliant really that they would, that I’m struggling with my art and that they offer me up that memory at the very time when they know ‘okay, she’s really struggling with this, maybe we better tell her about that time.’ – Kira

It’s the child within me. The miracle is being able to completely go back and to be, spiritually, because it’s a big spiritual experience of healing, so I’m still that child back then. – Maeve

**Types of Spiritual Experiences**

Participants described different types of spiritual experiences in a range of contexts, for example, while alone or with others and spontaneous or planned. Some were repeated events and others occurred only once. Some repeated experiences were linked to a particular place, like water or a church, while others were not. Some were so common that they became a part of everyday life, like a state of being. Others were like ‘fire works’ in that they were quite powerful experiences. These tended to be deeply felt, spontaneous, isolated experiences that were clearly remembered in detail and had a significant impact. Others were repeated spiritual moments that were very significant but not experienced in as much depth. Their impacts were more like a ‘slow burn’ as they accumulated over time. These are described in the next chapter.
Most of the spiritual experiences occurred while women were alone with no one else around but the experiences that happened with others were meaningful. Experiences were equally spontaneous and planned and many of the spontaneous experiences recurred or continued due to the deliberate effort of the women who worked to recapture them by returning to the object, activity or place where it happened. Many spiritual experiences occurred when they were in physical or emotional pain or discomfort, either spontaneously or because they specifically sought out a way to relieve the pain. Others occurred when they felt contemplative (for example in meditation or church), or when they were not looking or asking for anything. Over time, healing involved incorporating spiritual activities or occupations to deliberately facilitate their occurrence and to consciously work with the insights gained.

Spiritual experiences occurred in the context of a broad range of activities listed here: being with horses, creative writing, doing divination (Runes and I Ching) and astrology, reading (women’s literature, self-help, healing, inspirational and religious texts), having dinner with friends, taking a bath, meditating, running, attending church, gardening, swimming, transplanting plants, lying on a beach in the sun, connecting with children and animals, modeling for art classes, confiding in a friend, praying, retrieving a childhood memory, dreaming, attending 12 Step meetings, walking in the woods, painting art, being by the water, journaling, hugging a tree, riding a bike in the rain, singing in church, walking in town, walking in nature, volunteering at a prison, engaging in therapy, hugging someone, dancing with others, doing Tai Chi, doing energy work and writing poetry. Particular places were felt to be spiritual whether or not they were doing anything – for example, in nature, the woods, at church and in the water.
Chapter 7

How Spiritual Experiences Heal

Study participants were asked about the impacts of their spiritual experiences on healing and in response they described how spiritual experiences helped them heal. Spiritual experiences can heal in the moment the experience is happening, through their cumulative effects over time and after the experience through reflection and interpretation. The following themes emerged from their descriptions: opens doorways to self, moves and shifts energy, expands perspective – flips it, reveals and anchors truths, connects to now, expands possibilities and provides support. There is no clear demarcation between the immediate and emergent effects – they represent general patterns that occurred across all themes. For each individual certain themes played more of a key role compared to others, but participants tended to describe several of these themes in a related or interconnected way. For example, some women found that truths were revealed in the experience and then upon reflection or over time, they felt more loved. Others felt immense love in the experience and then afterwards, on reflection, realized truths. An over-riding theme across healing and spiritual experiences is an inter-connectedness which unifies or unites. Many of the detailed quotes included here have been selected to illustrate one theme in particular but often include more than one theme.

Opens Doorways to Self

Spiritual experiences opened a doorway that allowed women to connect with parts of themselves including their body, feelings, thoughts, and deeper aspects of self. The concept of a doorway was chosen because it does not imply direction or location – some women described going within to connect with self; for others the self seemed to emerge from within as if it was coming to them, or it was described more as a meeting point, like being in the doorway. Laura re-
experienced her childhood innocence when her connection with a horse brought out the “free child” that she was when growing up. As a child she would gallop around the back yard like a horse, and as an adult she found herself spontaneously doing this with the horse.

I was wearing a fleece jacket and she [the horse] reached out and grabbed my fleece jacket that was open and pulled me towards her. And then she started nuzzling my abdomen. Tears are streaming down my face. … It’s a connection of being with the Universe. When that horse pulled me closer, that was unity.

So we’re galloping towards the end and I run right up to the gate. And I look over and she’s got the brakes on so she doesn’t run into a wall. And I was just flying. The most physically exhilarating experience I’ve ever had and I wasn’t even on the horse. It was just… I felt very safe. I mean, maybe it was innocence too. These are thousand pound creatures. … [and on reflection] That’s innocence. That’s that excitement of living in spontaneity and just trust. – Laura

Laura’s initial connection with her lost innocence was spontaneous, and it happened within the experience. Afterwards this connection continued to be anchored in her being as she reflected on other experiences of innocence, including dressing up as a cat for Halloween and then interacting with a young girl who was also dressed up as a cat, and when she was helping a trusting four year old girl. Relating this experience to the healing themes, through this doorway Laura connected to self, reclaimed self and experienced feeling good.

Maeve also described a profound ‘meeting’ with a deep part of herself which connected her to a love within and for herself, and then enabled her to change negative beliefs about herself. While her intention was to meditate as suggested by her therapist, the specific experience was unexpected.

Once a therapist told me to go home and do this meditation. She said to envision myself in my solar plexus. There is a mirror there that seems to be tilted. I was to straighten it to see myself more clearly. So I’m doing this and yes there was a mirror. I
tried to straighten it but it was stuck. I pushed hard and all of a sudden it was right in front of me. I saw this old woman staring back at me, her hair was a mess with a big mole on her nose. Then I felt this amazing feeling. It was like I had never loved anyone as much as I loved her at that moment, it was overwhelming. …I couldn’t believe it. It was just like this miracle that, it just spread through me, my whole self from somewhere deep of absolutely loving this person and I don’t know why. And that’s an experience I never had again but it stayed with me and I thought, ‘that’s what’s within me.’ – Maeve

Later on reflection, Maeve noticed that this experience “helped break the myth that I was all bad inside.” The experience was anchored in her being by a strong sense of knowing that a truth had been revealed. Here, spiritual experiences helped her heal by opening a doorway to self and revealing and anchoring a truth. Healing in this experience included connecting to self and transmuting a negative.

It was an opening of love. It was the first real love that was ever within me, cause it was directed inside, where before that I had never known that. …I was before so full of self hatred and shame, but now there was something more, I couldn’t just say I was all bad, I mean she was there in me, so after that no matter how many times I felt self hatred, it was like a seed, I couldn’t completely believe it anymore. – Maeve

Kira had spontaneous experiences that started when she was in a difficult memory or dealing with emotional pain and then not only took away the pain but connected her to love and compassion for her self. She describes going out of her body and then bringing the experience back to her body.

[I’ve had] transcendent experiences where I’ve actually left my body … where I’ve been looking down at myself having an experience where I feel separate from my body but I feel a lot of love and compassion almost the way the Universe is looking at me but then when I’m back in my body I carry that love and compassion for myself. – Kira
On reflection Leni described finding a piece of her self in the garden, a piece that seems like her authentic self unhindered by expectations of others. The actual experience is described in the section below called Connect to Now because that was the predominant initial impact but after the experience, she consciously reclaimed this part of herself and gained strength.

I just found a piece of me…that had been there at moments in my life, that was gone for most of it. … And I was totally there. I was there. It was me. And I don’t feel that a lot in my life. … That was me doing what came out of me, it wasn’t me doing what other people were pulling out of me or pushing out of me or imposing on me or anything, it was just me. …There’s a piece of me I know that has gotten really strong around plant growth. – Leni

**Moves and Shifts Energy**

The theme ‘moves and shifts energy’ includes experiences of an active force with directed intention that pushed or pulled the women forward, that encouraged them to keep going or to hang on to get through a difficult time, or that actively shifted or released anger and pain. The energy may be experienced from within, from without or both, and as moving in, moving out or shifting. The energy can give strength and support, shift thinking and take away negative feelings. It was also described as having consciousness or presence, for example, “a little voice” (Joanna), “sense of somebody being there” (Tricia) and “a friend” (Kira). Kira felt, “There’s lots of energy available for my healing and I don’t have to think it or find it” and for Maeve, “It’s like it changed the energy in my whole body.”

Joanna experienced a pulling, a pushing and a drive from the world around her that has helped her throughout her life, to gain strength in her healing process, and to continue to face her past (dragons) and transmute negatives.
There are days when it’s just really hard to keep going. And I feel like sometimes there’s something pulling me along. .. just not letting me give up… And [it] pushes me forward. I don’t know what it is and it’s usually not words. … Some kind of energy pushing me forward when I need it. … It’s almost like there’s something pulling me along, giving me strength. Not letting me give up. … this drive that I feel from the world around me. – Joanna

She also experienced a sudden shifting that (from her perspective) came from within where she could go from “bottoming out” to feeling better.

Usually …I’m ready to give up. I’m thinking negative thoughts. I’m thinking, … ‘why are you even trying?’, ‘you can’t do it’, ‘you can just give up.’ And then, I guess part of me says just try a little bit harder. Just, like a tiny little voice or I don’t know…. ‘just try a little bit harder’ and I do and then I notice that I can do a little bit harder and then I go a little bit harder, and a little bit harder and then it escalates.

So it’s generally not actual words and … it happens so fast that it’s not, you know, it’s in a split second that the whole thing turns around. It just happens. It’s almost like a chemical reaction somewhere in my brain happens and I start thinking differently. – Joanna

Joanna recounted when she first experienced this drive and inner voice right after the sexual assault, and she noticed that it felt like the same thing. On reflection she identified it as part of her survivor self, thus enabling her to connect with it and claim it. In this way the spiritual experiences also opened a doorway to herself.

For about a couple of months afterwards I was in deep depression. I just couldn’t bear to get out of bed. Couldn’t bear to do anything. I was upset all the time. I was giving up. I was giving up on everything. I didn’t wanna….. I didn’t care about where I was going. I didn’t care what I was doing. I just gave up. I literally gave up. … I was really depressed and I just didn’t have any will. …I was almost like a vegetable. I wasn’t eating.

And then for some reason one day I just….something in me said ‘no’. Something in me clicked. I don’t know and I just felt a little
bit stronger. And I got up and washed my face and then the next
day I felt a little bit stronger and brushed my teeth. Then by the
end of the week I was showering! It was…and I guess this tiny
like minuscule split second that happens to me when I’m about
to give up on a day or about to give up on an assignment, is
usually just almost that same experience condensed.

Some primitive part of me didn’t allow me to give up. Didn’t
allow me to let it all go and just forced me to fight back. And in
that sense I guess, in that sense it’s the survivor part of me, a
stronger part of me. – Joanna

Tricia had an unexpected transformative experience when she was listening to a Christian
radio show on forgiveness. She found herself being drawn to the topic and experienced an active
and spontaneous release of negative feelings and was then able to feel forgiveness. The healing
was like a transmuting of the negative feelings.

I could feel something in my body moving, shifting, and I could
just really, somebody was telling me or something was telling
me that I needed to stop driving ‘cause something was going to
happen to me, not a bad thing, like it felt very calming, it was
just like somebody kinda took over, didn’t take over my body
but just kinda said like, I started to feel like the calmness or
something and the message that was on the radio was really, like
my mind was totally focusing on that.

It started in my shoulders and it just felt like something rippled
down my shoulders, like just down, I mean I was sitting, I’m
pulled over [in the car], and then it just, like a wave and then it
just kinda felt like, it just went right up through my shoulders
and it was gone. All of a sudden it was just like a pair of hands
just touched me here [shoulders] and just picked everything right
out of my body. I could physically feel it being lifted … Lifting
all that anger, all the hurt, all that pain, all that, everything, was
gone!!

It was gone! It was just gone and I could physically feel as if I had just touched your shoulders and picked it right out
of my body. I couldn’t see anything. I didn’t hear anything.
Nobody was talking to me. – Tricia
After this experience Tricia had ongoing experiences where she would receive a “boost of something” that gave her strength and made her feel better. This helped her heal by providing support as well as shifting energy.

Every once in a while I get a little boost of something or something will happen and it’s like ‘oh thank you’. … It just stops me from reacting and being upset and crying or screaming at my son. It’s just like the little wave of peace just, comes into me, it’s like oh okay, I don’t need to scream and holler. … It’s kind of a wave of peace I guess that just lets me know that everything’s going to be okay. – Tricia

Kira experienced energy moving through her body, connecting her to the support of her friend and relieving emotional pain. Kira later asked her friend if she had visited her in spirit and her friend affirmed that she had felt connected to her at the same time the same day.

I once had an experience when I was at [the hospital] where I’d remembered a particularly horrific memory. I felt very very distressed, probably the most distressed I’d been up to that point. I went out really early in the morning and walking in the woods around the hospital and I could see this hawk up in the tree,… like only six or eight feet away from me and I stood perfectly still and he flew towards me and he went over top of my head probably like eight inches. I didn’t move.

As I looked up I could see all of his, like under, the feathers, just the great detail and I felt this whole energy like thing go through my body, like shivers... Like I could just feel it, myself transcending like wooooo [makes air swishing noise]. And I have a friend … and I just knew, like ahhh, she’s with me, like I could really feel that she was present.

After the time that that hawk flew over me I felt instant relief. Nothing had changed. The memory was still the memory. I was still in the psychiatric hospital. – Kira
Expands Perspective - Flips It

Spiritual experiences have a way of expanding perspective by showing an alternate view and enabling a shift. In the context of the experience the expanded perspective is found in the very issue that is the problem. This often happened by flipping a problem upside down, so the problem or issue becomes the path to a solution. Kira noted, “somehow in the powerlessness comes the power of making a different choice.” These often happened in the presence of others who were compassionate or caring and who presented the flip side to them. These experiences enabled women to gain insights, awareness and understanding.

Renée used the phrase ‘flips it’ to refer to the impact of her ah-ha experience. She had struggled with feeling that she should not have taken so much from her perpetrator (in the form of gifts he gave her) and her friend suggests she should have taken more.

‘Just take that sentence and flip it around,’ she said, ‘what hurts you the most is what you need to flip.’ And it was just like wow, that is literally taking a thought and turning it around and you’ve changed it from negative to positive. … [She said] ‘Stop punishing yourself for taking and ask yourself why didn’t you take more because look at what he’s done to you. If you could put a penny on every moment of pain that he has inflicted on you since that experience then how much, is there a monetary value that you would come to?’ And I said ‘yes.’ …And she said ‘well, did you take as much as he dished out?’ And I said ‘hell no.’ And that was my ah-ha moment and I was able to forgive myself in a way that I never could before. …Did it help me instantly? Absolutely.

When she said ‘you should have taken more’ and flipped it around, I ‘boo-hoo’ cried because of the burden it lifted off of me. It was an instantaneous relief so the tears were different. I cried more but from a different place in my heart. A different part of me cried. I was able to cry for the little girl and separate it again. – Renée

Afterwards, when negative thoughts came into her mind, Renée would hear the voice of her friend and this helped her to transcend the negative thoughts (with a “positive tape”). These
experiences helped Renée heal by enabling her to transmute feelings of guilt, and to care for herself, by forgiving herself.

I’m already half way through the pain. I’ve already half way let go of this guilt of taking because now whenever it pops into my head (the sentence ‘how could you have…?’) I right away hear her words saying ‘you didn’t take enough.’ They come into my head and I don’t necessarily see her face saying it to me, I just hear the wisdom behind it. I’m utilizing it to combat the negative feelings about myself. It just becomes this spiritual voice saying ‘cut that out’. It’s almost like it’s its own positive tape to fight that negative tape that’s playing. – Renée

Carolyn described hearing a song about child abuse during a choir practice at her new church. She had been afraid to talk about her abuse in church because she was “kicked out” of her last one for mentioning it. Knowing this, the new minister deliberately chose the song and in the context of caring, the fear disappeared for Carolyn, shifting her perspective. So rather than eliciting fear, talking about it in a very public way actually released the fear. In relation to the healing themes, Carolyn transmuted her fear and gained strength to talk more openly about her experiences.

This one song that we were doing for Sunday morning service blew me away and it’s called God Weeps. And in the second verse it talks about how he weeps for those who are abused, the children who were abused and the Minister, because it kinda hit me, the minister put her arm around me and she said, ‘it’s okay to say that in this church’ cause she knew about me getting kicked out of the other, so just knowing that it’s okay to share with people and not feel that I’m gonna get rejected.

…the fear had disappeared. I might have times where I’m concerned about what God thinks or concerned what other people think but they’re lessening because of the compassion that I feel that I can be open and honest about my experiences. – Carolyn

When doing naked art modeling, Leni experienced the opposite (or flip side) of the perceptions of her body that she grew up with as a child. Here, the sacredness of the space was
related to the room, the activity (of modeling) and the respect that the student artists gave her. In the experience she transmuted shame.

Those are moments of creation. They’re moments of total life. And the art room is like that for me when I do life drawing modeling. I can do it because I’m in a room that I believe is sacred. And I believe an art studio is sacred. … And especially with high school students, I expected some stuff but they’re all so incredibly respectful, every last one of them, it’s been amazing. And I guess that’s been a real plus to see these people, to be in an environment with them where they show so much honour towards a body. … It’s like going from the body being all shame to the body being something revered as an art form and there’s like a huge difference there. – Leni

Lori described an experience at the water where she was talking with her deceased father. Her father loved the water and sailing so she was in an environment that reflected him. There, she told him what she wished he had been like and found herself considering what her father would have wished from her. This enabled her to release negative emotions and let go.

Just thinking about my dad and sailing and the water and everything and all the stones there and I just started talking with him and talking about, you know, here’s my love for you but here’s what I wish you had been like and just hearing what he might have said like in my own mind, ‘well here Lori here’s what I liked about you and here’s what I wish you would have been.’ And realizing that I had to let go of all that, of realizing that I was going to let go of what he wanted me to be and be my own person, and that meant that I needed to let go of what I wanted him to be too. And it’s hard to describe the feeling because you know when I say it, it sounds like thinking but it was more than thinking, it was just this feeling that came over me of a very deep compassion in the sense of he was the person that he was and I’m the person that I am and there’s a compassion there, that he wasn’t something else, that goes with an acceptance, and a compassion for myself too and it was just this really strong feeling and, … I picked up these stones and I had one stone for me [left hand] and one stone for him [right hand] and I just released myself from everything that he wanted me to be and threw the stone in the water and then I knew I had to throw the other stone. And then I released him from
everything that I wanted him to be and threw the other stone in
the water and it was just like freedom.

And to me that’s a very spiritual experience. It’s like something
beyond words and yet not just feelings. Because it was like an
active shift inside of me that was more than just a psychological
shift. It was more of a, it was more compassion, like that. Of ‘I
see where you are in a great chain of being and I see where I am
and the only way to move, to understand this is by letting go.’ –
Lori

Reveals and Anchors Truths

Spiritual experiences reveal truths about the self (inner truths) and truths about the world.

These truths were felt or experienced so deeply that they were anchored without doubt. It is not
about believing, it is about knowing a truth about the self (Kira, Joanna), an experience (Lori)
and/or the world (Joanna). Truths are revealed from within (inner instincts), without (a tree, God,
Guardian Aura) or both. The communication or transfer of the truths was described in different
ways, for example, by infusion or instant knowing (Kira), feeling a voice (Lori, Joanna) and
sensing or awakening (Maeve). Kira linked these truths to the return of her self, “as I get more
bits of my truth back, it’s like my essence of self.”

Once during an ice storm [the trees were covered with ice] I was
in a particularly bad way and I was having a hard time showering
and wasn’t really leaving my house and I remember being in the
house and just feeling so confined and looking out at the birds
feeding on the feeder and this tree just said ‘I’m not afraid and
look it, I’m paralyzed by ice’. … It’s not like the tree actually
speaks words to me, it’s like there’s an infusion, like there’s sort
of a knowing but I know it’s transferred from the tree. … I just
felt absolutely, just infused with all this information that just,
that voice that just says that you are safe and I actually think that
we’re born with that and … life experiences take us away from
the truth that we are safe. – Kira

During this spontaneous experience the truth resonated and was anchored for Kira. She
also described having similar planned experiences when she was practicing daily meditations to
reconnect her to this truth and she came to view her times of emotional distress as times when she was forgetting her truth. In these spiritual experiences she was able to connect with and integrate this knowing into her healing to transmute negative feelings of fear and distress and to reclaim an earlier sense of knowing that she had as a child.

My meditation, … It’s a purely spiritual act and it gives me the same feeling that the tree gave me and that the hawk gave me and rainbows and birds, like they’re just, just connects me to that truth.

It’s like in that momentary lapse of forgetting, I forget the truth of the tree, forget the truth that I’m fine, and in my humanness I get stuck in this raging fear and so I experience emotional distress and it’s in that moment of forgetting that through all these different means, the Universe reminds me ‘you forgot the truth of the Universe that we’re all safe.’ … They’re saying that to me ‘don’t forget who you are’. The truth that we are always safe and that we’re spiritual beings. … In the healing that has been my biggest gift, is returning to that knowing, like little kids. – Kira

Lori had a spontaneous spiritual experience while out for dinner with some of her family. She was feeling increasingly uncomfortable and angry when suddenly a truth revealed that her perpetrator’s actions didn’t have anything to do with her “anymore.” This truth resonated with her instantly and was extended and anchored by her own wisdom – “that never had anything to do with me.” This experience shifted her perspective and enabled her to let go of her anger.

I’m not sure exactly how everything came together and yet all of a sudden everything crystallized for me and I had that moment of … it was like a feeling like, I don’t want to say God saying, but it was like a feeling of God saying ‘you don’t have to worry about that. That doesn’t have anything to do with you anymore.’ And I was like ‘that’s right!’ That’s right. And yet not that’s right like on an intellectual level. … Not only does that not have anything to do with me anymore but, that never had anything to do with me and none of that ever had anything to do with me. … Before that I was angry and mad and disappointed and after that it was
like, again, kind of a shift in perspective. … It was another step in forgiving. – Lori

Joanna described spiritual experiences that revealed the truth about what she really feels inside and what she feels about the world around her. She would listen for and rely on this truth to let her know when to trust others and when to share about herself. In the following quote she considers aspects of this energy or truth that are external and internal to herself. She describes connecting to her inner instincts and being supported to trust herself.

And I think through this experience I have learned to listen to my inner instincts….instincts, intuition, to my gut. I guess to the chemical circuit. Whatever it is…. I guess it tells me the truth about how I feel about things because sometimes it gets confusing. …Yeah, the truth about…what I want. … This little voice … relates really closely to intuition and how I have learned to trust this inner part of me and it reveals truths about the world around me.

When it comes to the other things [the Guardian Aura, Energy Ball, The Substance] that I feel are more external than this particular one I think they … give me support, support to trust myself, support to have self understanding. And they are certain, it’s almost like they expose the truth about the external world. – Joanna

Maeve’s experiences at the water connected her to women, Sacred Ancestors, and anchored truths that she is not alone, that they are always with her and that she is a strong woman. The truths were anchored through her deeply felt sense that she has always known she is strong. In healing, she gains strength and reclaims self.

When I’m feeling alone or separated which usually I don’t now because I know there’s so much inside of me, but I would go down to the water and I would instantly feel that warm connection. …. knowing you are not alone and … that sense [that] I’ve always known them. It’s like awakening to that. … And it …didn’t happen every time but there was significant times when [it did], and just feeling that I know this, I stand taller. It’s funny. I feel this, that I’m this strong woman and standing tall and that I’ve known that, you know, I know I’m a
very strong person and I stand tall with them and I’m equal to
them. …It’s just knowing who I really am. – Maeve

Laura connected to the Divine through creative writing and described how three stories
revealed a truth about her childhood. These stories were validating for her because she wanted her
memories to be clearer than they were.

It took the fact that this story came out unbidden in three
different forms and working with [my therapist] before I
realized, ‘yes, it happened’. … I think it’s a connection to the
Divine and I think writing has an incredible way of bringing the
truth out and I think that came through those stories. …I think
that it goes back to connection. It goes back to honesty. It goes
back to, whether you want to call it truth or honesty, but that
sense of knowing. – Laura

Connects to Now

This theme relates to spiritual experiences as timeless experiences – they helped women
heal by connecting them to the present moment. In addition, this theme is also about being in a
particular space or place, experiencing it fully and authentically, like being an authentic self that
has no space or time dimensions. It is about not thinking, and some women articulated what
others described, that it is about not thinking about experiencing or observing the experience, like
a loss of self consciousness. They describe being in an active present state. Amanda described
how her spiritual experiences helped her transcend her pain by connecting her to the now – in the
present she did not ruminate about the past or worry about the future. This centred her, where she
could be in touch with herself with greater awareness.

Living in the NOW; in the moment. That is the key to happiness,
joy. … That is the place to be, in the centre, to be in the moment,
because if you’re ruminating about the past or you’re ruminating
about the future, your present time is ‘hellatious’ or it can be
depending on what you’re ruminating about. And I ruminate
about trauma all the time. … I don’t know exactly how to
explain it, it’s peaceful because you’re just, you can focus on
what you’re doing right now and you’re not thinking. There’s a lack of anxiety about the future or the past. – Amanda

Maeve described her connection to the now as a “pure moment” of being who she really is, without the programming. The experience enabled her to transmute fear, connect to herself (emotionally by feeling love) and gain strength.

When I was at the water front, I took off my shoes and stood as the waves splashed over my foot. I began to giggle – it came from somewhere deep and just bubbled up. It was so light, so amazing. There I was not thinking about anything else, just totally there, the sun, the wind, the wet stone beneath my feet, nothing else mattered in the world. … To me that’s very spiritual, it’s such a lightness of being. And when those things happen … I’m not afraid, it’s what I was born to feel before the abuse. It’s a pure moment without all the programming from our culture, and all the abusive garbage I’ve lived with all my life, I could feel the love in those moments, being supported and safe.

So I think spiritually it was about diving deep and being so supported in that warmth, again by the water, that warmth and being allowed to be present in that moment, like that total connection of that moment, forgetting all else and being right there and feeling, really feeling the water and all of it.

If I’m in the right rhythm of it, like if I’m flowing in the spiral the way the energy flows to me, you know the way the spiritual energy flows, then these are the experiences I have and, if I stay in that moment, that is the gift. … And when those things happen, … that’s who I really am, … at the depth of who I am. – Maeve

Laura also experienced being in the present as being who she really is.

… And I for a very very long time have had a strong sense that anybody should be who they are. … I think I was choosing ‘being’ over ‘sense of self’. And I’m choosing being as in being an active present state. … But being also connects with honesty. And maybe why I’m as comfortable around horses as I am is because I’m ‘being’ and they are ‘being’ animals. – Laura

Leni’s experience of absorption in the garden relieved the emotional pain in her day-to-day life and connected her to her community. And even though the pain returned when she was
not in the garden, over time the garden experience had a more lasting effect by connecting her to a part of her authentic self as described in the previous section Opens Doorways to Self.

It wasn’t about gardening. I’m not a gardener. It was about that space, that time, that environment, that project, something I’d created that fit for that place and grew out of, sort of grass roots, grew out of that place. …The time always like went. I could spend hours out there and forget the time. I’d be in there sometimes like for eight hours and hardly a break in there.

I’d been really down and suffered a lot from depression and I was always positive talking to people. … All the concerns are gone. All the guilt, all the hurts, everything is gone and there’s just that moment when you’re with this person and it’s total purity, feels like total purity. … When I wasn’t doing the gardening I felt ashamed, I hated myself. I didn’t feel strong physically. I didn’t feel social. I didn’t want to see people. … So one never carried over into the other. It was just like there was the garden and then there was this other life. They were really kind of separate.

When you’re right in the middle of it it’s like you can’t, you don’t say to yourself, ‘hey I’m happy’ cause you’re just experiencing it. So it was just being there and experiencing life I guess, in a good way. – Leni

Expands Possibilities

Spiritual experiences expand possibilities through their felt sense of opening and freeing, expanded perspectives of the world, and new or previously unfelt sense of wellness as possibilities of the positive. The sense of freedom allowed a letting go of preconceived notions, restrictions or assumptions about how the world has to be and what is possible for the participants. Where restrictions are removed or space is opened, new ways of seeing or being in the world can be created. Where new possibilities are part of the experience, they can be incorporated and they give hope. Lori describes how her spiritual experience frees her from
having to be a certain way, thus enabling her to feel love and compassion for herself and others, and facilitating healing through her caring for self.

The freeing, letting go is kind of like where everything expands again and where the healing comes from not having to be a certain way. A big part of the abuse is having to be some way for someone or seen as a certain thing, and freeing and letting go is more about, you don’t have to be that, you can be something else. And then that ties back into compassion and love because if I don’t have to be a certain way for someone else I can be love for myself. I can be love for something else, I can be accepted and be compassionate towards others and they don’t have to be a certain way. And the Universe doesn’t have to be a certain way and I can listen, and it kinda ties back into I can listen to how the Universe really is and how I really am and that frees me.

Now I’m free to take in whatever it is that the Universe has for me and that makes me feel loved, the idea that I can be whoever I want to be, that I can do whatever I want to do, that I have this freedom, to me that’s loving because the opposite of that is to be pinned down, to have to be some way, you know when I think about what abuse is, it’s kind of a ‘not freedom’, it’s kind of a ‘you exist for someone else.’ … I think spiritual experiences give me that space, the really good ones, to, I don’t know, to look at myself more compassionately I guess. – Lori

The more I feel, the more I see inside myself and the more I can see on the outside. … I become more perceptive or listening to other people and I get a sense of other people and I can hear more what people say. The more I listen inside the more all of a sudden I can hear these things. … My eyes open wider, which is a big part of healing for me too, is that I can see more. I can take in more. … the more I learn about myself the more I can understand all of this and embrace it and to be able to hear it and to take it in and these are all signs of healing to me. … Goddesses who are there just supporting me, showing me possibilities in life, you know, what is possible, and what is nurturing and loving. … So it’s taking me places, which leaves the openings to create, for something new to come in. … So I think that helps me in realizing that there’s more. So it’s like, when it happens, it wakes me up. … You know you just show me that there’s a whole different world, this is just one world. This is just one way of seeing it, so, it expanded it. – Maeve
Amanda realized after her spiritual experience of a very powerful supportive being (described in the next section ‘Provides Support’) that it was showing her a new more positive way to see herself.

It was making me worthwhile to heal, … giving myself permission to heal. Yeah, I think that’s what it was, making myself a perfect little girl, like every child is perfect, perfectly bad or perfectly good, you’re just wonderful, you’re a child, you’re just right the way you are.

I now know what direction I need to take or have a bigger sense of what direction to take myself to move myself forwards to a better experience on this planet, … changing myself, changing my ideas. … I’m not a piece of garbage. I’ve got a lot of things that are good about me. I’m not responsible for whatever happened. – Amanda

Leni spoke about the healing quality of newness and the possibility for something better. Possibilities for the positive that were created through her spiritual experiences, gave her hope that healing is possible and support to continue with her healing journey.

I mean that’s what hope is all about. It’s knowing that there’s a place you can go where there’s a possibility of having those moments…. The possibility that the water has the power within it to make me feel alive, to make me feel those moments, cause I have felt them in the water. … And newness, newness to me is like hope. I like the word newness better than hope because newness is at least that you can get out, be in a new place, to be able to be in a new place. … Newness is learning. – Leni

Provides Support

All study participants spoke about spiritual experiences as supportive, encouraging or nurturing, either in the moment when they were experiencing them, as a cumulative effect over time or on reflection and interpretation. They all described feeling supported, protected, loved, worthy, embraced, empowered, cared for, safe, comforted and/or valuable. For many this seemed
to be inherently healing as they did not really know why it helped; it just did. For others this support was related to feeling a part of something and not alone, feeling a particular presence (with a consciousness or human quality), and directly gaining strength. The first quotes describe feeling a ‘part of something’ and not alone.

When I’m in church and I just close my eyes and I can hear everyone around me singing and I can hear my own voice coming out and joining theirs and I just feel like a part of something big and united and positive … like there’s moments when you just are so full of thankfulness, or even sadness, it doesn’t even have to be thankfulness, but just so full of the feeling that you’re feeling and everyone around you is kind of a part of that and you hear your own voice being a part of that. Those are very healing moments for me and I’m not sure how it works, like how that’s healing and yet I know that it is. … There’s a sense of being valuable and loved and embraced and a part of something and worthy. – Lori

Connection is that part of, .. knowing that I am here. I may be alone but I’m not alone. It’s my journey but I choose who joins me on it. I feel that I will, in spirit or faith or whatever you want to use, I will be supported. – Laura

Maeve and Amanda also described support through feeling a part of something and being connected with a presence. Maeve described practicing astrology as “comforting. I find it’s very healing in that sense. It comforts me to know that I am connected, it is a process. … I’m part of this great big universal story.” She also spoke about her spiritual experiences of feeling connected to ancestors, women and trees, “I draw upon them, I suppose, like a well.”

Spiritually to me, it’s like having this team… It’s in feeling that being protected and safe. … It’s like this veil or something, I don’t know but, I sense them around me, supporting me, other women. – Maeve

And I just felt so absolutely wonderful. [It was] uplifting – literally, a sensation of spreading my body out – a feeling of extending outwards, like roots from a tree. I am part of everything. …It’s a feeling of joy. That’s when it really started.
You know, just joy. … [And] a very powerful person telling me that it was okay, telling me that I am a beautiful little girl as I am – being enveloped by security and LOVE. And putting his hand on my head all the time, just petting me, taking care of me. …like a good father.

It was comforting. … Even though I am alone, … I feel like I’m with everything. It doesn’t feel lonely. There’s no loneliness there, none. … it alleviated the loneliness that I felt because even when you are alone, you’re not alone. – Amanda

Carolyn’s felt presence allows her to open her wounds (face her dragons) and to connect with self (her emotions). This in turn gives her hope and keeps her going (gives her strength).

For me it feels like I’m being wrapped by someone and then I’m protected and safe. … to allow comfort in that, so basically from within. No one else is around and the sights and smells of the wood to me are very comforting so that allows me to open up those wounds too because I feel safe. … Generally I feel like I’m loved but I’d say the feeling is more like a safety and comfort than anything and I can feel that even when my life situations are chaotic. … Basically when I have experiences like that it gives me a glimpse of hope and that glimpse of hope, that emotional connection, the feelings that I have of safety and security, basically keep me going and other traumatic things happen in my life and it’s finding that, time again, that I have that safety and security. – Carolyn

For the sense of support, it did not matter whether the presence was named or not, or if it was an actual living person or not. In her experience with the hawk (described in the previous section ‘Moves and Shifts Energy’), Kira described a different kind of support – she felt the presence of her friend who was physically in another town. “She’s with me, like I could really feel that she was present.” The fox and the Cosmic Consciousness were also described with conscious positive intentions. Many of Kira’s experiences brought her “solace” and reassurance, “I’m going to be okay” and “that sense of all is well with the world.” She received “a lot of comfort … either in meditation or from people or in nature.”
When I have these bigger experiences I realize I don’t have to work so hard to get well, like I don’t have to figure out life so much. It’s not such an intellectual task, it’s just sort of, it’s more of a letting go to being well than a gripping and hanging on. And so that’s what that spiritual experience was for me and how it informed my healing. It’s just, that there is support for my healing. – Kira

The sense of support was felt whether it came from within or without or if it was unknown. Joanna relied on her “inner feeling of support” to guide her in her decision to tell her boyfriend about the sexual assault. She experiences the support as strength, as do Tricia and Renée.

So I’m just waiting for I guess that little voice to say, ‘you can do it. You can tell him.’ And, you know, I hope it happens. Maybe I’ll never feel ready. That’s okay too. But I’m just waiting to see, or I guess waiting for that little push, that little courage...a little bit of encouragement from, I guess from within me or from the Substance or from the Circuit, whichever one it is. I don’t know. … Also that inner feeling of support, of strength, even when I feel hopeless.

It makes me feel empowered. It makes me feel as a survivor, as someone who has the power to accomplish things even if I’m not at the best advantage. … I guess during times that I feel like I can’t do something, like I can’t get over a certain aspect of the impacts of the rape, I rely on that to get me through. – Joanna

I just feel strong or I just feel a sense of somebody being there, you know, maybe just giving me the strength when I need the strength without having to ask for it. … I guess I just feel like I’ve got somebody on my side now. – Tricia

Renée refers to her spiritual experience cards as sources of strength. Her cards included:

ah-ha moment, belief, belonging, faith, God, inner strength, love, relationship, trusting and unconditional love.

And [I] derive inner strength from all these other words [Spiritual Experience Cards] that I put around it. This is more like a support system. – Renée
Inter-Connectedness – Unifying

Woven throughout all of these themes related to healing, spiritual experiences and how they heal, is the importance of connection, including connections to self; meaningful or transcendent connections to a person, plant, animal, element, place or something bigger; and connecting to now and sources of support. It is these inter-connections between self and a larger universe that provide a meeting place for all of the parts to come together, uniting them into a greater whole. In Provides Support, one of the ways spiritual experiences heal is through feeling a part of something, everything or something big. Healing is about reconnecting or finding parts of self and reclaiming.

Kira explicitly noted that connecting to spirit is what connects her to herself. “Without Conscious Contact I cannot connect with the Collective Consciousness, I cannot connect with my body and I cannot connect with my Inner Children.” She said, “from connecting with my essence of self I experience self love, I experience my own love.” This might be seen as a three-part connection of body/mind/emotional self with essence of self (or Self) and with the universe or collective consciousness.

Leni describes a unification or oneness in her spiritual experience when swimming, “me and the water are one…there’s no divide… we’re completely together.” Maeve felt that she was “related to everything.”

It was that kind of connection. All of a sudden it was opening and I thought ‘I’m related to everything! I’m not alone.’ I think that started giving me a sense of breaking the isolation of being so alone, that I wasn’t alone. … But it was having that connection first and to understand spiritually the feelings that I would sense from other women and reading about what happened to other women and seeing how they stood. They continued on. … It made me feel that I was connected. It made me feel that I was all a part of this wonderful cycle. – Maeve
It just felt wonderful that I could connect to something that was other worldly yet it’s within me and I’m grounded in that moment. – Amanda

When Laura connected with the horse, she described it as “a connection of being with the Universe” and as “unity.” In a more general sense she notes that healing comes from the interconnection between herself and “something bigger than ourselves.” She describes a wholeness of being “in the world and of the world.”

Healing for me comes with being connected to myself and connected to a greater spiritual essence whether that’s sitting outside and feeling the wind on my face. Cause I think in pain there can be incredible isolation and loneliness and feeling that you’re not connected. … I love the feeling of connection, of being in the world and of the world. – Laura

Lori’s sense of connectedness is the reason she was able to let go of her anger, knowing that her family member’s life has nothing to do with her. In these experiences where everything comes together or unites, even things that do not seem to go together can be resolved.

It’s this big sense of freedom and release and connectedness to something bigger, it’s like, the reason it doesn’t have anything to do with you is because there’s something bigger going on in the Universe.

I guess the spiritual experience would be kind of a resolution of the paradox – two things that couldn’t possibly go together somehow at that very moment come very much together whether it’s being me and yet being part of something else or being angry and yet being in love. … There’s moments when those things seem to kind of make sense together in a really deep way that combine, and to me a spiritual experience has to combine thinking and feeling. … Those are spiritual experiences when all of your experiences, all the parts of yourself come together. – Lori
Chapter 8

Engaging Self in Context

While spiritual experiences facilitated healing they did not act in isolation from the person and environment contexts. When the women spoke about spiritual experiences in their healing they also spoke clearly of their own role and engagement in the process. The themes in this chapter were closely linked by them to the healing effects of the spiritual experience. It was evident in their interviews that it was important to convey that they were not passive recipients of spiritual experiences. The healing effects were reinforced through participants’ active engagement in the experiences, in spiritual or meaningful occupations, and through their own reflection, interpretation and resolution of dissonance between internalized beliefs and dominant societal meta-narratives. The women in this study described learning and growing in their healing through spiritual experiences.

Taking Action

Spiritual experiences helped women heal but a necessary ingredient in that process was their own active engagement. The experiences helped them heal by directly or indirectly opening a door to the self – such as inner strength (Renée), essence of self (Kira and Amanda), innocence (Laura), love (Maeve and Lori), authentic self (Laura and Joanna), nurturing self (Kira, Maeve and Carolyn), clear mind or thought (Leni and Kira), forgiving self (Tricia, Lori and Renée), body and senses (Laura, Leni), intuition (Joanna), and emotions (Carolyn, Maeve, Kira). But they were not passive recipients of these experiences – they chose to walk through that door. As Tricia shared, “I could have very well refused it and turned the radio off and kept on driving but no, no, it was the time.” They consciously worked at integrating their experiences into their healing, and learned from the process, gaining insights, understanding and wisdom. After gaining
understanding from spontaneous spiritual experiences, women actively planned and sought them out. They chose to receive, accept, reflect on or actively engage in them. They used language that situated themselves as active participants in their process and spoke of realizing, learning and growing. As Laura noted, “I seek out opportunities for the Universe to tell me that it’s there.”

After Tricia’s experience with the ‘hands’ removing all the hurt and anger from her body, she set a task for herself, to finish the process.

[The anger and hurt] was all gone at that moment and I knew I was ready, but then I had to physically see [my brother] and actually tell him that I forgive him, but at that moment I had forgiven him, everything was gone. … I wanted to talk to him and actually, you know, I had to finish the process and say it. – Tricia

Amanda noticed that focusing her intent on the energy, enhanced the spiritual experience for her, “when I was in a dance circle, you just put your mind into it and you can just feel it. You can feel it in your fingers.” In the following quote she describes the importance of perseverance and links it to her view that we create our reality.

You try to remove that [negative] stuff and form new connections and that is by talking to yourself a lot and it’s just repetition like ‘I’m gonna…’ You gotta keep doing it because you’re gonna get off track and go back onto those other ideas about what is and what shouldn’t be and all that stuff. – Amanda

Leni would put herself in a position where she was likely to experience hope, for example by going swimming or into the garden. After Leni’s spiritual experience with the native plants in the woods, she deliberately went back into the woods looking for snakes so she could overcome her fear of them.

The hope’s not there but at least I’m putting myself in a position where I may be hopeful. I know I’m not going to be hopeful if I don’t do it. So if I do it, that’s why I call it blind faith it’s because I don’t even know if anything’s going to work but I
know that it’s not going to work if I do that [do nothing]. I know that for sure. – Leni

Early in her healing, Maeve actively worked at connecting with her inner knowing to help her make decisions. She said that she no longer needed to do this though because she can feel the connection easily now.

[I was] seeking information of what I need to do because I didn’t have a sense of self to make decisions, like I thought I couldn’t make a decision. It was very very hard because, well being so dissociated and… how are you going to make a decision when I have a three year old [inside]…. So this was a concrete way and that’s why I even tried Tarot cards and pendulums, anything to try to find a way to get a decision …and feel comfortable with that, even if it failed. –Maeve

**Facilitated by Occupation**

Part of taking action involved actively seeking out activities that were associated with spiritual experiences in healing. These activities facilitated spiritual experiences by acting as a portal or stepping stone to a spiritual dimension, transcending language and mind, facilitating internal communication, connecting to the body through doing and by possessing innate spiritual healing qualities. As a portal, activities helped women to connect. Amanda deliberately used activities to connect with her spiritual experiences,

I’d really like to paint a lot and write, and maybe come up with some more poetry and connect myself that way. … Creativity is the main portal to the spiritual realm, where I feel good. … Mainly for me it’s expressing something without words because sometimes words just can’t express what it is that you’re experiencing. – Amanda

Activities can also be a portal by serving as a metaphor or reminder, facilitating the return to a spiritual place or memory of an experience. Amanda used a game as a metaphor for creating her own reality, something she was consciously working on to empower herself.
I always play a game with myself. You know, you see the garbage can over there, you have a piece of paper, [I tell myself] ‘I’m gonna get it in there. I’ll get it in there.’ And if you have a bit of doubt, you won’t get it in there, and I’ve always like, I’ve played like that since I was a child and I realize that if you do see things, and you’re self confident in how you’re going to see it, it’s going to materialize for you. – Amanda

Running was a way Joanna could recapture or reinforce her connection to a feeling of not giving up because the same feeling occurred when she was physically “bottoming out ….on any kind of energy.”

[Running] allows me to, …in some senses it models this feeling of almost giving up and saying ‘no’ I won’t give up so, and I think I use that in a lot of things in everyday life. …You want to give up but you know you just have to go on. I think it’s almost like practicing a skill but also … you’re relying on yourself only.

That’s what I experience with running especially because I’m pretty new at it. …this way of always challenging myself, running and swimming and acting and how I always try not to be afraid or intimidated to take the first step to improving myself. …I just need to take that initiative and that first step to being better and so for now it’s in that self improvement is, …I think personified, or I can’t even think of the right word, in running? – Joanna

That’s when I feel more connected, when I’m quiet or if I’m out riding my horses or sometimes if I’m listening to the radio again if something comes on that might interest me, sometimes I feel his [God’s] presence more then, I guess. – Tricia

Journaling helped Lori bring things together within herself and to move closer to “that point of connection” like a portal.

It always starts off with that sense of being lost I guess, that sense of there’s something going on and I don’t understand it and I have these feelings and I don’t understand them or I have these thoughts and I don’t understand them and this relationship’s not going well and I don’t understand it. So journaling is kind of the working out and getting me back to the place where things are starting to come more together, where
things are starting to be more integrated and I’m starting to move closer to that point of connection. – Lori

Like Amanda, she transcended language and mind and explicitly linked it with doing versus thinking.

For me I find rituals very healing. There’s something about acting on it that goes beyond just talking about it. …not having to understand everything, being in situations where you can just do and you don’t always have to understand everything. – Lori

Kira and Maeve talked about writing as a way to connect to their body and other aspects of self by enabling inner communication.

I journal every morning. I put on my solitudes tape which is the sound of the water, and birds singing. Every morning it goes on and as soon as I wake up in the morning, I go make a cup of coffee and then I go sit down with my little book and my cats come around and we all sit comfy and I just think of the things I’m …feeling at that moment, maybe dreams that I’ve had ‘cause I’ve learned how to understand my dreams a lot better now. So I go over those and just listen inside. [I ask the inner children], ‘is there anything anybody wants to say or …talk about, feelings, anything.’ …– Maeve

Well, I mean when I was in the hospital they would be like, can you write a letter to your vagina and I’m like ‘oh God this is torturing me’ because I was just like ‘this is so flakey’ but that’s the kind of stuff, like conscious contact with my physical body, ‘can you write a letter to little [Kira]’ you know. … And now I have no problem talking to any body part and to any one of [the] inner children and no problem talking to the tree or fox or the Light Being or any of those. – Kira

Some occupations had an innate healing quality to them that related to a particular being or element that was part of the activity. Laura described an innate healing quality in horses. She actively sought to engage in equine therapy because horses can facilitate connections to true self. They sense when the inside does not match the outside. Maeve found healing and connection in nature.
Nature was a huge thing, just being able to go out and hug a tree and, that was a big part of it. Laying in the grass, you know, there was a huge amount of, …I got rid of a lot of my fears which was interesting. – Maeve

Leni’s engagement in swimming acts as a bridge between the healing quality of water and her self and occupation brings that element alive to connect her to her body, clarity and acceptance.

The growth is, I always see what I want to improve when I’m in the water, like the stroke I want to improve or the skills I want to learn or learn better. The transcendence comes at the moments where me and the water are one, where there’s no divide at all, we’re just sort of all in motion, completely together. The clarity comes in there not being any sort of other head stuff in the way, it’s just me and the water and my body moving in it and the purpose in that, the awareness of that. Purity is because water just is so purifying, the feeling of it, always. I find it a purifying thing. And around sexual assault I find water purifying, just the feel of it on my body and I don’t know why I guess it’s because it’s sustaining and it doesn’t hurt and it’s fresh and it feels good. It feels alive. … Acceptance is in accepting my body and the way that it moves in the water, the way that it wants to move and the way that it doesn’t want to move, what feels comfortable and what doesn’t. And it’s a lot easier in the water because there’s less resistance to let it move and let it tell you its limits. … In the water it’s a lot gentler that you can feel the limits of your body and the limitlessness of your body without a lot of pain so you can accept yourself for your strength as it is. And the connection is what I talked about earlier, the connection with water, with this thing that calms you and wraps around you. – Leni

The Process and Role of Interpretation of Spiritual Experiences

Interpretation is also part of the way that spiritual experiences help women heal. Spiritual experiences continued to permeate the healing process over time as patterns emerged and deeper layers of meaning were discovered through further reflection, interpretation and action. Reflection and interpretation were ongoing processes that occurred both during and after the spiritual experiences (immediately and sometimes for years afterwards), as well as during and
after the participant interviews. Interpretation includes reflection, linking, connecting, explaining and understanding. Self reflection was a meaning-making process to consciously fit the spiritual experiences with their existing beliefs and to connect patterns together over time. Many of the spiritual experiences were clear and profound, requiring no interpretation – the positive impacts were present regardless of how they were interpreted or named. However, the interpretation and reflection process could enhance these positive impacts or it could create dissonance if the spiritual experience did not resonate with individual beliefs and paradigms, or with the paradigms of others. The role of naming the symbolic objects in the spiritual experiences (for example, God, Goddess or Collective Consciousness) varied from being unimportant to being integral to the meaning of the embodied experience. Interpretation can enhance the healing qualities of spiritual experiences and support from others can assist with interpretation. This section will address the participants’ processes of meaning making, connecting experiences to beliefs, reconciling dissonance with their beliefs, discerning support from others and reconciling meta-narratives.

Meaning Making

Participants described deriving further meaning, insight and well-being by reflecting on the experiences after they happened. This includes naming what the experience is, what it did, or how it did it. With this comes a greater awareness and consciousness of the healing effects. In the following quotes, Maeve and Amanda describe a cumulative effect from putting a series of experiences together and then seeing a bigger picture. Leni reflected on how her experiences in the garden helped her heal.

Accepting joy for me was never a good thing, because, I don’t know why, it was just too much for me and then I’d just go numb myself, but now because of the steps I’ve taken towards being more in touch with my spirituality, or the Universe, I’m not afraid anymore.
How did it get to that point? Just the work that I did in the country, the walking, the visualization. And the more I’ve been thinking about it and reading about it … When home again [after the walking experience] I would paint mandalas – not really knowing their significance. … Now I know it was to describe my journey toward self-awareness, centredness. … I feel that’s a great gift actually for me, because I know that I’m going through a lot of different stages. – Amanda

I didn’t think of that at the time … but these experiences start adding up and then I’m thinking of something else and I’ll go, ‘Oh yeah, yeah, that’s it, that’s the love part,’ but I don’t put those together unless something else is happening. … I’m amazed by the love I feel for myself each time I make decisions from my new loving perspective and I gain more confidence every time this occurs. It just keeps getting better. … So I learn more from that experience. – Maeve

I’m wondering if the garden and the hardwood stuff didn’t give me some kind of control. … Because I was so determined I was going to save those plants and that seemed so important and it seemed so much a part of me that it gave me some control. – Leni

In the follow-up interview, Renée described how she realized that she had an ah-ha moment in our first interview when she described the breaking glass metaphor for healing. It was a spiritual moment when she unexpectedly and spontaneously used this metaphor because throughout her life she was always afraid of broken glass due to a childhood incident. Her conscious reflection yielded further healing insights.

That was an ah-ha moment during an interview because I’ve never used that metaphor before, ever and I’ll tell you something else … that my husband picked out… Something he reminded me of, that at the moment I had completely forgotten. I have a very bad phobia of broken glass and how ironic that I would use that. He said ‘why would you use that as a metaphor?’ He goes ‘did you picture the glass breaking?’ And I said ‘yeah’. And he goes ‘the Renée I met ten years ago would never…’ Like I’d bawl if I break glasses and I can’t go near the room. I have to leave the floor. … So it’s a weird thing, like he said, ‘that you would pick glass of all things.’ And so maybe that’s exactly why I picked it. – Renée
Insights often occurred as women were sharing during the interview. The following insight occurred when Maeve was describing a spiritual experience in a dream.

And it just hit me as I said that to you and I thought, wow, I wonder if it’s not his death per se that’s healing but that he dies within me, you know, his control over me and from the abuse. – Maeve

Connecting Experience to Beliefs

Reflection includes trying to fit the personal spiritual experience with existing religious beliefs, worldviews, knowledge and understanding. For Carolyn, the link with her religion was clearly important in her healing. Renée considered both her belief in her religion and her belief in herself.

Because it was at that point that I recognized that although I had been abused that God can still love me. At that point in accepting that he cared and that he cried, it helped me to feel that God could still love me. Finally I had found the God that I knew as a child, that loved me anyway. So it was more of a connection of unconditional love. – Carolyn

You have to have faith in something else or life would be unbearable. ... Love and belief, well the love of God and of this higher power and the love of your own faith and the belief in your own faith, how strong your own belief is, will help you heal but also the love and belief you have in yourself, helps, are important ingredients in healing.

I have complete faith in my inner strength, to do the right thing, to know and to recognize when I’m in danger and when I’m not. When my strength needs to be called upon, when it needs to be hushed down a little. I have faith in my self that I have control over my inner strength. – Renée

Laura related her interpretation of her spiritual experiences to the kind of person she is and her ability to connect. Her spiritual experiences fit well with her sense of self.
I think I’ve been blessed with an understanding of the Universe, that we are a part of this. … I think it is a Life Force. I think we’re born with it. I think circumstances shape us to either draw to it or move away from it, but it’s like gravity, it’s always there. And it’s always accessible. … the experiences where I feel spiritual or in the presence of the Divine, it’s very much a sensory level. … I think of it as being the awareness of an energy that’s bigger than your self. I know that as a sensory person I can connect on an energy level…but on a lesser level I think it’s more like just, yeah, just being aware of the here and now, that ‘wow, that was a really great experience’. – Laura

Tricia details how she came to connect her experience with her existing beliefs and how that reinforced the positive effect.

It was very physical, like I could physically feel it, and then again I say hands, I don’t know, I just assume because something was taken out of me, that’s just the way I describe it, as somebody, it was just a big something taken right out of my body physically. …whether God decided it or whoever the spirit was or whoever did this for me, I am assuming it had God’s hands in it. …I just have a peace about me that I’m not, I don’t get tied up in knots about things and I don’t, I was never really a worrier anyway but I just don’t worry about things because God has a plan. – Tricia

For Joanna, defining or naming the source of her spiritual experiences is not as important as the simple fact that they work. She learned to trust ‘it’ and is strengthened by that.

You know I’ve pondered whether it’s the brain or whether it’s a particular substance in the world…. Just sort of an aura, a Guardian Aura, that just…. I don’t know. … I’ve never tried to name it. For me it’s just been there. It’s just around me and when I need just a little bit of a push it makes me go. …

But I’ve learned to trust this little voice that comes from within me and that I think is what intuition is. … I’m a strong believer that the human being has power over their own life and …. you know, we’re not being….we don’t have a path we have to follow. – Joanna
Reconciling Dissonance

When there was dissonance between the spiritual experience and internalized beliefs or belief systems participants tried to reconcile the differences. Lori addressed this dissonance by drawing on her spiritual experiences to inform and alter her interpretation. She reflected on how her experiences helped her to transcend the limits of religious interpretations to create her own meaning that was right for her in the context of her religious traditions.

You read things in the Bible and then like, ‘yeah, but how does that relate to what happened to me?’ And just trying to struggle through some of those ideas like forgiveness and self-sacrifice and worthiness and love and all that stuff you know, it just kind of, that’s all, that’s a big struggle. … I think it gets in the way of healing.

Yeah, making a meaning for me that fits with me that gets me beyond, I guess it’s moving beyond the word, you know, when I see the word self-sacrifice, okay, does self-sacrifice mean, ‘oh yeah, do whatever your brother wants?’ [tears] Sorry.

Or does it mean something else? So there’s always that sense of trying to get behind the meaning to the real meaning. I guess that’s where the experience comes in. Because then, like in those moments I was describing with the singing and the feeling and the connecting and everything, it’s kind of almost like freeing me to move beyond the words to the actual experience so I don’t have to worry what did that word self-sacrifice mean. I can just feel what a sacrifice would be, or feel what a self would be. – Lori

For Leni, reflecting on her experience of naked art modeling changed her view on some of the old religious beliefs she was raised with and enabled her to re-frame her body in a positive light.

And I think the big learning around that was being naked in front of people and how, what a pure way it was of being naked which … in religion and in our society, so often it’s a dirty place to be and here’s a really clean place to be, to see it, to express it for people, to draw nakedness and it’s so different from the
upbringing I had that said bodies were bad to look at, naked bodies were evil. You weren’t supposed to look at yourself in the mirror because that was vanity. – Leni

For years you’re told what to believe and then it’s up to you to decide what suits you and what doesn’t and how you’re going to lead your life. – Renée

Discerning Support from Others

Other people were important in the interpretation process – they were desired when there was no one to talk to, helpful when they were supportive and challenging when they were not. Maeve wanted someone to talk to about the spiritual experiences but when she tried she felt, “no one understood a word I said so it made me feel even more separate.” And in relation to a particular experience, she pondered, “I’ve always wondered if anybody else ever experienced that. And there’s no one you can talk to.”

Many women gained support and validation to trust their experiences through reading books. Resources played a large role in the interpretation process as they identified what resonated for them and then consciously applied it to their experience. Books and films enhanced interpretation and understanding, such as What the Bleep Do We Know?, The Power of Now, the Bible, Streams in the Desert devotional readings, The Tao of Equus, In the Woods: A Spiritual Journey, The Chalice and the Blade, Infinite Mind and Quantum Physics. Numerous women writers of fiction and nonfiction, both in spiritual and non-spiritual genres, were noted to give strength and validation for their view of the world.

Kira went through a process of discerning what is right for her amongst a variety of sometimes contradictory views she received from other people.

I would find people who would have really set ideas of how I should do things and that was hard for me at the beginning so
people are like ‘you need to read this book’ or ‘you need to see this therapist’ or ‘you need to do...’ you know, like ‘this is the only path’ and that was not helpful and [what] I once read in a Buddhist book is that all those things that people do, there is no one path, they’re just reminders that there is a path and that really resonates with me today. – Kira

Lori felt a lack of support from the church community and described how support could have helped her.

People don’t know what to do with it. They don’t know how to talk about it. They don’t, especially when I think about church people and I think about ministers and pastors and, you know people that you might go to and say ‘what’s the spiritual implications of this? How does my spiritual life fit in with this that happened to me?’ They have no idea.

That’s the first time I’ve ever talked to anyone about how this works spiritually, about how it’s affecting my spiritual life and how my spiritual life has affected this. And I realize, that’s what I really really want. … you might think it’s well male clergy you know, and as a woman you wouldn’t want to talk to them but I’ve had male therapists and I’ve talked to them just fine. I don’t know that that’s so much it. I don’t know what it is but, yeah, there’s a big silence I guess about it. – Lori

Carolyn had supportive guidance for her reflections from a minister in her new church.

In talking with her, she’s been trying to encourage me, like when I read the Bible, I grew up in a church where the Bible was extremely literal and she doesn’t believe that it is and I’d begin to question it because there’s a lot of ‘God is judge...’ ‘God is a punishing God,’ that kind of stuff and that’s not the God I want to know. That’s the God I felt I ended up with but from the child point of view I knew a ‘God love’ so in my searching it was more questioning, different things in the Bible or different things in my life, in relation to God, kinda asking questions and trying to make sense of everything. She’s been able to help. … So it was basically in talking with the minister and talking with the spiritual director that I was able to reframe and kinda find the God that I knew. – Carolyn
Tricia’s spiritual experience was immediately validated by a relative who was a church mentor and guide, and her therapist was also very happy for her.

So I phoned my aunt and I went ‘I really need to talk to you.’ So I went up and talked to her and she was of course … just in tears and she said, you know … ‘all it took was for you to ask God to take it.’ [cries] It was pretty awesome and it’s gone! … I was still going to the Sexual Assault Crisis Centre when this happened, this experience with the forgiveness and stuff so I told [my counselor] about it and she’s like ‘oh Tricia I’m so happy’, like I mean, they [at the Centre] didn’t tell me what to do one way or the other but they did say that some people can heal without forgiveness. – Tricia

Kira received valuable support in the interpretation of her experiences from a physician who provided both traditional emotional and cognitive therapy as well as spiritual guidance. Her physician helped her to feel more comfortable with her experiences and when he made suggestions, they felt right. She realized that he helped her amidst a system that could easily dismiss her experiences. He gave her a language for reflecting on her experiences.

He said ‘can you consider that you were time travelling. Can you consider that our spirits are able to leave our body at night and that you have access to your truth, your memory, your history, your future?’ And he gave me books on it. …and so I started to take those experiences as serious and that they were just not well understood by much of the medical model world but they were informing my recovery in a way that was so helping me that I couldn’t deny their occurrence nor their relevance.

But more than any of the traditional medical model supports or treatments for this, having someone encouraging me to embrace and, I don’t know if it’s honour, [that] they were real experiences and they were informing my process and my healing as much as anything. …It’s not forced on you but he was there to give me a framework or a way of viewing my recovery that I was ready for.

It was very easy to accept, like intuitively I knew that that was accurate but I also was not secure enough in myself that if an authority figure, in terms of my physician or health care
provider, had experienced any shame around that or it had been sort of poo-pooed or pushed to the side, I suspect I would have very quickly just dropped it and not shared stuff. ... The fact is they’re probably there all the time but if I had been shamed ... I think it’s easy to not even know that you’re not listening. – Kira

Reconciling the “You’re Crazy” Meta-narrative

Women with and without a mental health diagnosis expressed concerns about being perceived as crazy or sounding crazy for talking about spiritual experiences, and yet they did not waiver in their convictions of the reality and value of these experiences. They were careful about who they talked to about their spiritual experiences and what they said.

So I explained to him exactly what happened, I said ‘you may think I’m crazy, you may think I’m kooky. I don’t care what you think but I need to tell you exactly what happened to me.’ – Tricia

When I tell people about it, like when I say ‘I can feel the right answer’, they laugh at me. But I know that for me it works and maybe I’m crazy, I don’t know, but I know that it works. So why not? ... I mention aspects of it to my friends, like intuition and some kind of energy pushing me forward when I need it. I haven’t really gone into such detail with anyone, just because a) no one cares [laughs] and b) sometimes it’s a little, I guess it sounds a little nutty. It’s a little out there. And again, spirituality is very personal so I don’t think anyone would necessarily understand. – Joanna

And I have no understanding to this day still, where that love came from. It was just nothing I’d ever ever experienced before and it was huge and immense, and maybe some day I’ll know but to this day I don’t know. And people say, ‘oh yeah, I think you’re a little crazy’ but no, if that’s crazy, hey. – Maeve

That was the part that was weird because it was like, I don’t want to say a voice in my head ’cause then I’ll sound like a schizophrenic, but it was like a voice saying… – Lori

Words are very important. Words are also very dangerous, that I understand, well just by looking at that What the Bleep film, like
that water crystallizes in different ways with the words that it’s been given. It sounds crazy though doesn’t it? … [And before describing a spiritual experience she had with a butterfly] This sounds absolutely nutty, nutty, nutty but… – Amanda

[Reflecting on spiritual experiences] So I’ve had those kind of things that before I would have literally thought, ‘okay, pass this woman some anti-psychotics.’ … So I think I probably sound a bit kooky now. … It’s funny you know, part of me was afraid to talk about this and I can’t not talk about this [just] because I am still worried that people will think I’m crazy because there’s part of my brain that ten years ago or fifteen years ago would have had a hard time understanding these concepts and I’m really glad that I’m telling them to you. – Kira

Concerns were compounded for women who had been diagnosed with a psychiatric condition and in particular, those who were diagnosed as dissociative – they were not taken seriously and felt judged. In spite of this, they affirmed the truth of their own experiences.

It takes people to have the courage to speak it and to risk whatever ridicule or lack of identification other people may or may not feel with it. But just how marginalized I am as an alcoholic, as a, you know, like four psychiatric diagnoses, that my experiences will be potentially discounted.

I have a therapist who doesn’t really embrace the spiritual stuff so her version, her view of this is that, I’d seen a fox and this is one of my dissociative, inner children that takes a fox form. … What I do know is that fox is as real in my experience as I am and you are sitting right here right now and I’m a smart bright woman and I am not psychotic and it was, it’s amazing. – Kira

[I thought I was having a spiritual experience with art] I was told that I tend to go off into outer space and so I have to realize that there’s a difference between the two, between disassociation and spiritual moments, feelings. – Amanda

I’ve heard it sometimes said that ‘oh well maybe you just created that because that’s what you needed’. And I thought ‘no, it’s not like that. I know the difference.’ – Maeve
The women who experienced dissociation were clear that their spiritual experiences were not the same as dissociation and they described the difference. Kira had spiritual experiences where she left her body but clarified “not like trauma experiences” because it was not a memory or a painful experience. And in another instance she stated, “I do have a lot of clarity and a lot of visions and dreams and …It’s certainly not like one of my inner children.” Amanda distinguished between being in the past and being in the present, and Maeve said spiritual experiences come from a deeper place.

There’s a big difference between disassociation and feeling one with the Universe. … dissociation is just going off somewhere else in the past, pretty much, I would say. You’re not living in the present. You’re not experiencing things in the present. … Let’s say something occurs in the present that just kinda makes something else click in your mind that is perhaps traumatic or whatever, you just kind of dissociate from those feelings that you’re experiencing. Just sort of like being on automatic pilot, like you’re living reality but you’re not in reality. You’re not in the moment. I think that’s the difference. … Yeah, the dissociated place meaning not within, like just moving out, not being in the moment. … You’re on automatic pilot and….yeah, you gotta fake a lot of presence. – Amanda

It [spirituality] comes from a deeper place because say in an alter, it’s a very different feeling. It doesn’t come that [deep] way, it comes with a huge amount of feelings and confusion and you know you can almost feel it in your eyes almost, I can tell the difference. … I think because it [the spiritual experience] came from such a deep place where it originated from. – Maeve

Through the reflection process these three women resolved and transcended the tension around being perceived or judged as crazy and reconfigured it to present a new way of looking at it. They asserted the truth of their path amidst the judgment or lack of validation. For Kira, when the explanation for her experience was not clear, she shifted focus from trying to name it to the positive impacts of the experiences – the explanation for the experience mattered less than the experience itself.
And in the end we [her husband and friends] realized the paradigm didn’t really matter because the information that ‘they’ gave was so beneficial and so helpful and informative to my healing, the paradigm didn’t really matter. … Whatever paradigm my human brain decides to choose, the message is still unbelievably valuable and important. – Kira

Maeve aptly noted that dissociated parts of self can still have spiritual experiences.

Oh I’m sure one would say probably it was a little one inside of me who had that experience right, that that’s like a child’s experience but it may be a child’s experience but it’s experience we can all have. These things can happen whether you’re dissociative or not. – Maeve

Amanda suggested that people with a mental illness may be particularly enabled to connect spiritually, “I think that when you’re mentally ill on a certain level you can go to other places.” And Leni had valuable advice for others who may be healing from abuse.

Try as much as you can to find the people who will recognize that you have choices and that it’s your show, it’s not theirs. Even if you can’t run your show, even if you can’t make the script for your show, even if you don’t know what your shows about, it’s still your show. – Leni

Reconciling Dominant Religious Narratives

Another area of focus that emerged in the process of interpretation was that of discerning personal meaning from dominant religious interpretations that participants grew up with or that are part of the culture around them. For those who found their needs met in their religion, they reflected on creating and claiming their own meaning, considering what they accept and what they reject.

No matter what thesis you would write, if it had the word religion in it, there’s judgment attached to it because religion is judgment. That’s what it’s all about. You’re judged from the day you are born. That’s what every basis of every religion is the
same and this belief that if you do good you’ll end up in heaven, you do bad, you’ll end up in hell. It’s all about judgment.

I find it intrusive when people are judgmental in the sense of ‘but you’re Jewish, aren’t you supposed to believe blah, blah, blah, blah.’ Well you know what, that’s not for you to ask me. That’s for God and I to decide what my level of commitment is. … Yeah. It’s the judgment of just how religious am I. That’s why I enjoy your word of spirituality better. I think it’s more encompassing than religion. – Renée

For others, interpretation involved reconciling where dominant religious interpretations and assumptions were harmful or hurtful and where they invalidated or challenged the creation of personal meaning.

The concept of God has been used to manipulate people in so many different ways. I find it hard to connect with it because I think it’s associated with a lot of negative things. … I don’t really see God as anything personal to me. … And I guess the idea that there’s something protecting you is common but the idea that it’s not human-like is uncommon. And the fact that I’m moving away from the common Christian view I think is, by some people, it is rejected. Not necessarily rejected but just unacceptable. It’s becoming more acceptable. – Joanna

To get away from Christianity is still a very dangerous thing. People are still definitely controlled by that, those powers and to talk about something like this to them would be just, you’re crazy, it’s insanity, so that kept me separate but now it doesn’t because the truth, this just is who I am but I don’t have to discuss it anymore. – Maeve

Religion and belief are very personal and some women were supported by a dominant religious paradigm and others were not. While Kira found a very supportive community in Alcoholics Anonymous (AA), Leni and Amanda did not.

I went to AA and AA was making me really dark. All the Christian stuff came into it and I couldn’t separate myself from it. …feeling like I was being raped by God when they stood around saying the Our Father at the end of the meeting. – Leni
God. I found the word offensive, like it scared me. Especially going to AA meetings for instance, there’s that big God thing. – Amanda

For those who found that organized religion did not fit, they worked to create counter-narratives or alternative interpretations to the dominant culture. The identification of dominant meta-narratives was often followed by the creation of alternatives – including more meaningful ways of gaining meaning, insight and ultimately healing through the spiritual experiences.

I find that the hypocrisy of religion is so much harder to deal with than the openness and accessibility of spirituality. … Because I think what bothers me about organized religion is that you give up this and then you’ll get all that. When, with horses it’s a matter of cooperation. I don’t have to give myself up just so you will help me. No. We’re working for, …I’m trying to think of the word, it’s like agreement. It’s not control but consensus, yeah, I sense that you’re a good person, I’m going to go with you because you look like you’re gong to lead and I will let you lead. I have faith in you. As opposed to religion it seems to be hierarchal, well it is hierarchal, certainly in the Catholic, or Christian faith and it also means like, it’s an either/or situation as opposed to spirituality which is... you can be anywhere. – Laura

It’s a growth that happens your whole life, because we’re capable of knowing bigger. … As I’m talking I’m realizing how much I was influenced by Catholicism. And how I really believe in post-structuralism, it’s a really effective tool. A lot of people, [like] your male philosopher is big on Greek philosophy and stuff. Well [post-structuralism is] the total opposite to that, to those givens. And I think that’s a very male thing to find those absolutes. And I think post structuralism really helped me to look at and see the tools in feminism and racism and all those things. See a tool that could help you explore that stuff. And be open about exploring it. And be open to the possibility that, hey, this racism is inside me and to be able to explore that possibility. I couldn’t have done it if I did it through religion, through Catholicism. – Leni

Well I do call the higher power God but I certainly don’t envision that to be sort of like this big daddy in the sky image that’s for sure. …I believe that there is a Collective Consciousness. I believe that we do choose our life experiences.
So just that in spite of really horrific things, they are gifts and I know that’s really hard to say when people are in acute pain and I would have been offended by that if someone had implied early on, that my abuse was a gift but I feel that today. So yeah, not a big daddy in the sky, not just one person, it’s a presence, it’s almost like a vibrational energy, like I believe a lot in the quantum physics. – Kira

And of course the Goddess as seeing spirit as nurturing and caring and not one that’s full of death, like the Christian model I was given as a child, looking at this man on the cross, you know, with nails in his hands and blood pouring from him and basically saying if you don’t do what you’re told, that can be you. … So coming to the knowledge of this was another first step and to me it was the knowledge that there is a spirit and it’s feminine in a sense of it’s nurturing and caring. – Maeve

Lori talked about thin places in the Universe and I asked her if she could tell me what they meant for her. She recognizes that her view may not fit with that of the “theology guys” but affirms her own knowing. Amanda also affirms the creation of her own meaning.

Those moments when you’re right there in that deep level of reality, those are the thin places so it’s not like a place like geographical place, it’s a place in time I guess, where you’re just really connected to that deep level. And at that deep level is where everything comes together that’s happened and will happen and is happening.

I don’t know what the theology guys will say about that but that’s how I think about it. … And we’re often taught to kind of doubt it to be like, ‘oh that’s just what you think’. And yet the journey has very much been to discover those places. – Lori

I guess I was part of the consciousness, there’s so many words for it, … Ether, Cosmic Consciousness, the Creative Force, God, but not a Christian God, not a religious God. God is something completely different than what religion has done with that. … But then I was reading and reading and I realized that God is not that, it’s a word to express something really big but it’s all of us, we all have the Divine in us. God is a word to describe the Creative Energy.
Knowing that you are connected to the Divine, which is not religion-based but I think this works for anybody who believes in anything, you know what I mean? Like whatever works for you, kind of thing. – Amanda

Reconciling Dominant Patriarchal Narratives

Dominant gender based narratives were also named and challenged in the process of interpretation. In this narrative, women felt they were discouraged from talking about the abuse and about spiritual experiences that exist outside of the dominant societal paradigms. They talked about the lack of support for and the devaluing of the female aspect in relation to spiritual experiences, healing and emotional work.

Well, not supported I mean, everyone mocks intuition and mocks female, the female… that’s another thing. Intuition is seen as more of a female aspect and I find because we live in a patriarchal society, that’s why it’s mocked, to undermine females and the way that we view the world.

Society I believe … doesn’t support the idea of having something that is not, …they can’t measure, something….you know, everything is supposed to be recorded in the sciences and we know how it works. And I think society doesn’t accept things that perhaps we may never be able to measure. – Joanna

Maeve’s ex-husband was able to use the negative messages from the False Memory Syndrome Foundation focused on discrediting women who are remembering abuse.

My ex-husband at the time when I was trying to heal, he tried to get me to stop seeing [my therapist]… And he brought home the ‘Myth of Repressed Memories’ or something like that. … And I notice the newspapers would definitely love to quote all those types of little pieces that were just untrue. … So [I researched it and] it helped me understand the press, everything that was going on too. So there was a lot of that type of thing happening so luckily I had enough knowledge to keep me going. – Maeve

I mean I think when we are born we are born with everything we need to know to make it on this planet but then people change
things for us, they change how we think, or they tell you not to go with your instincts. – Amanda

Again, moving from naming a negative to creating or adopting an alternative, Maeve presented a counter-narrative to dominant patriarchal messages.

Because before I was always looking for men thinking they’ll take care of me because … as a woman I was nothing. So breaking that has been a huge thing for me. … And awakening to what’s really going on in the world, … And to see beyond the patriarchal system.

I started talking about my abuse with this therapist who was very open to hearing anything I had to say, like she was amazing that way, and so supportive. And I’d never had an understanding of a strong female person cause all the literature I read it was basically written by men for the most part. And here was this woman who was very strong. Being brought up Catholic it was God the Father and all of that, … the horror behind that, because of the shame … because that all comes with that childhood thing, thinking I could never be good enough … my whole life trying to be good so that I wouldn’t be hurt and that God would approve. So to find out that that wasn’t necessary anymore, and I started reading about the Goddess and a female, a female spiritual idea and it changed everything. – Maeve

**Learning and Transformation**

When women spoke about healing they spoke about learning and changing. They learned to rely on and empower themselves in their own healing, to let go of what cannot be controlled, to listen and wait, and to understand how their spiritual experiences helped them heal. Joanna, Renée and Carolyn describe taking control of their own healing.

I think one of the things that I’ve learned through the whole healing experience is that people keep trying to help you but at the end of the day you have to be the one to take the step. – Joanna

There’s no greater joy than knowing that you can take care of yourself so when you do heal, when that moment happens to
you, you know you healed yourself. Although someone else took something from you, that left you what you thought was powerless, the healing process is completely empowering because no one heals you but you, so you can take it back by healing. You can take your power back. – Renée

I recognized that although I had been abused that God can still love me. At that point in accepting that he cared and that he cried, for the experience I could visualize God crying while I was going through these things and in adapting that concept it helped me to feel that God could still love me. Finally I had found the God that I knew as a child, that loved me anyway. – Carolyn

Women spoke about letting go of the process, of a particular outcome, of knowing, and of trying to control what may not be controllable. Letting go includes surrender and trust.

One of my greatest knowings from my spirituality as part of my healing is that, … the pain I experienced in my healing is not the result of the circumstances. It’s actually me pushing back against the circumstances so the more I resist the truth of my life it’s that resistance that causes the pain but when I can relax figuratively and literally and … in the 12 Step community they call that surrender, when I can admit that I’m powerless over alcohol or I’m powerless over over-eating or I’m powerless over what happened to me in my life and to turn it over, when I can really surrender, so whatever you call that, when I stop resisting, when I accept, when I admit I’m powerless, it’s like all of that pain and friction decreases like instantly and I know that seems so simple but it’s very hard to do. – Kira

I do find that spirituality comes to you when it’s most required and that’s when you, sometimes you run out, as a human being, we run out of answers, and when we run out of answers only two things can happen, you lose your damn mind, … or at some point you have to give in that there are just certain things we’re not meant to understand. – Renée

I’ll ask for something or I’ll give something to the Lord and then I’m able to let it go, … taking more time to think about it and then pray about it, give it to God and then be able to just not, not a worrier but not think about it or just, it’s gonna, if it happens, it happens; if it doesn’t, it doesn’t. – Tricia

They talked about learning to listen both within and without and to discern what is right.
I guess before like I would always ask other people’s opinions or I would look for it in a book or I would read, go on the Internet or I would watch a movie, or I would look for it in other places and then I would just do. I would just do something. I would just say ‘okay this is what I’m going to do. I’m going to do it.’

Impulsive.

If it doesn’t feel good inside of me, then that’s my sign to not do it, because before I would just do things and not think about them or pay attention to what I was feeling or maybe what God was telling me. …I’ve really learned to understand how to give things to God and then wait for them and, or to just let them go and just go on with my life. – Tricia

I’ve learned to listen to my intuition a lot more. Which is really interesting because I’m … a very logical person to begin with, so listening to my intuition has been a different aspect of myself. – Joanna

It’s okay where I’m at, so you know you have that moment of just being there. … Being able to listen and understand my inner self, to slow down and listen to my feelings, then I am able to see the inner child… When … there’s a decision I want to make it’s a matter of asking inside ‘what do I need to do’ and to really listen and get an answer. – Maeve

They learned how their spiritual experiences are integral to their healing.

So that’s the kind of lesson I learned from those sorts of experiences. Not only is it available to me but I can actually rely on it, like ask for that kind of support. … My well-being depends on me actively seeking conscious contact with a greater power that is loving and caring and informs my life. – Kira

I think learning about being here and now is one of the greatest gifts that there is in healing. – Laura

It’s like using Tarot Cards. I used to use Tarot Cards in the beginning to get trying to talk to myself. But now I don’t need them anymore. That was a tool I learned and used, the Pendulum. … I don’t need those tools anymore because now I have a more direct link, you might say. – Maeve
Actually, the totem [painting] does represent me spiritually because I have more self awareness. I can describe who I am. Through this totem I feel I can accept my not so positive qualities. – Amanda

Summary

In summary, healing involved facing the pain, connecting to self, transmuting or releasing the negatives, feeling good, gaining strength, caring for self and reclaiming self. Spiritual experiences were described as intense positive feelings, energy that has its own goal or purpose, altered physical reality, timeless and instantaneous, relating to something bigger, a meaningful connection and all encompassing. Spiritual experiences that helped women heal involved a meaningful transcendent connection to a person, place or thing that may or may not be transcendent itself, for example, a horse, a friend, god or a part of self.

Spiritual experiences helped women heal by opening doorways to self, moving and shifting energy, expanding perspective, revealing and anchoring truths, connecting to now, expanding possibilities and providing support. Across these themes, spiritual experiences in healing created inter-connections between parts of self, others and beyond themselves in a way that was unifying and transforming. Women actively sought out places and engaged in activities that facilitated the spiritual experiences. These activities facilitated spiritual experiences by acting as a portal or stepping stone to a spiritual dimension, transcending language and mind, facilitating internal communication, connecting to the body through doing and by possessing innate spiritual healing qualities. They spoke about growth and transformation in the healing process as they learned to take action, let go and reflect on their experiences. Through reflection and interpretation participants engaged in processes of meaning making, connecting experiences to beliefs, reconciling dissonance with their beliefs, discerning support from others and reconciling meta-narratives.
Chapter 9
Discussion and Recommendations

This section reviews the results on healing in terms of what it means to heal from child sexual abuse, spiritual experiences and how spiritual experiences help women heal. These findings are discussed in light of the literature. Existing theories and models are used to explore explanations of the potential underlying mechanisms related to spiritual experiences in healing and how they impact the self. These results highlight the value and importance of enabling spiritual experiences by facilitating dialogue about spiritual experiences, validating the experiences and facilitating spiritual occupations. This chapter concludes with study limitations, recommendations and conclusions.

Healing

In this study, healing was described as facing the dragons (for example, memories, pain), connecting to self and sorting out what is true or meaningful, transmuting or releasing negatives, feeling good, gaining strength, caring for self and reclaiming self. These themes are consistent with the literature on healing and recovery. Herman’s (1997) model of recovery included coping with flashbacks (facing the dragons), managing emotions (transmuting or releasing negatives), self care (caring for self) and meaning making (connecting and winnowing). Participants spoke of connecting with and reclaiming physical, mental, emotional and spiritual aspects of self, restoring an essence of self (Draucker et al., 2009), and as an active process requiring energy (Draucker, 1992b; Glaister & Abel, 2001). Consistent with the literature, healing was predominantly viewed as a process (Banyard & Williams, 2007; Bogar & Hulse-Killacky, 2006) with the end point being either desired, unknowable or not important. Some participants explicitly identified their lack of concern about an endpoint as indicative of their healing. While participants viewed
healing along the full continuum including coping, managing, self care, feeling better and getting better, their focus in the context of spiritual experiences also included a deeper process of wholeness and reclaiming the self.

Participants in this study emphasized the importance of healing beyond just surviving or beyond the trauma – it included learning, transformation and change. These results are consistent with the literature on post-traumatic growth and raise the possibility that advanced healing as transformation is actually personal growth into higher stages of development, including spiritual development. According to Weaver, Wuest and Ciliska (2005), self-development (which is an aspect of thriving) is inherent in the recovery process. Kira described how she came to view her abuse and all she had learned from it as “a gift,” while noting that she would not have been ready to hear this earlier in her healing process. This can be viewed as an example of post-traumatic growth with the caution that areas of growth should be self-defined by the survivor herself. Given that she was able to comfortably hold the reality of the pain of abuse as well as the gifts in an unattached way, her experience is in contrast to the view that construing positive benefit is simply a coping mechanism (Draucker, 1992a). Some participants in Hall’s (2003) study also found that a spiritual connection enabled them to find some positive value in their negative experiences and while Hall considers that their experiences may simply be adult development, she cautions that it is “probably not feasible to separate developmental changes from healing changes” (p. 661).

A comparison with Kang’s (2003) and do Rozario’s (1994b, 1997) models highlight aspects of healing that portray higher spiritual growth or development. Kang’s psycho-spiritual integration frame of reference focuses on spiritual growth and fulfillment and describes a process similar to that experienced by participants in this study where they described inner directed growth through active engagement and learning (becoming) and meaning-making through interpretation and reflection (meaning), connection to essence of self as creative, intuitive and
insightful (being), gaining increasing awareness of the self (centredness) and awareness of self in relationship with others, society and the cosmos (connectedness). The final dimension, transcendence, was intermittently experienced as a state of connectedness to all dimensions with a consciousness beyond ego-identification, but it was not described as a drive, goal or trait as Kang portrays.

Do Rozario’s (1994a, 1997) model of wholeness and reconstitution is based on experiences of people with physical disability or illness and diverges from the experiences of the women in this study in a number of ways. For example, the latter did not describe transcending old definitions of self but rather reclaiming lost parts of self. Similarly, rather than noting a pattern of control versus disempowerment, the women described a pattern of control versus letting go, where letting go was experienced as empowering. The women in this study did, however, describe a process of meaningful engagement, hope, growth, acceptance of self, letting go, re-embodifying (reclaiming) and ultimately a bringing together of parts of self towards wholeness. Do Rozario described this wholeness as a sense of unity or coherence of the true self in connection with the greater environment. Do Rozario noted in her final stage of reconstitution and wholeness that there was an experience of unity. This concept may explain those experiences where some participants felt that there was no separation between healing and spiritual experiences. I began the study assuming that healing and spiritual experiences were two distinct phenomena, as illustrated by the assumption in the question of how spiritual experiences impact healing. Maeve and Kira both noted that these were the same things but they also shared many examples of how spiritual experiences heal. This may signal their movement into and out of a state of unity.
**Spiritual Experiences**

The women in this study described spiritual experiences as intense positive feelings, having a life of their own, a different reality, timeless, relating to something bigger, a meaningful connection different from everyday connections and a sense that they include everything. These experiences are similar to those reported in the literature. In particular, the themes of altered time, a different reality and intense positive feelings were common among the participants and all were described as similar to peak, mystical and spiritual experiences. Consistent with Hardy’s (1979) study, the cognitive and affective element of the spiritual experience was the most commonly reported and included many of the same experiences, for example, security, joy, new strength, guidance, clarity, timelessness, love, forgiveness, integration, hope and presence. The women in this study described spiritual experiences as involving ‘something bigger’ but this did not necessarily mean a particular deity or personified being. This theme and the ‘all encompassing’ theme are similar to aspects of peak and flow experiences which include a larger reality, a fusion with the world and feeling unified or whole. Unity or unification seemed to be more of a quality of healing than that of a spiritual experience in this study.

Overall, the spiritual experiences fit well with Wardell and Engebretson’s (2006) taxonomy of spiritual experiences. They included embodied sensations (for example, Tricia’s ‘hands’ and Joanna’s instinct), direct or absolute knowing (infusion or an ah-ha experience), oceanic feelings of absorption or a sense of connection, love, peace and joy, or oneness with the universe, and disembodiment (Kira described the latter in Opens Doorways to Self). The women experienced an altered physical environment in terms of space and time, perceived voices, a sense of touch and a warm comforting energy, sometimes with a sense of presence. Contrary to the taxonomy, the felt presence was not only perceived to be that of discarnate beings, as it also included non-personified energy and consciousness (Laura, Leni, Joanna) and an incarnate being
in the case of Kira’s friend. Hardy’s (1979) classification includes extra-sensory perception and telepathy which could be an explanation for Kira’s connection with her friend (this is further explored below).

The one theme that is not readily captured in the literature on spiritual or mystical experiences is ‘meaningful connection.’ It is however part of the occupational therapy definition of spirituality (Townsend & Polatajko, 2007). In this study, the experience of connection was more important than the object of the connection, for example, whether it was of this world or not. The connection felt transcendent, whether or not the object of the connection was perceived as transcendent. Hall (2003) also found that the women survivors of child sexual abuse in her study used the word connection frequently and whether the object of this connection included plants, nature or god, it was the “fact of connection” that was key (p. 660). Connection may be a quality of particular importance in women’s experiences of spirituality or survivor experiences. Christ (2003) notes that feminists are challenging images of a transcendent being as “male, disembodied and separated from the changing world” (p. 1) and that women’s experiences tend to be more relational, embodied and embedded in the self. In her comparison, Christ draws on process philosophy which states that “all life is in process, changing and developing, growing and dying, and that even the divine power participates in changing life” and “all beings are connected in the web of life” (p. 3). This suggests that the differences may be due to women’s experiences compared to men and the historical predominance of the male viewpoint in the discourse on religious and spiritual experience, interpretations and practice.

**How Spiritual Experiences Heal**

Spiritual experiences helped women heal by opening doorways to self, moving and shifting energy, expanding perspective (flipping negative beliefs or perceptions), revealing and
anchoring truths, connecting to now, expanding possibilities and providing support, and across these themes, by inter-connecting or unifying. Stenius and Veysey (2005) reported that survivors of child sexual abuse found spiritual practices and beliefs provided them with support, a sense of hope and a feeling of inner peace, and their spiritual connection enabled them to see their goodness (similarly noted by Maeve and Amanda) and to not take responsibility for what happened (also shared by Carolyn). However, contrary to Stenius and Veysey, women in the current study did not describe a belief in the world as ‘just’ but did discuss their ability to sense and discern when they can trust or when they feel safe. The survivors in Hall’s (2003) study noted the importance of self-centering which included trusting one’s own instincts and perceptions, a central theme for Joanna and Laura in this study. A second key theme reported by Hall was spiritual connection which helped women to connect to their body and gave them a feeling that they were not alone – directly parallel to the results of this study. In a sample of men and women who experienced sexual violence as children or adults, spiritual experiences helped them heal by providing support, awakening them to new perspectives and revealing strengths (Knapik et al., 2008).

Hardy (1979) was puzzled by the fact that so few participants in his study mentioned hope in their spiritual experiences and results from this study may provide some insight. Spiritual experiences in healing were circular and multi-layered processes where some impacts were proximal in the sense that they were experienced during the spiritual experience. Others were distal as they evolved over time across experiences or through reflection. Hope was one of those impacts that was described in relation to the more proximal theme ‘expands possibilities.’ It was through the experience of something better, possibilities of the positive or newness (as Leni described it) and through reflection and learning to trust the process that hope emerged.
In the remainder of this section the results of this thesis are further explored in relation to various theories that may explain how spiritual experiences heal. The women in this study spoke of energy within and around them, connecting to something tangible from the universe that was supportive, receiving information or truths, expanded perspectives and possibilities and connections within and beyond themselves. Spiritual connections will be examined in relation to concepts that emerged in this study: within and without, higher and lower, and greater and 'little' as in Joanna's 'little voice.' The relationship between energy within the body and energy in the universe, and healing as transformation and growth or development will also be considered.

As an epidemiologist, Levin (2003) calls for an expansion in clinical research and practice from a focus on body-mind interactions to body-mind-spirit. Levin supports this recommendation by reviewing the breadth of research evidence which demonstrates the healing potential of religion and spirituality across a range of physical and psychological conditions. In response Levin proposes five pathways to explain how the spiritual or religious domain may influence healing – biological, psychosocial, bioenergy-based, nonlocal and supernatural (deities). The biological pathway refers to genetic factors that can cluster in religious communities as with any self-contained community so differences in health outcomes may be due strictly to biology as opposed to any particular religious practices or beliefs. Psychosocial pathways include the positive health and healing effects of belonging, being supported and cared for. The bioenergy-based pathway involves the human energy field or subtle energy body which includes multiple interconnected layers of energy that travel along meridians through major and minor energy centres in the body (Rubik, 2002; Schnepper, 2010). The women in this study spoke of tangible experiences of moving and shifting energy which helped them by pushing them forward, pulling them, or taking away the pain. Nonlocal pathways are based on the evidence of positive health effects from distance healing (Benor, 2001) and they are explained by
consciousness studies and quantum physics (Laszlo, 2007; Radin, 1997). Kira spoke of a nonlocal connection with her friend and Maeve described a connection with her ancestors. Levin noted that supernatural pathways cannot be empirically tested. When considering explanations for spiritual healing, all of these possibilities should be taken into account.

McCraty, Atkinson and Bradley (2004a, 2004b) present electrophysiological evidence of intuition based on multiple and simultaneous measurements of heart, cortical and skin responses to randomly presented calm versus emotionally arousing pictures. They found that the heart received and processed emotional information approximately five seconds before the presentation of the calm or emotionally arousing stimuli and the responses were specific to the type of stimuli. In fact, the processing of emotional information shows a consistent whole system response that includes interaction between the heart and cortex of the brain. Results for emotional stimuli were particularly significant for women where their heart responded to the upcoming emotional stimulus prior to the mind. This suggests that the heart receives intuitive information prior to the brain. McCraty et al. (2004b) note that the women in the study were “more attuned to intuitive information from the heart” (p. 325).

McCraty et al. (2004b) suggest that the heart is a sensory organ that can process and encode information independent of the cortex, with a capacity to learn, remember and make decisions. This concept of an organ operating independently is supported by research conducted by Backster and White (1985, as cited in Laszlo, 2007) which demonstrated a spontaneous nonlocal connection between white cells and their human host. They connected the electrodes of a lie detector to the culture of cells taken from the study participants’ mouths and found that the cells reacted when the participant was exposed to various emotional stimuli. There was no difference in the response when the cells were a few meters away or a few kilometers away. Quantum physics experiments have also demonstrated that there is nonlocal communication.
between subatomic particles that defies space and time, suggesting a highly interconnected nature to physical matter (Laszlo, 2007). These subatomic particles interact with humans in that they act like a wave or a particle depending on the intention of the observer. McCraty et al. (2004b) theorize that intuitive perception involves “the body’s connection to a field of information beyond normal conscious awareness” (p. 326). This research on the heart highlights the role of the body in spiritual experiences and validates Joanna’s experience of a connection to her little voice or intuition, which gives her information about the world around her. It also explains access to wisdom as described in the theme reveals and anchors truths and Kira’s experience of infusion of information from the world around her.

According to Maslow (1968) the highest human values (for example, wholeness, integration, inter-connectedness, transcendence) are part of human nature and self actualization is derived from discovering these values from within rather than receiving them from a source external to the self. Regardless of their state of health and development, when people are in a peak experience they transcend their ego-self and are closest to their real self where they can access this inherently positive drive towards growth, development and healing. In this way they become “more a pure psyche and less a thing-of-the-world” (p. 109), and therefore are less influenced by the outer world. This resonates with the women’s experiences of connecting with their essence of self and strongly anchored truths that were able to over-ride unhealthy or unhelpful beliefs and meta-narratives. Lori noted that she could draw on her spiritual experiences to feel what a body is and what a sacrifice is, in response to the dissonance she felt in the teachings from the bible.

Both Csikszentmihalyi (1990) and Maslow (1968, 1970) state that flow and peak experiences result in growth of the self. Csikszentmihalyi (1990) notes that flow activities provided “a sense of discovery, a creative feeling of transporting the person into a new reality,”
pushed them into higher levels of performance and “transformed the self by making it more complex” (p. 74). This growth of the self occurred as a result of a greater differentiation of one’s uniqueness along with a greater integration or union with “people, ideas and entities beyond the self” (p.41). In this theory the experience of unity with the surroundings is key to overcoming adversity by shifting focus away from the ego self and expanding a person’s viewpoint to see the world from a different perspective. The spiritual experiences in this study did shift attention away from physical and emotional pain, expand perspective and connect women beyond themselves.

Wilber’s (2000a) Integral Model of consciousness is based on a meta-synthesis of over 200 historical and current psychological theories, philosophies and worldviews from both the East and West. Across these theories is a common structure of humans comprising not just a body and mind, but also higher mind, soul and spirit in a nested holarchy or nested wholes which transcend and include all lower levels. For example, soul includes mind and body but not spirit and without mind there would not be a soul. Wilber refers to this as a “morphogenetic field that provides a developmental space in which human potentials can unfold” (p. 27). All humans regardless of age or stage have access to the higher spectrum of consciousness through the three normal states of waking, dreaming and deep sleep as well as through altered states of consciousness, such as peak experiences. This meta-synthesis presents humans as having an innate drive to grow, evolve and transform not only in a physical and cognitive sense, but also spiritually. Human development continues throughout life into higher stages of spiritual development: spiritual experiences are available to anyone and can result in a temporary shift into a higher developmental level. At a higher stage of development there are additional skills and perspectives to draw on that may be temporarily accessible during or as a result of the spiritual experience, just as new skills emerge at all developmental stages but are not yet integrated.
Wilber’s (2000a, 2000c) four-pronged definition of spirituality includes altered states of consciousness or peak experiences, higher stages of adult development, a separate spiritual developmental line itself, and an attitude or quality of the self, such as loving kindness or inner peace. Wilber’s concept of ‘lines of development’ takes domains of normal development and extends them into a transcendent or higher state of development. For example, after moving through commonly recognized stages of cognitive development (for example, concrete, rational, abstract thought) we can extend that into higher spiritual levels such as transrational awareness or intuition. Similarly, emotional development can extend to transpersonal love or moral development to compassion for all beings. In addition, Wilber proposes that spirituality is its own line of development that is present at all ages - he defines it as our area of “ultimate concern”.

While we may spend most of our waking consciousness in the lower levels (body-mind), we have access to higher levels through spiritual experiences or altered states of consciousness. The spiritual experiences described in this study did appear to shift participants into higher levels of development which enabled a differentiation and integration of impacts of trauma related to (lower) levels of body, mind and emotion, such as a shift in body image (Leni modeling), emotional release (Tricia’s release of anger), new perspective (Lori). In the context of this study, spiritual experiences seem to facilitate access to these higher levels with a corresponding expanded perspective and diminished influence from the ego (lower physical, emotional and cognitive domains). For example, when truths were revealed, perhaps the spiritual experience enabled participants to transcend or evolve in their cognitive line of development to access higher wisdom. Participants in this study also spoke of being more open and able to see more of the world and how it really is and of having compassion for others and a desire to help others – reflecting changes in qualities of the self.
In a grounded theory study exploring how survivors heal from the loss of a family member through suicide, Kalischuk and Nixon (2009) found that survivors engaged in a continuous cycle of self-reflection, self-care and self-transcendence, or thinking, doing and being respectively. Through self-reflection they gained insights which shifted their perspective and informed decisions. Through self-care they developed healing strategies such as journaling, ritual, prayer, art, music, meditation, burning a candle and appreciating nature. Self-transcendence enabled the survivors to move beyond their pain and experiencing the suicide as central in their lives, to engage more meaningfully with others and in their community. These themes are similar to those found in this study where the spiritual experiences facilitated self-transcendence which involved a connection to something bigger or beyond self and expanded perspective or shifted pain. Self-reflection brought new insights and enhanced the healing effects of the spiritual experiences, which were themselves facilitated by taking action to engage in the healing process and use spiritual activities to facilitate spiritual experiences. The results of Kalischuk and Nixon differ somewhat from the results of this study because for survivors of child sexual abuse the connection to self was as integral to healing as transcendence beyond the self.

**Enabling Spiritual Experiences**

Facilitating Dialogue on Spiritual Experiences

In this study all women, whether or not they identified with or practiced an organized religion, spoke openly about their spiritual experiences and their process of interpretation or integration with their scientific, spiritual or religious beliefs. Describing their experiences required them to tune into their body, thoughts and emotions while interpretation tended to be a cognitive process. For some women it was challenging to connect to their embodied experiences and for others the dissonance between their experience and beliefs was more challenging.
The language of spirituality that was used in this study was understandable for participants, but when language of the body was not readily accessible the experiences themselves were sometimes described based on the interpretation or context rather than the experience. For example, if God is believed to be intervening, then the experience would be considered spiritual because of the belief more than the experience itself. Or an experience may be described as spiritual because it happened in a church. In these situations the researcher encouraged a shift to experiential language. This was done by asking, ‘how did you feel?’ or ‘where did you notice it first?’ As the interview progressed, participants shifted more into their body and spiritual experiences were translated through language of the senses. Lori noted that her religion did not validate or support her connection to her body and therefore she was engaging in physical activities to help her connect to her body.

The sharing of spiritual experiences often involves a trial and error or tentative dialogue about experiences that are not neatly or clearly explained by theories or religions. In this study, dialoguing about spiritual experiences was greatly facilitated by the fact that all of the women chose to participate to share their spiritual experiences. The approach taken was to listen to the words the women used, how they used them and what they meant for them personally, without prior introduction of proper nouns describing specific objects of meaning or assumptions of spiritual concepts or frameworks based on location (for example, within versus without) and direction (moving to or from).

This approach is supported by the results of a critical ethnography conducted in Western Canada by Pesut and Reimer-Kirkham (2010) which aimed to understand how health professionals negotiate religious and spiritual diversity in clinical encounters where religion was defined as social institutions and spirituality was more of an “individual expression of values and beliefs” (p.816). Researchers engaged a diverse sample which included health professionals,
spiritual care providers, patients and their families, and facility administrators from a variety of primarily inpatient healthcare settings. Health professionals negotiated their approach with patients by watching for symbolic cues (such as religious symbols) and noting neutral language, for example references to a ‘journey.’ This approach could be supplemented with Bartel’s (2004) language of spiritual needs previously described in the Literature Review and Table 1. Pesut and Reimer-Kirkham highlighted a number of factors related to professional competence for engaging in respectful dialogue: the importance of reflective practice, awareness of one’s own personal beliefs and values and the need to bracket them, and awareness of the provider’s position of power and the vulnerability of the client.

Pesut and Reimer-Kirkham (2010) found that health professional beliefs about the private nature of spirituality and adherence to a medical model based on efficiency versus experience, tended to limit their engagement in spiritual matters. For providers who had a communal sense of spirituality, they connected with patients in unanticipated and embodied ways for example through delivering food and providing personal care. Most patients (religious and spiritual) expressed wanting communication, kindness, honesty, respect, humour and friendship. Overall, the article highlights that there are different approaches and comfort levels depending on whether the patient is exploring experiences, practices or beliefs. And while the authors suggest that health professionals are not trained to engage in religious or spiritual discussions, there is evidence from the results of this thesis that health professionals may be well suited to address certain aspects of spirituality including understanding the body, mind and emotions, conscious reflection and healing, and the role of science in understanding spiritual experiences. In addition, occupational therapists can enable spiritual occupation and explore values, beliefs and meaning in occupation. But short of providing information to facilitate choice related to beliefs, therapists are advised to avoid the exploration of religious beliefs and instead, refer the client to a spiritual care provider.
Validating Spiritual Experiences

Participants in this study spoke of the importance of being believed regarding the authenticity of their spiritual experiences, validation of their interpretation and support in their exploration of possible interpretations and dominant meta-narratives. Kira, Maeve and Amanda gained valuable support from health professionals who provided information and approaches they could use to interpret their experiences. Education is one of several skills occupational therapists use to facilitate occupational engagement. Therapists provide information and evidence to their clients to inform them and provide options to empower them in their decision making (Townsend & Polatajko, 2007). Results of this study suggest there is an opportunity to provide this for clients to help validate their spiritual experiences. Therapists can provide information and resources to help guide the approach to interpretation, and support to explore possibilities without fear of being perceived or judged as ‘crazy’.

Results of this study demonstrate that what is considered validating depends on the individual. Some women valued information, particularly if they were exploring alternative explanations, and others valued acceptance of their interpretation. Pesut and Reimer-Kirkham (2010) noted that health professionals needed to discern when information was desired or helpful and when it was not. As members of the healthcare team, they needed to respect patient decisions and choices related to their spiritual or religious beliefs that may go against evidence based practice. Bannigan and Moores (2009) developed a model of professional thinking which includes both reflective practice and evidence based practice and incorporates evidence from research, client values, clinical judgment and resources. This model can facilitate the process of discerning the appropriate information and approach based on differing client needs, values and beliefs. Health professionals can play a role in discussing spiritual experiences and spirituality to
enable the client to choose an interpretation that fits – this may mean recommending resources from the secular realm or suggesting the resources of a spiritual or pastoral care provider.

Participants in this study who were exploring or engaged in spiritual paths outside of organized religion were particularly supported by scientific evidence of spiritual realities. Occupational therapists could familiarize themselves with this research in the same way that they might explore any other type of evidence based research (for a physical condition) as there is considerable empirical evidence for the existence of a non-physical reality. Current measurement instruments can measure the human energy field as well as plant fields and various electromagnetic fields throughout the universe (Freeman & Lawlis, 2001; Radin, 1997) and rigorous research studies have been conducted that demonstrate the capacity for extra-sensory perception (Radin, 1997), the benefits of spiritual healing (Benor, 2001) and the existence of a nonlocal connected ‘consciousness’ or communication between organic and inorganic matter (Laszlo, 2004). Based on this evidence current theories suggest that we exist as an interconnected whole, that there is not separation. To bridge the world of matter with the world of life, mind and soul theories on both human and universal energy and consciousness and their interaction or relationships could be explored as well as the more familiar psychological theories of self, growth and healing, to facilitate the clients’ understanding of their spiritual experiences from a scientific or evidence-based viewpoint.

The idea of meta-narratives recognizes the role of culture and that we are all impacted by others and socialized by our communities. Dominant meta-narratives are those that are accepted as right and can lead to judgment and stereotypes related to the value and validity of alternative worldviews (Andrews, 2004; Mishler, 1995; Murray, 2003) including spiritual experiences, mental health and religious beliefs. Some of the women in this study grappled with meta-narratives that included internalized fears of being labeled as crazy due to their spiritual
experiences and internalized beliefs that wisdom should not come from within, but comes from sacred texts or religious leaders. They were often alone in their process of sorting this out and Lori noted how it would have been so much easier for her if someone had been there to help validate what she struggled to discover for herself. Occupational therapists can enable their clients by naming these external barriers, addressing them and supporting the clients’ process and experiences.

Approaches to meta-narratives also need to take into account individual diversity as not all women were limited by them, particularly those who found their experiences resonated with their religious background. But whether or not the participants were served by dominant religious views, results of this study demonstrate that honoring the inner wisdom obtained through spiritual experiences was a key component of their healing. The inner truths experienced by participants in this study enabled them to discern their personal truth from or within the dominant paradigm – to separate and reframe it when it did not fit and to utilize it when it did. Naples (2003) highlights the medical model focus on pathology, the backlash of the False Memory Foundation and the patriarchal religious focus of Alcoholics Anonymous as meta-narratives. Similarly, Valentine and Feinauer (1993) reported that some of the women in their study found religious beliefs and a supportive church community helped them to find strength, let go of blame and guilt for the abuse, make sense of the experience, and have faith to carry on. Discerning how to validate requires attention to professional competence in the reflective practice as described above by Pesut and Reimer-Kirkham (2010).

Facilitating Spiritual Occupations

Participants in this study described engaging in many types of occupations during their spiritual experiences. They also specifically indicated that occupations facilitated spiritual
experiences in healing by acting as a portal or stepping stone to a spiritual dimension, transcending language and mind, facilitating internal communication, connecting to the body through doing and by possessing innate spiritual healing qualities. For some of them, their health professionals facilitated occupation for example by suggesting meditation and journaling with a specific purpose. Taylor and Mamier (2005, as cited in Pesut and Reimer-Kirkham, 2010) reported that cancer patients expressed a desire for their health professionals to facilitate their spiritual practices. Occupational therapists are uniquely situated to facilitate engagement in spiritual occupations.

Revisiting Kang’s (2003) distinction between occupations that are collectively classed as spiritual and generic occupations which can be spiritual, participants in this study described both. Generic occupations included gardening (Leni), sports (Joanna, Leni) and conversing with friends (Renee, Laura) and all of these were contexts for spiritual experiences of healing. Most of the occupations described in this study fall into Kang’s collective spiritual occupations and are outlined here. The expressive arts were well represented with painting (Kira, Amanda), and poetry or writing (Laura, Amanda) as were activities of communing with nature (Lori, Leni, Maeve, Carolyn, Tricia, Amanda, Laura, Kira). Rituals of healing were not elaborated upon by Kang but could include taking baths, and using self-relaxation techniques. Other collective activities identified as sources of spiritual healing include dreamtime experiences (Maeve), journaling (Maeve, Kira, Lori), prayer (Tricia, Carolyn), scripture reading (Tricia), singing (Carolyn, Lori), meditation (Kira) and tai chi (Amanda).

Occupations that were sources of spiritual healing that were not in Kang’s (2003) list include inspirational books about women, metaphysics, quantum physics, astrology, I-Ching and Runes. Women survivors of child sexual abuse in Draucker’s (1997) study also described self-help books, astrology and metaphysics as sources of support and healing. Given that Kang notes
the importance of inclusiveness and the aim of the Psycho-Spiritual Integration model is to
explore and “harness the power” (p. 99) of activities that are distinctive expressions of spirituality
(becoming, meaning, being, centredness, connectedness and transcendence), the inclusion of
these more secular spiritual occupations would be an enhancement.

Kang (2003) notes that spiritual occupation can be enabled at the community level as
well as the individual level. Townsend (1997) presents inclusiveness as a community dimension
of spirituality where all members of a community are included regardless of differences – they
have a place of respect and value where they contribute and share resources, and experience
empowerment. Examples of a community spirit of inclusiveness include “mutual aid, reciprocity,
connectedness, belonging, interdependence” (p. 149). A community dimension of spirituality
emerged in this study in a number of areas where inclusiveness was part of the spiritual
experience and an indication of healing. Renée mentioned that her participation in this study was
a spiritual experience because she, like many other participants, wanted to be able to help others.
Lori spoke of a spiritual experience of healing while working with men in a prison setting – how
their differences faded as they were connected through a common concern. Renée’s relationship
with her friend was integral to her ‘ah-ha’ experience and Carolyn described healing in her
church community particularly through the connection of the Minister. The six women in the
study who are parents noted that healing and spiritual experiences helped them to be more
positively connected with their children. Maeve mentioned that her healing enabled her to hear
and see more of the world.

The women in this study described another type of inclusive community where they felt
support and belonging but it was not physical – it was the strong sense of interconnectedness to
others or something bigger. In this relationship they were valued and felt a sense of belonging. It
may be beneficial to expand the definition of inclusiveness to include non-physical or non-local
communities, whether the source of connection is incarnate (like Kira’s connection with her living friend) or discarnate (like Maeve’s sacred ancestors). Similarly, could inclusiveness include animals (like Laura’s horse) as well as humans?

In relation to the experience of empowerment in inclusiveness, one of the themes related to healing is ‘gaining strength’ and women described a process of empowerment as they came to trust and know themselves and their ability to sense what is right. In their experiences with ‘something bigger’ there was no element of power over – even when it is seen as very powerful. This may be a key component to the healing and empowering impacts of spiritual experiences. This empowerment component is particularly important for survivors of child sexual abuse who have experienced a state of complete vulnerability and disempowerment.

The results of this study challenge some of the assumptions and key concepts in two aspects of occupational therapy theory – one is the performance focus and the other is the division of occupation into self-care, leisure and productivity. The women in this study described various aspects of their healing process where healing can be considered a key occupation that involved a variety of activities. Healing included some aspects of self-care and was described as work, but it does not fit into these three broad occupational categories. And while participants described the value of being able to perform activities of daily living, an exclusive use of a performance lens would render much of their sharing invisible or irrelevant.

In support of this view, Hammell (2009) advocates for a shift away from a performance focus to the “subjective qualities of experience that address intrinsic needs” (p. 107) and promote wellbeing. Instead of the three performance based categories of self care, productivity and leisure, Hammell proposes four categories based on the ways people experience occupations – restorative occupations; those that foster belonging, connecting and contributing; doing occupations; and
those that reflect life continuity and hope for the future. Restorative activities include many of the
ones previously listed above as spiritual occupations and this category could include healing as
broadly described in this study. Hammell acknowledges that in reality, occupation is not so neatly
divided – results of this study show that spiritual occupations were healing (restorative), fostered
belonging and connecting, and provided a sense of hope.

Study Limitations

Results of this research should be interpreted in the context of the study limitations. Spirituality is an inherently vague and complex concept that can mean many things to different
people. While it is intended to be a broad and inclusive term, some people may not have chosen
to participate in the study because it carries negative connotations for them or it does not
represent their experiences. Thus the results of this study refer to a self-selected sample of women
who responded to the language used. Spirituality has primarily been conceptualized in relation to
the Canadian occupational therapy literature and it is not known to what extent this would be
considered broad and inclusive in the other fields of health, psychology or philosophy. Related to
this limitation is the challenge of communicating a sufficiently clear yet generic and inclusive
meaning of spirituality that facilitates participant sharing and dialogue about their own
perspective without inadvertently biasing or influencing their responses. It is not known how the
results might have differed with the use of an alternative introductory definition. All ten
participants are Caucasian women from a specific geographic area (a small city in Ontario) with
only one participant under the age of 30. All of the ten women were raised in a Christian family
environment or in the dominant Christian culture of Canada. Similarly, the researcher is herself
Caucasian and was raised in Ontario and acculturated based on the same Christian culture of
Canadian society. Given this, some terms may be used with the unconscious assumption that they
are generic or neutral when in fact they are culturally situated, for example, the concept of soul. In this sense, the results are culturally situated and may not facilitate understanding of spiritual experiences in healing for women from other cultures.

The research question in this study asked how spiritual experiences impact healing from child sexual abuse. All of the participants in this study described spiritual experiences as positive experiences and this may be because the question was asked in the context of healing – which all participants viewed as positive. The participants were self-selected based on an ad asking women to talk about their spiritual experiences in healing. Survivors of child sexual abuse who were not engaged in a healing process or who felt that it was not a positive process could be less likely to participate in this study. If they had participated, there may have been negative spiritual experiences in healing. As a result of this self-selected sample, this thesis did not address negative impacts of spiritual experiences. There is a risk in assuming that all spiritual experiences are positive particularly if clients have negative experiences and the therapist attempts to correct this. This thesis does not provide information on how to dialogue with clients about negative spiritual experiences and how to discern when occupational therapists should engage with the client or refer, for example, to a spiritual caregiver.

In this study the distinction between spiritual experiences and interpretation was based on a taxonomy created by Wardell and Engbretson (2006). Use of this taxonomy helped to clarify my thinking, listening and formation of questions about spiritual experiences in relation to interpretation but this taxonomy has not been extensively used in this context and there may be alternate ways of viewing this distinction. If this taxonomy was not used in this study, it is possible that other ways may have emerged from the participants themselves. The taxonomy may have provided a false or simplistic sense of the distinction between spiritual experiences and interpretation. The clear separation between interpretation and experience was viewed as
important because interpretation can overlap with religion and this was seen to be out of scope for occupational therapists. Additional research is required to develop an understanding of the ways that occupational therapists can engage with their clients in discussions about spiritual experiences while partitioning or referring the client on in matters related to interpretation and religion. Embodied experiences were not always easily discernable from interpretation, particularly when the impact of a spiritual experience was not immediately felt in the experience. When the healing effects emerged afterwards on reflection or over time, sometimes they were described from a cognitive (interpreted) perspective. Similarly, this study did not explicitly explore spiritual impacts of the abuse itself such as feeling evil inside or loss of faith as some participants shared. This study does not address ways to discern when these types of issues may be related to religious interpretation – information that would be valuable for occupational therapists.

**Recommendations**

Results of this study suggest the need for further qualitative research with younger women, men and more people with and without religious affiliations (to explore differences), and representation from other cultures and Aboriginal populations. Further research could explore the spiritual impacts of child sexual abuse and challenging spiritual experiences as well as spiritual experiences in healing. It would be valuable also to explore spiritual experiences using different language as it may attract participants with different experiences and impacts. For example, new perspectives could be gained by asking about peak experiences, poignant moments or inspiring activities – terms that are less impacted by societal meta-narratives. There is a strong need for the research sector in general to equally validate and facilitate qualitative/experiential research and non-materialist scientific research (with quantitative) and for the health sector to utilize this
research, including transpersonal psychology and consciousness studies. Failing to do so is like using one hand when we have two. It results in loss or omission of options and resources that can be offered to clients to enable their engagement in meaningful occupation. Further understanding would be gained by engaging in research in occupational science to better understand properties of ‘spiritual’ occupations, the concept of inherent spiritual properties compared to the properties that emerge through the individual relationship and meaning, and how to facilitate spiritual experiences for healing.

Occupational therapy models of practice should include a balance of occupational performance, engagement and experience. Occupational therapy could advance the understanding of spirituality by a review of the language that is used and how it is used to ensure it is based on an unbiased and neutral structure. While it may be helpful to have a list of qualities, experiences and outcomes in a definition of spirituality, it is important that each of these qualities is situated only as possibilities and not expectations of universal experience. Avoiding the use of names for objects of experience is recommended as well as language that assumes the object of meaning is within or without, above or below, bigger or smaller and any language that indicates direction or spatial relationship, for example, where it resides. While Canadian occupational therapy programs have recently shifted to a Masters level entry there is a rationale for including in the curriculum theories and interventions based on energy anatomy along with the existing biological sciences. The occupational therapy profession should continue to promote the need for evidence based education and reflection to advance professional competence amongst occupational therapists in the use of unbiased language and the potential challenges of addressing spirituality with clients, its role in health and healing, and the skills and competencies needed to discuss it with clients in a way that is aligned with the scope of practice.
Conclusions

This study illustrates that spiritual experiences can be recognized and described based on a simple definition which contrasts the experience with everyday reality and focuses on the embodied experience. Participants in this study did not have special training in spiritual practices yet these experiences were available to them and they were able to articulate them, within an environment where time can be taken to facilitate dialogue, explore and clarify meanings. It was not necessary for the interviewer to have extensive knowledge of specific religious traditions. Here, the interviewee was the expert and the interviewer focused on listening and asking open questions to further understand what was important to the person. The interviewing process was facilitated by the researcher’s solid understanding of the literature, use of a taxonomy that provided a structure to approach dialogue with participants without imposing the content within that structure and through the qualitative research process of analyzing responses to questions, modifying questions as needed, deeply reflecting on the process and returning to the transcripts or the participants themselves to check or test out concerns.

Results of this study describe how spiritual experiences heal in the moment and over time, and are facilitated by ongoing reflection and active engagement of self. Spiritual experiences tend to be deeply felt and deeply anchored leaving a felt sense of knowing, being supported, connecting to deep parts of self, transcending self and being a part of a larger world. Spiritual experiences in healing create inter-connections across self and between the self and the larger world, thereby unifying each into a greater whole. When spiritual experiences resonate with personal and societal worldviews, the effects are reinforced. When they do not resonate, then guidance and support from others can facilitate reflection and meaning making, which in turn reinforces the positive effects. The positive effects of spiritual experiences prevail even when there is dissonance or discomfort in the interpretation but they are strengthened when there is
resonance between the interpretation and the experience. Interpretation can be modified by environment.

Occupations have a key role in facilitating spiritual experiences that help women heal from the impacts of child sexual abuse. The positive benefits of spiritual occupations are related to the personal meaning for the individual as well as inherent qualities of the occupation or activity itself. Any activity can be spiritual based on these two factors. Occupational therapists have a key role in facilitating spiritual experiences, enabling occupations that may provide spiritual experiences and providing education and resources to inform clients of evidence and options for exploring interpretations where this is desired. The methods used in this study can inform education curriculum for occupational therapists expanding knowledge and competencies in the area of spiritual experiences.
References


Appendix A

Information and Consent Form

TITLE OF PROJECT: Women’s Perspectives on How Spiritual Experiences Influence Their Healing from Child Sexual Abuse

Principle Investigator: Jill Lava, OT Reg. (Ont.), PhD Student

BACKGROUND INFORMATION
You are being invited to participate in a research study to learn about women’s spiritual experiences in healing from childhood sexual abuse. Many women who are sexually abused as children continue to recover and heal into adulthood. Sometimes they are assisted by professionals and often they manage their healing on their own. Spirituality has been identified as important for many survivors in their healing.

This study is being conducted by a Queen’s University PhD student Jill Lava as part of her thesis requirement along with her supervisor Dr. Wendy Pentland. This study has been reviewed for ethical compliance by the Queen's University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board. Jill Lava, Principle Investigator, will read through this consent form with you and describe procedures in detail and answer any questions you may have.

THE AIM OF THE STUDY
The aim of the study that you are being asked to participate in is to understand how women’s personal spiritual experiences have affected their healing from the impacts of child sexual abuse. “Spiritual experiences” can be any experiences that seem to have a different reality or feeling compared to your usual everyday reality. They may be felt or noticed in your body, your emotions or your thoughts and can include experiences that may seem extraordinary or unexplainable, or very ordinary yet meaningful. These experiences can occur in day-to-day life, with others or while alone, in nature, religious gathering, at home or in work, leisure or self care activities. We would like to hear directly from women themselves to understand their point of view. This study includes women who are 18 years of age or older who have memory of their childhood sexual abuse.
DETAILS OF THE STUDY
If you agree to participate in this study you will be asked to participate in two individual interviews with the Principal Investigator. These interviews will be about 3-5 weeks apart and would be held at a mutually convenient time and location. Interviews will likely be from 1 to 2 hours in length. In the interview you will be asked some specific questions about your experiences but mostly the questions will be open and general to allow and encourage you to express your views and experiences. Interviews will be audio taped and transcribed verbatim. Your name and any identifying information will not be associated with the interview. You will have an opportunity to review your transcript for accuracy and changes. The information from all the interviews (10-15) will be reviewed and summarized in a report, which identifies key themes and experiences but does not identify any individuals who participated. The report will include quotes from participants to help provide an accurate and descriptive picture of their experiences. Again, no individual will be identifiable from this report.

RISKS
It is possible that you may find aspects of this study upsetting because the questions ask about your healing related to traumatic experiences. If this happens, please discuss your concerns with Jill Lava. You are encouraged to share only the information you are comfortable sharing about yourself. If at anytime you decide you no longer want to be involved in the study you are always free to drop out without obligation. Jill Lava can provide you with information about resources available to help you.
If at anytime Jill Lava suspects that you are at risk of suicide or serious self-harm she will discuss this with you and her duty to disclose this to a third party if required for your safety. This could involve notifying a community support person, physician or police depending on the circumstances. You would be informed of the intended action to notify another person before it was taken whenever possible.

BENEFITS
While you may not benefit directly from this study, it will provide you with the opportunity to contribute your own ideas about spirituality and healing, and results of this study may improve the understanding of how to help others in their healing and recovery.
EXCLUSIONS
If, during the study you experience high levels of distress or for any reason you are unable to participate comfortably in the interview, the investigator will discuss this with you and may recommend that you withdraw from the interview or the study, for your wellbeing.

CONFIDENTIALITY
All information obtained through your participation during the course of this study is strictly confidential and your anonymity will be protected at all times. You will not be identified in any transcripts developed from the interview or final reports. Identifying information (first name, initial and phone number or email) will be stored in a separate location from the interviews transcripts. Interview data will be stored in locked files and will be available only to the study investigator and her Advisory Committee, with all identifying information removed. Paper copies of data for this study will be destroyed after 5 years and all electronic files will be destroyed after 8 years. You will not be identified in any publications or reports.

VOLUNTARY PARTICIPATION
Your participation in this study is completely voluntary at all times. If you sign this consent form, your participation is still completely voluntary. You may withdraw from this study at any time before, during or after the interviews.

PAYMENT
In appreciation of your participation in this study you will receive an hourly stipend of $7.50 plus reimbursement for travel expenses to and from the location of the interview, which will vary by participant but will likely take place in the Kingston area.

PARTICIPANT STATEMENT AND SIGNATURE SECTION:
I have read and understand the consent form for this study. I have had the purposes, procedures and any technical language of this study explained to me. I have been given sufficient time to consider the above information and to seek advice if I chose to do so. I have had the opportunity
to ask questions which have been answered to my satisfaction. I am voluntarily signing this form. I will receive a copy of this consent form for my information.

If at any time I have further questions about the study I can contact:
Supervisor: Dr. Wendy Pentland at (613) 533-6723

If I have any concerns about how the study is conducted I can contact:
Dr. Elsie Culham, School of Rehabilitation Therapy, Queen’s University at (613) 533-6727

If I have questions regarding my rights as a research subject I can contact:
Dr. Albert Clark, Chair, Research Ethics Board at (613) 533-6081

By signing this consent form, I am indicating that I agree to participate in this study.

_______________________  _________________
Signature of Participant   Date

_______________________  _________________
Signature of Witness   Date

STATEMENT OF INVESTIGATOR:

I have carefully explained to the subject the nature of the above research study. I certify that, to the best of my knowledge, the subject understands clearly the nature of the study and demands, benefits, and risks involved to participants in this study.

_______________________  _________________
Signature of Principal Investigator   Date

Jill Lava
School of Rehabilitation Therapy
Queen’s University
Appendix B
Initial Interview Guide

Part I. Demographics and Background

A-Demographics

1. First name (this doesn’t have to be your real name): ______________________

2. Age: 18-29___; 30-49___; 50+___

3. Postal code: _ _ _ (first 3 digits only)

4. Spiritual and/or religious: [current]
   a. Identification(s) ______________________________
   b. Affiliation(s) ______________________________
   c. Practice(s) ______________________________

5. Highest formal education:
   Less than grade 12 ____ Grade 12 or 13 graduation _____
   College graduation ____ University graduation ____

B-Child Sexual Abuse History [relationship; ages; what happened; other abuse]

6. In your own words, please tell me a bit about the sexual abuse you experienced as a child.
   Guide to types of abuse for interviewer [check all that apply]:
   Noncontact molestation___
   Contact molestation___
   Coercion___
   Rape ___
   Attempted rape ___
   Other: ______________________________

7. Approximately what age were you when the abuse a) started: _____ b) stopped: _____

8. What role or relationship to you did the perpetrator(s) have: [check all that apply]
   a. Parent/guardian: ____;
   b. Sibling: ____;
   c. Extended family member (grandparent, aunt, uncle, cousin): ____;
   d. Caregiver: ____;
   e. Stranger: _____
9. Did you experience any other forms of abuse as a child?
   Physical ___
   Emotional (or verbal) ___
   Neglect ___
   Environmental (eg. confinement) ___

Part II. Spiritual Experiences in Context

A-Healing

10. I’d like to start off by asking you to tell me about your healing process.
    Prompt: What kinds of things do you do that help you heal?

11. In your own words, what does it mean to be healing from abuse?

12. When you think about healing, does it include [check all that apply]: **ASK LAST
    Coping? ____
    Managing? ____
    Taking care of yourself? ____
    Feeling better? ____
    Getting better? ____
    Other (please describe) ____________________________________________

13. How resolved do you feel you are around the abuse and it’s affects on you and your life?
    (1) not at all resolved
    (2) a little bit resolved
    (3) somewhat resolved
    (4) mostly resolved
    (5) totally resolved

B-Spiritual Experiences

14. a) What aspects of your healing have felt spiritual to you or feel spiritual to you?

   b) In your own words, what is a spiritual experience for you?

15. Over the past few years, what kinds of spiritual experiences have you had?

    Thinking about a spiritual experience that had the most impact on your healing from the abuse, please describe what happened in detail starting at the beginning.

    [Prompt for:]
    a. Manifestations:
i. What did you experience?
ii. How did you experience this?
iii. What did you sense/notice/feel/know/see/hear?

b. Circumstances:
   i. Setting; external environment; place; activity/occupation
   ii. With or without people
   iii. Internal state of mind

c. How do you interpret or make sense of this experience?

*Prompt for other experiences and repeat a through c: for example,*

Thinking about your most significant [challenging/puzzling/meaningful] experience please describe what happened. Are there any other experiences you would like to share?

16. Thinking back over those experiences you’ve just shared, how did they influence your healing?
   a. What was/is it about the experience itself? [circumstances, phenomenon, interpretation]

24A. Is there anything else you’d like to tell me that we haven’t covered?
## Appendix C

### Sample Spiritual Experience Cards

<table>
<thead>
<tr>
<th>Maeve</th>
<th>Lori</th>
</tr>
</thead>
<tbody>
<tr>
<td>SACRED SPIRIT, GODDESS,</td>
<td>AWARENESS, COMPASSION,</td>
</tr>
<tr>
<td>CONNECTION, LOVE, AWAKENING,</td>
<td>MINDFULNESS, GOD, UNITED, FEELING,</td>
</tr>
<tr>
<td>MIRACLE, CONNECTED,</td>
<td>POSITIVE, SENSE, VALUABLE, LOVED,</td>
</tr>
<tr>
<td>CONNECTING, ESSENCE, ACCEPTING,</td>
<td>EMBRACED, WORTHY, DEEP,</td>
</tr>
<tr>
<td>DEEP, LIGHTNESS, LIGHT, LISTEN,</td>
<td>CONNECTION, SPIRIT, RELATIONSHIP,</td>
</tr>
<tr>
<td>FEELING, JOY, RELEASE, GRATITUDE,</td>
<td>FORGIVENESS, LOVE, BEYOND, REAL,</td>
</tr>
<tr>
<td>SENSE, ENERGY, ANGELS, WITHIN,</td>
<td>MEANING, CONNECTING, FREEING, SELF,</td>
</tr>
<tr>
<td>WARMTH, BEING, KNOWING,</td>
<td>DISCOVERING, SHIFTING, BEING,</td>
</tr>
<tr>
<td>BELIEVE, SUPPORTED, PRESENT,</td>
<td>PEACEFUL, FORGIVING, JOURNEY,</td>
</tr>
<tr>
<td>MOMENT,                  PURE MOMENT,</td>
<td>DISCOVERY, FULLNESS, CONNECTED,</td>
</tr>
<tr>
<td>UNIVERSE, FLOWING, SPIRAL,</td>
<td>TRANSCENDENTAL, MOMENT, THIN</td>
</tr>
<tr>
<td>SAFETY, PROCESS, UNDERSTAND,</td>
<td>PLACES, UNIVERSE, COSMIC, ETERNAL,</td>
</tr>
<tr>
<td>JOURNEY, COMFORTING, CHANGING,</td>
<td>ANGELS, REALIZING, ACCEPTANCE,</td>
</tr>
<tr>
<td>GUIDED, PLEASURE, OPENINGS, OLD</td>
<td>RELEASE, FREEDOM, CONNECTEDNESS,</td>
</tr>
<tr>
<td>WOMAN, MOTHER EARTH, SACRED</td>
<td>TRUE, LAYERS, PERSPECTIVE,</td>
</tr>
<tr>
<td>ANCESTORS, SISTERS, GODDESSES,</td>
<td>RESOLUTION, PARADOX, KNOWING, LET</td>
</tr>
<tr>
<td>THE COUNCIL</td>
<td>GO, INSIGHTS, REALITY, WINNOWING,</td>
</tr>
<tr>
<td></td>
<td>LISTENING, INTEGRATED</td>
</tr>
</tbody>
</table>
Appendix D

Follow-up Interview Guide

Any clarifications of or from Initial Interview transcript:

Part IV. Synthesis

17. At the last interview we talked about spiritual experiences you’ve had that have helped you heal. Are there any other experiences you would like to share?

18. a) How did these experiences affect your healing?
   *Prompts: Are the affects different for different experiences or are they all the same? Overall, what role have spiritual experiences played in your healing?*
   
b) What role does your interpretation or explanation of the experiences play in your healing?

20. There are cards in front of you with different words that have been used to describe spiritual experiences. Take a look at them and choose ones that are important to your healing. If none of them are, do any other words come to your mind?
   a. Please tell me a bit about why you chose this card.
   b. How does [the word on the card] relate to your healing?
   c. How do these cards relate to the spiritual experiences you’ve described?

21. Overall, what kinds of experiences have helped you heal? (in summary)

22. Overall, what kinds of experiences have made it hard to heal? (in summary)

24. Is there anything else you’d like to say about your experiences that we haven’t covered?
# Appendix E

## Sample Taxonomy Table with Spiritual Experience

<table>
<thead>
<tr>
<th>Spiritual Experiences Title →</th>
<th>Interview # 4 – Sharing her Story</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CIRCUMSTANCES</strong></td>
<td></td>
</tr>
<tr>
<td>External Activity:</td>
<td>Sharing her story with another survivor; she asked her advice on how to deal with guilt/pain</td>
</tr>
<tr>
<td>Internal State of Mind:</td>
<td>Heightened-experiencing guilt; asked her advice</td>
</tr>
<tr>
<td>Relational:</td>
<td>With one other</td>
</tr>
<tr>
<td>Temporal:</td>
<td>Spontaneous and isolated</td>
</tr>
<tr>
<td><strong>MANIFESTATIONS</strong></td>
<td></td>
</tr>
<tr>
<td>Awareness:</td>
<td></td>
</tr>
<tr>
<td>Embodiment/senses:</td>
<td>“One of the most spiritual connections I’ve had with a person…more than any religious leader”; a beautiful moment</td>
</tr>
<tr>
<td>Noetic/knowing: lucidity-absolute knowing-</td>
<td>Knowing: “ah-ha moment”; it just “flipped it around”</td>
</tr>
<tr>
<td>Ecstatic/emotion:</td>
<td>Oceanic: “You feel a sense of belonging, almost a part of that person’s family…you belong in this relationship. You were meant to be friends” (knowing, trusting relationship)</td>
</tr>
<tr>
<td>Phenomena:</td>
<td></td>
</tr>
<tr>
<td>Observable:</td>
<td>Healing: “I was able to forgive myself”; halfway let go of the guilt; it helped her “instantly…an instant 180 degree turn”; “…the burden it lifted off of me. It was instantaneous relief”; derives inner strength;</td>
</tr>
<tr>
<td>Sensate: images-sounds-odors-physical feeling-</td>
<td></td>
</tr>
<tr>
<td>Symbolic: discarnate beings-words-iconic-</td>
<td></td>
</tr>
<tr>
<td><strong>INTERPRETATION</strong></td>
<td></td>
</tr>
<tr>
<td>Personal Meaning:</td>
<td>Insight: “literally taking a thought and turning it around…changed it from negative to positive”; “I cried more but from a different place in my heart. A different part of me cried. I was able to cry for the little girl” (reclaiming wholeness)</td>
</tr>
<tr>
<td></td>
<td>Action</td>
</tr>
<tr>
<td></td>
<td>Ambiguity</td>
</tr>
<tr>
<td>Resonance:</td>
<td>Consonance</td>
</tr>
<tr>
<td></td>
<td>Dissonance</td>
</tr>
</tbody>
</table>

Adapted from: Wardell & Engbretson (2006).