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EXPLORING HOPE WITH CHILDREN WHO HAVE BEEN SEXUALLY ABUSED
AND PARTICIPATING IN THERAPY

BY

TANSEL ERDEM



A THESIS SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND
RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY.

IN

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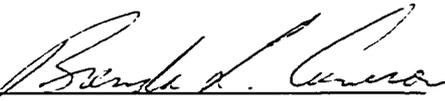
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To

Anders Oldeke and Dr. Ronna Jevne

For their unwavering belief in me...

ABSTRACT

The therapeutic value of hope has been well documented in the literature, however, its nature and effects have remained an unexplored area. This study explores children's hopes using case study methodology. The purpose of this research is to provide preliminary information about hope based on a small sample. It provides a beginning exploration of hope in the therapy process of children who have been sexually abused. The participants were three children between the ages of eight and ten who were referred to therapy following a disclosure of sexual abuse. The children were invited to explore hope through sandplay, a special play technique. The children also shared their experiences through their stories and artwork. The sand pictures and the artwork are presented for reflection and interpretation. Some of the themes that emerged from the study were: He stole my hope, without hope you have bad feelings and thoughts, hope is having the bad things go away, exploring hope isn't hard, hope is being safe, hope is believing that good things will happen in the future, hope is having people who care, wishing helps you hope, hope is seeing bad people punished, hope is a wise person, hope is magical. The study shows that hoping is essential in these children's healing from sexual abuse. The researcher also provides suggestions and reflections on the intentional use of hope in the therapy process.

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listening and encouraging,

listening and encouraging,

listening and encouraging,

being patient,

and more patient,

seeing the whole person,

respecting,

sharing her sense of humour,

giving hope,

and being there for me.

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TABLE OF CONTENTS

CHAPTER-1

INTRODUCTION.....	1
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CHAPTER-2

REVIEW OF THE LITERATURE.....	6
Hope.....	6
Attributes of hope:.....	10
Development and origins of hope.....	14
Hope and research on children.....	17
Sexual abuse and hope.....	21
Trauma.....	22
The nature of post traumatic play.....	27
Traumagenic factors.....	29
Sandplay.....	32
Sandplay equipment.....	34
Process.....	35
Recording.....	36
Common stages in sandplay.....	37

CHAPTER-3

METHODOLOGY.....	39
The research question.....	39
The approach to the inquiry.....	39
The choice of a method.....	40
Case study research.....	41
Types of case studies.....	42

The choice of participants.....	43
Process.....	45
Recording.....	46
Data Analysis.....	47
CREDIBILITY.....	49
Is the researcher credible and qualified?.....	49
ETHICAL CONSIDERATIONS.....	52
CHAPTER 4	
THE THERAPY PROCESS.....	55
LAURIE.....	56
Beginning phase of treatment.....	56
Middle phase of treatment.....	67
Final phase of treatment.....	89
Summary of therapy and reflections.....	99
Hope summary.....	100
SARAH.....	101
Beginning phase of treatment.....	101
Middle phase of treatment.....	115
Final phase of treatment.....	126
Summary of therapy and reflections.....	133
Hope summary.....	134
KRYSTAL.....	135
Beginning phase of treatment.....	135
Middle phase of treatment.....	145
Final phase of treatment.....	163

Summary of therapy and reflections.....	169
Hope summary.....	170
CHAPTER 5	
EMERGING UNDERSTANDINGS.....	171
He stole my hope.....	173
Without hope, you have bad feelings and thoughts.....	173
Hope is having the bad things go away.....	175
Exploring hope isn't hard.....	177
Hope is being safe.....	177
Hoping is believing that good things will happen in the future.....	181
Hope has daughters.....	183
Hope is having people who care.....	184
Wishing helps you hope.....	187
Hope is seeing bad people punished.....	190
Hope is a wise person.....	192
Hope is magical.....	194
Hope helps with worry and hurt... gets you "up and excited".....	195
God gives hope.....	196
What reminds me of hope.....	197
Someone can help you get to hope.....	197
REFERENCES.....	202

CHAPTER-1

INTRODUCTION

The word hope slips unnoticed into our speech everyday. The idea of hope has been so pervasive that poets, philosophers, theologians and politicians have embraced it for centuries. However, the meaning and effects of hope have remained unexplored given its complex, elusive, and intangible nature. In the last decades, however, researchers have increasingly been interested in understanding the nature and the effect of hope in healthy and clinical populations (Dufault & Martocchio, 1985; Ersek, 1992; Hall, 1990; Herth, 1990; Owen, 1989; Parkins, 1997; Snyder, 1994). A recent review indicates that research on this construct has primarily been conducted on adult populations and existing psychological literature that refers to children is scarce (Farran, Herth & Popovich, 1995).

Despite the lack of research on children and hope, childhood is generally believed to be a time of happiness and joy for life. Children are thought to represent hope and to carry the seeds of the future. Children experience the world as a playground of possibilities, approach each moment with a sense of wonder, and try to discover the undiscovered aspects of their world (Danielsen, 1995). For children, it seems that bad events just happen and disappear quickly. Adults do not seem to have the capacity for hope that young children do. Hope appears to be inherent in children's worlds (Seligman, 1990). Maybe it is just this fact that makes hopelessness in a child stand out so tragically. Children may lose their hope if they experience loss and traumatizing life events. These events can lead to a deep sense of hopelessness, which is both a determinant and a core

characteristic of depression and suicidality (Beck, Steer, Kovacs, & Garrison, 1985; Beck, Brown, Berchick, Stewart, & Steer, 1990).

As a therapist working with children who have been sexually abused, I am constantly faced with the impact of traumatizing experiences on children. Although there appears to be no specific syndrome, children who have been sexually abused come to treatment displaying multiple behavioural, cognitive, and affective symptoms (Kendall-Tackett, Meyer-Williams, & Finkelhor, 1993). The literature examining the short-term and long-term effects of child sexual abuse documents a broad range of symptomatology. Sexual abuse sequelae is also formulated under the framework of Post-Traumatic Stress Disorder (PTSD) (American Psychiatric Association, 1994), which includes a sense of futurelessness and hopelessness among its diagnostic criteria. However, the percentage of children who have been sexually abused that would actually qualify for this diagnosis is uncertain (Friedrich, 1990).

The idea for the present study found its roots in my observations during my sessions with children who have been sexually abused. Since 1995, I have been utilizing play therapy with children under twelve years of age. As I witnessed the play of my clients, I increasingly noticed indicators of hopelessness and helplessness in their play themes and behaviours, especially in the early stages of therapy. I observed some of these children symbolically constructing a world that is full of fear, sadness, loneliness, and anger. Their artwork and play seemed to convey a deep sense of entrapment and powerlessness.

Some of my clients appeared to have a bitter and negative outlook on life. At that time, I was not consciously aware of hope as a clinical construct, however I had a general sense of their lack of hope. As a therapist, I was striving to create a hopeful outcome, and I was noticing an increase in the indicators of hopefulness and emotional health as therapy progressed.

As I reviewed the literature, I saw that hope had been recognized as an essential component in physical and emotional healing and its therapeutic value was well documented (Carson, Soeken, Shanty & Terry, 1990; Dufrane & Leclair, 1984; Frank, 1968; Limandri & Boyle, 1978; Lynch, 1965; Menninger, 1959; Orne, 1968; Yalom, 1985; Yapko, 1991). The significance of hope in the counselling process has been highlighted by Jevne (1990) who emphasizes that hope is a necessary component for healing in therapy. Frank also (1968) puts forth that efforts that increase a person's positive expectations may be as genuinely therapeutic as any other counselling technique. Frank states that any therapeutic factor that creates a hope of relief may actually begin to make the client feel better. Similarly, Friedrich (1990) writes that psychotherapy with children who have been abused is inherently about resilience and instilling hope.

The process of counselling traditionally works toward a hopeful outcome. Recently, however, hope has been used more intentionally in treatment. This approach is called hope-focused counselling. Hope-focused counselling specifically explores and tries to harness the power of the client's hope. This innovative approach uses hope intentionally

in circumstances where there is no obvious solution to a problem and broadens the client's vision when options are limited (Edey, Jevne & Westra, 1998). Since hope seems to be a key factor in healing, a *hope-focus* can be brought into conventional therapy as well. A *hope-focus* can be used by therapists of different theoretical orientations complementing their own therapeutic approach. It can be introduced as the client's hope fluctuates in the course of treatment or when the therapist notices signals of diminished hope.

In my research, I wanted to learn more about hope and introduce a *hope-focus* in the treatment process. I wanted to gain a better understanding of what hope is to children and how it can be used intentionally in the course of therapy. I tried to explore the hopes of my clients who seemed to need it in their healing from sexual abuse. As there appears to be no research on the therapeutic value of hope in the counselling process of children, this research is a beginning that intends to provide preliminary information. It is an exploration of hope with children who have been sexually abused and participating in therapy. The participants of this study were three of my clients who agreed to explore hope with me. These children expressed their hopes through their words, play and artwork. They created symbolic representations of their hope at different points in therapy and shared their experiences of hope and its role in their recovery.

This study is organized in five chapters. The second chapter presents the review of the related literature. The third chapter summarizes the methodology used in this research.

Chapter four presents the therapy process with the children and chapter five presents the emerging understandings and the discussion of the results.

CHAPTER-2

REVIEW OF THE LITERATURE

So many of us have for so long suppressed the violations against us. They have been too painful and too incredible to be aware of...We felt like birds in a cage, and have often been taken "with our pants down." ...But now the bird with the broken wings inside me is fluttering out of the foggy sky into the light-to open, free air.

Kari Grasmø, a sexual abuse survivor

The purpose of this chapter is to explore the existing literature on hope especially as it is related to children. Following an introduction of the constructs of hope and hopelessness, attributes of hope as defined by Farran, Herth, and Popovich (1995) are presented. The development of hope and research on children are summarized. Later selected information on trauma and its symptoms is presented. This information is provided to create a better understanding of the cases that are presented in the therapy process section. Specific attention is given to traumagenic factors and post-traumatic play, which is a cardinal symptom of childhood trauma. Finally, sandplay, the primary modality of self-expression used in this study, is presented.

Hope

Hope has been left out of the domain of scientific inquiry for a long time. As Menniger (1959) states, hope has been almost a tabooed topic, a personal matter, unsuitable to be mentioned in scientific books or journals. In the last decades, hope has been brought into

the formal realm of scientific inquiry. There has been an increasing body of literature in the fields of psychology, sociology, psychiatry, and nursing.

Lack of a consensual definition that reflects a lack of agreement on the nature of hope seems to be one of the factors that hinders scientific inquiry. There are a multitude of words and images that reflect hope from different perspectives. Most of our knowledge on hope is descriptive in nature. Although endeavours to define hope are evident, no consensus as to a definition of hope exists. We are informed of its nature by beliefs, feelings and behaviours associated with its presence or absence. The concept of hope has been defined as a way of thinking, as a way of feeling, and as a way of behaving,

As a way of thinking, hope can be defined as imagining and thinking that there is a way out of difficulty, that things can work out. If a feared possibility occurs, hope functions as a creative process that seeks to imagine another way of dealing with the circumstances. It is the inner belief that there is a solution beyond the visible when one experiences difficulty. Hope helps us imagine and transcend all forms of impossibility and gives the gift of stretching the boundaries of possibility in the immediate circumstances. Hope is the vision of what can not yet be seen (Lynch, 1965). Progoff (1985) similarly describes hope as an image of future as one would want it to be. Hope has also been defined in terms of positive expectations and perceived or calculated probability of goal attainment (Frank, 1968; McGee, 1984; Snyder, McDermott, Cook, & Rapoff, 1997; Stotland, 1969). Hopelessness, on the other hand, can be described as the inability to imagine

anything that can be done beyond the limits of what is presently happening. Hopelessness brings images of being trapped and imprisoned in the given situation. In hopelessness, there is no way out, no exit, but checkmate and eternal repetition (Lynch, 1965).

Hopelessness is also defined as the inability to imagine a tolerable future (Frank, 1968) and as negative expectancies toward oneself, the world, and the future (Stotland, 1969).

Seligman (1990) describes hope as a product of the two dimensions of an individual's explanatory style: pervasiveness and permanence. He suggests that finding temporary and specific causes for misfortune is the art of hope. On the other hand, finding permanent causes for misfortune produces helplessness far into the future and universal causes spread helplessness through all endeavors. This creates despair and hopelessness.

As a way of feeling, hope has been described as a motivating and energizing force (Dufault & Martocchio 1985; McGee, 1984). People with hope report a greater sense of energy and positive affect (Jevne, 1991, Owen, 1989). Lynch (1965) also writes about hope as a way of feeling in general terms. Lynch suggests that hope is a sense of the possible, while hopelessness is the sense of being ruled by the impossible.

He writes that

- The most habitual of all feelings in hopelessness is the sense of the impossible: what a man must do he can not; no matter what he does, it leads to a sense of checkmate; he is in a trap.
- A second such powerful feeling of hopelessness is that of *too-*

muchness: Life is too much for us; there is something there that is too big to be handled; again and again, where this is the case, our fantasies fill the environment with people, things and tasks that look like giants. The task of the realistic imagination will be to reduce these to their actual size.

- A third powerful feeling at the heart of hopelessness, is really a powerful lack of feeling- is that of futility: what is the use? There is no goal, no sense, no reason; and so I do not hope or wish or will (p. 38).

Stotland (1969) states that the individual's hopelessness about important goals results in anxiety and fear. Similarly, Progoff (1985) places hope and anxiety on the opposite ends of a continuum and states that life is a person's back and forth movement between these opposites. Jevne (1991) also states that hope is a crucial antidote for fear. She writes that if fear reigns, hope diminishes. Marcel (1962) writes about the interrelation of hope and despair. He believes that hope would not exist without the temptation to despair. Hope is the feeling by which this temptation is actively and victoriously overcome. Similarly, Dufault and Martocchio (1985) indicate that hope protects us against despair and preserves the meaningfulness of life.

As a way of behaving, hope manifests itself as an active process in which the individual constantly searches, seeks the possible, and creates alternatives to the present situation. Hopefulness is the basic requirement for every human action. Every human action

contains some level of hope. Hope has also been defined as an aspect of the motivation of the human organism. It is a vision of future that activates toward the attainment of a goal. It is the action component of hope that dissipates powerlessness and fosters control over personal destiny (Dufault & Martocchio 1985; McGee, 1984). Hope is considered a spur to action (Frank, 1968), an adventure, a going forward, a confident search (Menninger, 1959). Stotland (1969) also emphasizes that hopefulness is necessary for human action. He states that people who are low in hope can be described as inactive, apathetic, and dull. Hopelessness can express itself as apathy or giving up (Frankl, 1963; Limandri & Boyle 1978; Lynch, 1965). According to Lynch (1965) when we are hopeless, "we do nothing. We do not act or function. There is no energy or action" (p. 25).

Attributes of hope:

There are numerous models that attempt to bring many aspects of hope together. Farran, Herth, and Popovich's (1995) model presents a multidimensional approach to explain hope. This model appears to have the potential to be adapted to working with children because of its simpler structure. In this model, hope is summarized as having four central attributes: (a) an experiential process, (the pain of hope) (b) a spiritual process, (the soul of hope) (c) a rational thought process, (the mind of hope) (d) relational process (the heart of hope).

Hope is an experiential process:

Hope has been described as an experiential process, which is grounded in some inescapable trial, suffering or captivity (Frankl, 1963; Jevne & Miller, 1999; Marcel, 1962). There appears to be two basic situations that lead to feelings of hopelessness-uncertainty and captivity. With uncertainty we fear that things will change in some undesired way. On the other hand, in captivity we fear that things will not change as we feel they need to. Both seem to convey the message that we have lost control of our future (Jevne & Miller, 1999).

Marcel (1962) states that hope is situated within the framework of trial, prison, or captivity and directs the person toward salvation. Marcel defines captivity or imprisonment as a special kind of endurance of a compulsory mode of existence involving restrictions and impossibilities of every kind. He states that "hope means accepting the trial as an integral part of the self, but while so doing, it considers it as destined to be absorbed and transmuted by the inner workings of a certain creative process (p. 39). Hope is "coming out of a darkness" in which the person is presently plunged; "the darkness of illness, separation, exile or slavery" (p. 30). Marcel writes that "the soul always turns toward a light which it does not yet perceive, a light yet to be born, in the hope of being delivered from its present darkness" and it is this light that "illumines the very center of hope's dwelling place" (p. 31).

Frankl (1963) also refers to hope as being rooted in the context of powerlessness, uncertainty, or a potential hopelessness associated with the inability to change one's external circumstances. Frankl writes about hope in relation to his experiences in the concentration camps that were potentially hopeless with "the constant danger of death looming over the prisoners daily and hourly and the closeness of the deaths suffered by many of the others" (p. 27). Even under the circumstances where future seems uncertain and dark, Frankl describes that finding hope and meaning can help people survive and hold on to the thread of life.

Hope is a spiritual process:

The earliest questioning of the importance of hope came from the field of theology. Hope has been described as a spiritual process inseparable from faith. Although faith could not be sustained without hope, the basis of hope is faith (Lamm, 1995; Marcel, 1962; Miller, 1983). Another description of hope is faith in oneself and others and a sense of certainty about what is uncertain (Lynch, 1965).

Marcel (1962) writes that God is the only possible source from which absolute hope springs and despair can be "an indication of treason." According to Marcel, the meaning of despair is "a declaration that God has withdrawn himself" from the person who despairs (p. 47).

In the Buddhist faith, hope is described as a spark that motivates and sustains creative action and which enables people to enjoy a vision of how they can shape their own lives. In Buddhism, where there is hope, there is life. The Japanese word for Hell is *Jigoku* meaning "the lowest", and "to be bound or imprisoned". Hell refers to the lack of ability to think or to act freely as a result of the dramatic reduction of one's life force, the vital energy of life itself which is expressed through bodily mechanisms, and one's thoughts, hopes and emotions. The lack of hope is one significant aspect of Hell (Causton, 1995).

Hope is a rational thought process:

Farran, Herth, and Popovich (1995), use the acronym **GRACT** to provide a method for identifying the components of this attribute. Hope has been associated with **Goals** that motivate us and are objectively possible (Frank, 1968; McGee, 1984; Snyder, 1994; Stotland, 1969). Hope is also dependent upon **Resources**, which may be physical, emotional and social. Our willpower, which represents our mental energy, determination and commitment, helps us move toward our goals (Snyder, 1994). Hope is also an **Active Process** in which the individual actively takes steps to attain his/her goals. It is the action component of hope that dissipates powerlessness and fosters control over personal destiny (Dufault & Martocchio 1985; Lynch 1965; McGee, 1984; Snyder, McDermott, Cook, & Rapoff, 1997). **Control** over one's destiny is also critical in the process of hope. The loss of control over one's life leads feelings of powerlessness and hopelessness (Frankl, 1963; Limandri & Boyle, 1978; Marcel, 1962; Miller, 1985; Prociuk, Breen, & Lussier, 1976; Snyder, 1994). Hope is also based upon **Time** and is experienced in the context of past,

present and future (Dufault & Martocchio 1985; Frankl, 1963; Jevne, 1991; Marcel, 1962). According to Marcel (1962), despair refers to the experience of time as "closed or more exactly still" while hope appears as "piercing through time" (p. 53). Hope may be called a memory of the future. Hope can also be described as "future reaching back" (R. F. Jevne, personal communication, February 26, 1999) or the emotion that brings us closest to the future. By hoping we walk toward a light that we do not see, but sense somewhere in the darkness of the future (Kast, 1991).

Hope is a relational process:

As Jevne (1991) writes hope is given and received through human relationships. Hope flourishes when children establish a strong bond to their caregivers. Early secure attachments enable children to have goal directed thought and a powerful sense of self (Snyder, McDermott, Cook, & Rapoff, 1997). Persons can influence another's hope through the gift of presence, by communicating positive expectations and encouragement (Stotland, 1969). Hope as a relational process is further explained in the next section, which is on the development and origins of hope.

Development and origins of hope

When we look at the theories of psychology, Erikson's theory of psychosocial development is one of the few that incorporates hope and its development. Erikson refers to hope as the first psychosocial strength for ego development. According to Erikson (1963), hope begins to develop during the first stage of life when an infant is able to build

a trusting relationship with the first maternal caregiver. Infants need to find some consistency, predictability and reliability in their caretakers' actions. They come to sense that when they are cold, wet or hungry, they can count on the parent to relieve their pain and take care of their needs. When they sense that the parent is consistent and dependable, infants develop a sense of basic trust in the parent.

It is critical that infants emerge from this stage with a favourable balance of trust over mistrust. If they do, they will have the core ego strength of *hope*. Hope, according to Erikson, is the expectation that despite frustrations, rages and disappointments, good things will happen in the future. Hope enables the child to move forward in the world and take up new challenges (Erikson, 1982, p.60). Erikson states that hope is both the earliest and the most indispensable virtue inherent in the state of being alive. It is the first, yet the most lasting; it is the most stable and acquires new qualities depending on the general stage reached (Erikson, 1964).

Lynch (1965), also agrees that the seeds of hope are planted in childhood. Similarly, he writes that the mutuality of call and response sets up the first model of hope and trust for the child. He continues "the child needs external help. He is helpless, but not altogether. He has devices by which he calls for help. Let us imagine the statistically normal situation in which to the usual call, there is the usual response. A growing sense of the mutual interaction between call and response is part of the growth of hope. If I ask, I shall receive" (p. 33). Lynch also states that hope matures as we grow and learn to put

life events into context. "One of the principal ways in which hope becomes steadier and more mature, less subject to rise and fall as life moves on, is that it develops precisely this quality of being able to live contextually. It comes to know that things have contexts and are not absolute, atomic units" (p. 28). Lynch writes that because children live in the present and have short attention span, "hope rises and falls" quickly. However, as children experiment with hope and hopelessness, they discover both their powers and limitations. Lynch continues that

We learn to hold a goal insight and seek a way. It is a time of endless motility and exploration. The collapse of the venture is meant to create movement, resourcefulness. Rigidity never wins the game. Each failure of hope becomes a source of energy. It is a time of imagination and freedom. This is especially apparent among children. The function of the parent should be to keep the child from that which hurts, not from freedom to move and conquer the hopeless. A child can be taught to laugh at the lack of hope (p. 50).

McGee (1984) also agrees that hope has a maturational component. According to McGee, life begins with hope, but as children develop a sense of personal power and accomplishments, they seek goals, and the sense of possible and impossible emerges. With maturation, hope becomes more reality-based.

Snyder (1994) also emphasizes the importance of trust and attachment with a caretaker for the development of hope. He focuses on the crucial value of goals and willpower in human life. Snyder states that the young child is intrinsically goal directed and naturally tries to discover what is out there in the environment. As a baby points to and recognizes objects in the environment, he or she implies that a kind of goal has been conceptualized. As the child's sense of self and feeling of personhood grows, the child becomes aware of self, his/her power to control the outer world. This is when the child begins to view self as an instigator of events. Through a stable, trustworthy interaction with the caregiver, the child learns about his/her ability to make things happen. The growth of this sense of personal power and goal directedness is the most important foundation of hopefulness.

Hope and research on children

Research on hope and hopelessness in children is very scarce due to the complex and intangible nature of these experiences. What does exist consists mainly of quantitative studies attempting to measure these constructs. Three studies on adolescents are also presented here.

Kazdin, French, Unis, Esveldt-Dawson, and Sherick (1983) investigated hopelessness, depression and suicidal intent in children between the ages of eight to thirteen who were hospitalized on a psychiatric intensive care service. The hopelessness scale, modeled after the adult version, was administered along with measures of depression and self-esteem. Children who scored high on the Hopelessness Scale were found to be

significantly more depressed and had lower self-esteem than children who scored low on the scale. Children who had suicidal ideation or attempted suicide showed greater hopelessness than the children who did not. Suicidal intent was more consistently correlated with hopelessness than with depression.

Hope in children has been addressed by Snyder (1994) who developed the Children's Hope Scale to measure hope based on a theoretically derived definition. This definition summarizes hope as the sum of **willpower**, "a reservoir of determination and commitment and the sense of mental energy" (p. 6) and **waypower** "mental plans or road maps" (p. 8) to attain goals. This instrument can be used with children from ages eight to sixteen. The scale is made up of six items that are scored on a six point scale. A score of 25 on the Children's Hope Scale represents a normal or average level of hope, while a score of 29 or higher suggests a high level of hope in the top 15 percent of scores. Young Children's Hope Scale-Self Report Form is a similar instrument that can be administered to children from ages five through nine. This instrument is made up of 6 questions that are answered on a three point scale.

Based on the same theoretical definition, Snyder, McDermott, Cook and Rapoff (1997) later developed the Young Children's Hope Scale (YCHS)-Story Form which contains two sets of 18 vignettes, with parallel versions for boys and girls. Nine vignettes of the instrument center upon waypower thoughts, and nine focus on willpower thoughts. A child who identifies with the hopeful protagonist in each of the 18 stories would obtain

the highest possible score of 18. An average score on the YCHS-Story Form is approximately 12.5. Although these scales provide useful information, neither the definition of hope nor the individual items are derived from the point of view of children.

Asarnow, Carlson, and Guthrie (1987) evaluated factors associated with depression and suicidal behaviour in 8-13 year-old child psychiatric inpatients. These factors included coping strategies, self-perceptions, hopelessness, and perceived family environments. Suicidal behaviour was found to be associated with a tendency for children to perceive their families as low in control and cohesiveness and high in conflict. These children showed negative biases in their self-perceptions and world views. Feelings of hopelessness were associated with both severity of depression and increased suicidal behaviour.

Wright and Shontz (1968) interviewed children with long-term disabilities. The children were between the ages of 5 to 19 and were interviewed about their hopes for future. As a result of the interviews, two major conclusions were reached. Younger children's hope structures were found to be less oriented in reality and hope was found to be comprised of affective and cognitive components. This study emphasizes the complexity and developmental nature of hope, but not the experiential meaning of hope as experienced by the children.

Another study by Artinian (1984) explored hope in children going through bone marrow transplantation. Fifteen patients between the ages of ten to twenty were interviewed. In this study, hope was defined as active planning for future events and the researchers searched for the evidences of hope and hope fostering activities. As a result, it was found that nurses' relationships with the patients reduced stress and increased planning for future. This study did not explore the nature of hope from children's perspectives.

An effort to find a definition of hope comes from Hinds (1984) who utilizing a grounded theory technique, interviewed two groups of adolescents, those who were hospitalized for substance abuse and those who were participating in an alternative center for secondary education. A definition of hope emerged as "The degree to which an adolescent believes that a personal tomorrow exists" (p. 360). From the categories inferred by the interview data, scale items indexing each level of hope have been constructed. These four hierarchical levels were forced effort, personal possibilities, expectation of a better tomorrow, and anticipation of a personal future.

Another study by Hinds (1988) was conducted using semi-structured interviews with three groups of adolescents; healthy, those with a substance abuse history, and those with cancer. This study resulted in a revision of the definition of hope. Hope was defined as "the degree to which an adolescent possesses a comforting or life sustaining, reality-based belief that a positive future exists for self and others" (p. 85). This study also discovers

four steps to sustain hope. These steps are cognitive discomfort, distraction, cognitive comfort, and personal competence.

Based on these definitions, Hinds and Gattuso (1991) constructed a scale of hope that is called "The Hopefulness Scale for Adolescents" (HSA). This is a 24-item visual analogue scale that measures the degree of positive future orientation. Possible scores on this scale range from 0 to 2400 with higher scores indicating higher levels of hopefulness. This scale contains items like "I have the ability to change my future," "Things will always get better," and "I know I'll do OK in life" (p. 93).

Recent research by Danielsen (1995) explored hope from the perspective of children with cancer. Danielsen's research differs from all the previously cited ones. She explores the meaning and experience of hope not only through interviews, but paintings and drawings. Hermeneutic phenomenology was used to guide the interviews, analysis and interpretation of the data. The results of this study indicated that hope is essential to a child living with cancer. Invasive treatment and painful procedures made it hard to hope. When it was hard to hope, children needed outside assistance to help the hope that lives inside them.

Sexual abuse and hope

In this section, the traumatic impact of sexual abuse is summarized. It needs to be kept in mind that sexual abuse and its relation to hope and hopelessness remains an unexplored

area. Even though sexual abuse is a widespread and important problem with serious sequelae, to what extent the sequelae are due to sexual abuse per se or other antecedent and concomitant variables, is still unknown (Beitchman, Zucker, Hood, daCosta, Akman, & Cassavia, 1992; Graziano & Mills, 1992). The traumatizing impact of sexual abuse is very complex and the percentage of children qualifying for PTSD is unknown. However, a summary of trauma and its symptoms is still presented to provide background information for the cases included in this study.

Trauma

A traumatic experience as defined by the American Psychiatric Association (1994), involves direct personal experience of an event which includes actual or threatened death or serious injury or other threat to one's physical integrity or witnessing an event that involves death or injury or other threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm or threat of death or injury experienced by a family member or other close associate creating feelings of intense fear, helplessness, or horror (or in children disorganized or agitated behaviour). The characteristic symptoms resulting from the exposure to the extreme trauma include:

- persistent reexperiencing of the traumatic event,
- persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness,
- persistent symptoms of increased arousal.

Traumatic experiences overwhelm children with a threat that exceeds their ability to cope and lead to feelings of intense fear, helplessness, and terror. Traumatic reactions occur when neither resistance nor escape is possible, leaving the child's system of self-defense overwhelmed and disorganized (Herman, 1992). Exposure to extreme stress seems to produce profound and lasting changes at several levels of functioning; somatic, emotional, cognitive, and behavioural (van der Kolk, McFarlane & Weisaeth, 1996).

Hyperarousal

After the experience of the traumatic event, the traumatized organism seems to function at a permanent alert, expecting danger to return at any moment. The psychological arousal experienced during trauma persists long after the threat has disappeared. People with PTSD continue to react to certain physical and emotional stimuli as if there were a continuing threat of annihilation. In this state of hyperarousal, they suffer from hypervigilance, exaggerated startle response, hyperreactivity to small provocations, irritability, and sleep disturbances (van der Kolk, 1994). In attempt to compensate for hyperarousal, traumatized people shut down their emotions, and avoid stimuli that remind them of the trauma.

The trauma response appears to be bimodal. Hypermnesia, hyperreactivity to stimuli, distressing intrusions coexist with psychic numbing, avoidance, amnesia, and anhedonia (American Psychiatric Association, 1994).

Intrusion

People who develop Post Traumatic Stress Disorder usually become haunted by the memories of what has happened to them. Even long after the danger is past, traumatized people relive the event as though it were continually recurring in the present. Years, even decades after the original trauma, these memories can be as vivid as when the trauma first occurred (van der Kolk & Fislser, 1995). Traumatized people continue to live in the emotional environment of the trauma. These memories seem to be so deeply engraved that they have been called "the blackhole" in the mental life of traumatized people (Pitman & Orr, 1990).

Memories of ordinary experiences are remembered as stories that change over time and do not evoke intense feelings and sensations. However, in PTSD, the past is relived with a sensory and emotional intensity that makes the person feel as if the event were happening all over again. Traumatized people show a fundamental impairment in the capacity to integrate traumatic memories with other life events. Small reminders can trigger these memories with all the vividness and emotional impact of the original event (van der Kolk, McFarlane & Weisaeth, 1996). The intrusion of traumatic memories may take several forms such as flashbacks, somatic sensations, thoughts, intense emotions, nightmares, behavioural reenactments, character styles (Laub & Auerhahn, 1993).

Avoidance and Constriction

As intrusive memories continually interrupt daily life, traumatized people start organizing their lives around avoiding the reminders and emotions related to the trauma. Avoidance may take many forms such as staying away from the reminders, ingesting drugs or alcohol to numb distressing emotional states, utilizing dissociation to keep unpleasant experiences from awareness (van der Kolk, McFarlane, & Weisaeth, 1996). In a state of complete helplessness, the person may physically go into a state of surrender, however, can escape this situation, mentally by altering state of consciousness. These alterations of consciousness are the most important component of constriction or numbing response in Post-Traumatic Stress Disorder (Herman, 1992). Pierre Janet (1889) named this process dissociation. Janet defined dissociation as the loss or alteration of a person's ability to integrate consciousness or identity. Janet thought that intense emotions caused these memories to be separated from consciousness and to be stored as visceral sensations or visual images. The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, 1994) cites the essential feature of dissociation as "a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment." Dissociation was also defined as "the compartmentalization of experience: Elements of a trauma are not integrated into a unitary whole or an integrated sense of self" (van der Kolk, McFarlane & Weisaeth, 1996, p. 306).

The situations of inescapable danger may not only evoke terror, but paradoxically, can lead to a sense of detached calm in which perceptions may be numbed or distorted and

the sense of time altered. Dissociation is a mechanism that enables people to quit a place where there is an overwhelming danger. It is stepping aside from feelings, thoughts and sense of connectedness, where the psychological apparatus that fully perceives, registers and stores memories is turned off. Thoughts, behaviours and emotions may not be linked up. People who use dissociation may forget or ignore pain. They may even forget or ignore parts of their bodies and their own personal histories (Terr, 1994).

Children have even more limited options when faced with inescapable danger. Their physical and cognitive resources that protect them against external threat are not fully developed, therefore a passive way of coping becomes adaptive. Children use many psychological mechanisms to protect themselves from extremely painful experiences such as denial, repression or dissociation. Some experience depersonalization, numbing parts of their bodies, or they pretend that the event is not happening to them. Some children pretend that they are observing the abuse experience outside their bodies, while others flee to hideaways such as cracks in the wall or wallpaper (Gil, 1998a; van der Kolk, McFarlane, & Weisaeth, 1996). Terr (1994) suggests that the childhood gateway to dissociation is self-hypnosis; counting, focusing on objects, or spots on the ceiling, visualizing another place, or repeating certain phrases over and over. This mechanism may become maladaptive when traumatized people continue using dissociation as a way of dealing with other stressful life experiences (van der Kolk, McFarlane, & Weisaeth, 1996).

The nature of post-traumatic play

In this section, the nature of post-traumatic play is briefly summarized. This type of play is particularly significant because the children who have been traumatized are often compelled to reenact the traumatic event in an effort to master it. A reenactment may be in the form of behavioural manifestations or play dramatizations (Gil, 1991). The play of traumatized children has unique characteristics. These children ritualistically create the same scene and act out a series of movements resulting in the same outcome. Post-traumatic play is a unique form of play that is significantly different compared to the generic, everyday play of childhood. It is a newly defined type of play that is observed in children who have experienced psychological trauma.

This type of play was documented previously, however, Dr. Lenore Terr appears to be the first psychotherapist who systematically examined it (Gil, 1991). Terr (1990) first observed post-traumatic play while conducting a study with twenty three elementary school children who were kidnapped in their school bus in Chowchilla, California. She was fascinated by the special quality of this type of play different from the "bubbly and light-spirited", "free and easy" nature of regular play (p. 238). Terr explained "as opposed to ordinary child's play, post-traumatic play is obsessively repeated. It is grim. Furthermore, it requires a certain set of conditions in order to proceed a certain place, a certain assortment of dolls, certain playmates, or a certain routine" (p. 239).

The unique characteristics of post-traumatic play were also listed by Gil (1998a):

Post-traumatic play,

- is repetitive, literal and rigid,
- depicts danger
- lacks spontaneity or fun
- contains an unconscious link between the play and the traumatic event
- the child is immersed in the play to the exclusion of the therapist
- often fails to relieve anxiety

Posttraumatic play is so literal that with the presence of a few other cues, it may be possible to guess the traumatic event. The child obsessively repeats the same scenario and observing this may be the best clue to the nature of the trauma, if one does not get to see the traumatic event itself (Terr, 1990).

According to Gil (1998b), post-traumatic play can be divided into two qualitatively different categories: stagnant and dynamic post-traumatic play.

stagnant:

- play stays precisely the same
- play conducted in same spot
- play limited to specific objects
- theme remains constant
- play remains rigid
- affect remains constricted

dynamic:

- play changes or adds elements
- play occurs in different locations
- play includes new objects
- themes differ
- rigidity loosens over time
- affect available

- | | |
|---|---|
| • physical constriction | • physical fluidity |
| • limited interaction with play | • range of interaction with play |
| • limited interaction with clinician | • range of interaction with clinician |
| • shut down after play | • release after play |
| • symptoms maintain or increase
out-of-session | • symptoms maintain or decrease
out-of-session |
| • outcome remains fixed
and nonadaptive | • outcome differs healthier responses
emerge |

Unlike ordinary play in which children can move away from themselves and pretend to be someone else (such as a bear, a princess or a doctor), see through different perspectives, and create different solutions, in post-traumatic play, children obsessively reenact the trauma material in an effort to master it. The continuous replaying of the same scenario seems to decrease their ability to see different possibilities and repeatedly reexperiencing an event that left them powerless seems to increase the intensity of the emotions. Unlike regular play, this type of play seems to be dark, heavy and rigid in nature. It seems to contain little hope.

Traumagenic factors

Each individual's experience of abuse differs and responses vary as a result of several factors. Finkelhor and Browne (1985) identified four general sources of trauma in their attempt to explain how and why emotional damage occurs as a result of sexual abuse.

General sources of trauma include traumatic sexualization, stigmatization, betrayal and powerlessness. These dynamics change children's cognitive and emotional orientation to the world and distort children's sense of self, world-view, and affective capacities.

Specific characteristics of abuse such as the invasiveness of the sexual act, the duration, frequency of abuse, the relationship of the perpetrator to the child, and maternal support may contribute to these sources of trauma differentially.

A major source of trauma is the victim's feelings of betrayal and inability to trust as a result of abusive experiences. Betrayal refers to the dynamic when children discover that adults whom they were vitally dependent on, those who were expected to provide care and protection, have actually caused harm (Finkelhor & Browne, 1985). The perpetrator's relationship can be a primary contributor to the feelings of betrayal if the relationship was emotionally close and a significant amount of trust was violated. Anna Freud (1981) postulates that intrafamilial sexual abuse is more traumatic for the child due to the degree of trust and the unquestioning power inherent in family relationships.

Betrayal represents the loss of a relationship, the loss of a loved parent, loss of the only attention the child knew, loss of home, friends, school, identity and everything familiar. The psychological impact of these losses can be seen as depression and unresolved grief (Friedrich, 1990). All these losses can lead to loss of faith in the future and loss of hope. Betrayal by a loved caregiver can be translated into "I am no good. I don't deserve better

treatment. The world is threatening. No one in the world can be trusted" (James, 1989, p. 25).

Children can also experience betrayal on the part of family members who were not abusing them. Family members whom they had trusted, but were unable or unwilling to protect them may also contribute to the dynamics of betrayal (Finkelhor & Browne, 1985). The post-abusive environment has also been documented as an important influence on trauma, such as maternal support after disclosure, the child's feeling of being believed, the reactions of the perpetrator (Silver & Wortman, 1980).

Powerlessness or disempowerment refers to the process in which children's territory and body space are invaded against their will and to their inability to halt the abuse. This can also be exacerbated by coercion and manipulation imposed by the perpetrator. Many children hold on to the powerlessness that they experienced and that feeling expands to become part of their self-image. The duration and frequency of the abuse may also contribute to the sense of powerlessness (Friedrich, 1990; James, 1989).

Stigmatization refers to the negative connotations communicated to children around their sexual abuse, which later become incorporated into their sense of self. Children who have been sexually abused may experience a deep sense of shame and may feel alienated from others. Some of these children may believe that anyone can look at their faces and know what has happened to them (James, 1989). Feelings of being bad, shame and guilt

can be communicated in many ways by the perpetrator or the child's family and community. This dynamic can lead to feeling worthless, damaged or spoiled (Friedrich, 1990).

Sandplay

In this section, the technique chosen for this study is presented. A fundamental assumption that underlies this research is that children best express themselves through play as a result of their limited verbal abilities. Before going into the special technique used in this study, I would like to emphasize the significance of play. My personal belief is that play is the most natural, spontaneous, and enjoyable activity of childhood. Play has been described as a universal and primordial activity that is inherent in human beings (Huizinga, 1950; Stewart, 1990). Play creates a natural medium of self-expression (Axline, 1947) and functions as a safe medium for children to organize their experiences, to practice life tasks and adapt to their environment. Children play out their cognitive, social, interpersonal skills and build the bridge between concrete experience and abstract thought (Piaget, 1962). Play activities provide children with an environment that allows the expression of feelings, thoughts, fantasies and lead to the discovery of self (Landreth, 1982).

In this research, a special kind of play; sandplay was utilized as the primary technique to explore hope. Sandplay is a fascinating vehicle of psychotherapy, which originated from the work of Margaret Lowenfeld. Lowenfeld created this technique with a deep

inspiration from a book called Floor Games by G. H. Wells describing a father and his sons playing with miniature toys. Similarly, Lowenfeld collected miscellaneous objects and miniature toys with the goal of finding a medium, which would help children express their inner feelings and thoughts. She also provided children with waterproof trays of sand and encouraged them to create symbolic representations of their world through making pictures in the sand using these objects. This process was later named as the "World Technique" (Lowenfeld, 1979). The significance of this technique lies in its power of honoring play as a healing modality (Rogers-Mitchell & Friedman, 1994).

The use of this therapeutic technique was further developed by Kallf (1980), who labeled this process "sandplay" (sandspiel). Kallf, a student of C. G. Jung, based sandplay on the fundamental Jungian concepts and stressed that sandplay is a therapeutic medium which gives children a "free and sheltered space" to express inner feelings (p. 29). Kallf emphasized that this free and protected space could be created only within the therapeutic relationship between the child and the therapist. The therapist's accepting and protective relationship could allow the exploration of psyche while providing containment and boundaries. According to Kallf (1980), the sand picture can be thought of as a three-dimensional representation of the child's intrapsychic situation. The sand picture forms a bridge between the inner and the outer world and issues can be played out and made visible in the sand, just like a drama. Kallf stated that this method can reach many preverbal experiences and traumas as playing activates visual and sensory experiences which precede the ability to use verbal symbols. The basic underlying premise in Kallf's

work is that "a healthy development of the ego can take place only as a result of manifestation of the Self, whether as a dream symbol or as a depiction in the sand box" (p. 29).

Sandplay equipment

The sandplay equipment consists of a sand tray, sand, and a miniature toy collection. Sand is considered to be extremely important and naturally therapeutic because it consists of tiny grains, which create plasticity and softness. Sand provides a comforting tactile sensation and represents the fundamental archetypal symbol of Mother Earth (DeDomenico, 1986). The sand can be used both wet and dry. The dimensions of the sand tray are specific, in order to permit children to view the entire tray at a glance and to provide a sense of containment and safety. Lowenfeld (1979) suggested that the dimensions of the tray be 75x50x7 centimeters (30x20x3 inches). She recommended that the tray should be approximately waist high and half full with sand. The inside surface of the tray is usually painted blue to represent water.

The miniature collection used in sandplay usually contains hundreds of various miniature toys and objects representing animate and inanimate images encountered in the external world as well as the imaginative world. The collection includes figurines such as families of different races, soldiers, kings, queens, religious figures, wild, domestic and prehistoric animals, fish and sea creatures, plants, trees, flowers, buildings of different kinds, gates, bridges, transportation objects, space figures, super heroes, mythological creatures and

symbolic objects such as wands, treasure chests, mirrors, candles, cages, religious symbols (Lowenfeld, 1979). DeDomenico's manual (1986) contains a detailed list of objects and miniature toys that are recommended for a fully equipped playroom. It is also important that the collection include symbols of diverse cultures.

Process

The sandplay process begins when the therapist invites the child to play with the sand and to choose from the assortment of miniatures (Allan & Berry, 1987). This invitation can be with an instruction as open as "make a picture in the sand using any object in the room" (Lowenfeld, 1979). Usually no further instructions are given (Weinrib, 1983).

The sandtray invites play, imagination, creativity, and fantasies that are an integral part of being. The sand and the collection of toys activate spontaneity and the preverbal mode of thinking (DeDomenico, 1986). Allan (1988) writes that children's choice of symbols occurs on both a conscious and unconscious level, and they find themselves being drawn to symbols that tell their story the best.

During the creation of the picture, the therapist is recommended to be a silent witness, an observer, sitting beside the child without intruding on the experience, yet remaining near enough to be available. The therapist needs to be accepting and empathic to what the client expresses. The therapist is recommended to have the qualities of limit setting and being nonjudgemental (Rogers-Mitchell & Friedman, 1994). The therapist needs to maintain a quality of being there alongside the sandplay experience and accompany the

child's psychological journey (Ryce-Menuhin, 1992). Similarly, Weinrib (1983) suggested that the therapist carefully observe the child's reactions and behaviours and listen with as little verbalization as possible. The child may be quiet or may spontaneously talk about the picture, tell its story, or give some explanation of what is happening.

Following the completion of the sand picture, the therapist may ask the child to tell the story of the picture or ask relevant questions. The therapist can point out things and make comments without making interpretations at this point. Early intellectual interpretations may be dangerous since, the flow of emotions can be interrupted (Ammann, 1991; Weinrib, 1983). Interpretation of the pictures is delayed until a series of trays has been completed over a period of time, so that the process can unfold naturally without the interference from the intellect (Rogers-Mitchell & Friedman, 1994).

Recording

Recording is an important part of this technique. In the early history of sandplay, recording was accomplished through sketching and later through photography.

Photographs of the sand picture are taken when the picture is completed or after the child leaves. At the end of a series of sand pictures, when the child is strengthened enough to integrate the material properly, or when mutually agreed upon, the photographs may be reviewed by the child and the therapist together (Weinrib, 1983). A retrospective show of

sand pictures may allow the child to make connections between symbolic images and daily life events and reach a deeper level of integration.

Common stages in sandplay

Allan and Berry (1987) have noticed that the working phase in sandplay consists of three distinct stages: Chaos, Struggle and Resolution.

In the chaos stage, the child typically “dumps” ten to hundreds of objects into the sand without any order. The toys do not appear to be chosen intentionally. There is usually an absence of animal, plant or human life. This stage may reflect the turmoil and chaos in the child's emotional life. Sand pictures of this kind may take place once or continue for several sessions.

In the struggle stage, battles occur between good and evil forces. Monsters fight monsters and armies wipe out towns. Houses get blown up, people get shot or tortured. Usually in the beginning there is no winner or a hero. Over time, the battles become more organized, intense and balanced. A hero emerges and battles against the villains or evil forces. In the final stage of resolution life becomes safer and more organized. In the play, there is a rhythm in daily life, animals live in their correct habitat and fences protect the farm animals. The town and cities have structure and trees have fruit. The therapist senses resolution of the problem and the feeling of wholeness or completion. The changes in the composition of sand pictures go together with the changes in the child and the out of session symptoms.

Allan (1997) writes that some children who have been severely wounded may not go through the healing depths of therapy and may continue to remain avoidant. He states that the flow of therapy will vary from child to child. While some children may enter therapy directly from the struggle phase, some may initially have themes of resolution and regress to the earlier phases later.

In the present study, sandplay technique was used to work through trauma. Hope was offered as an organizing principle through which the stages of chaos, struggle and resolution were viewed.

CHAPTER-3

METHODOLOGY

In this section, the research question and the approach to the inquiry are presented in detail.

The research question

The purpose of this research is to explore and present hope from the perspective of the child who has been sexually abused and who is participating in therapy. My research question is "What is the nature of hope for children who have been sexually abused? How do these children symbolically represent hope? What are their images of hope?"

The approach to the inquiry

This study is based on the assumptions of the qualitative research methods. While choosing a research approach to explore children's hope, we need to be mindful of the nature of hope as a construct. Hope is a very complex, intangible and subjective experience that cannot be easily observed and measured like an object that exists "out there", "in the external world". Qualitative research has most often been presented in contrast to the "traditional" or "scientific" research paradigm that depends on a worldview that is based on a single and objective reality. This assumption includes that this objective reality is observable, "knowable" and measurable. On the other hand, qualitative research assumes that there are multiple realities and the world is not an objective reality but a function of personal interaction and perception. The qualitative

approach is non-experimental and descriptive in nature. Descriptive research is undertaken when it is not possible to manipulate variables or when the variables are not easily extractable from the context in which they are embedded (Merriam, 1988). For the purposes of this research, a qualitative approach seemed most appropriate since the subjectivity and complexity involved in the experience of hope can best be understood from a non-reductionist perspective.

The choice of a method

The choice of a research design depends on several considerations: (a) The type of research question posed (b) the amount of control the researcher has over variables (c) the degree of focus on contemporary as opposed to historical events (Yin, 1994) and (d) the desired end product (Merriam, 1988).

For the purposes of the present research, case study was determined to be an appropriate choice. Case study research is particularly suited to situations where it is not possible to separate the phenomenon's variables from its context (Yin, 1994). In the present study, two complex phenomena, sexual abuse and hope, are being explored where there is a very complex interaction among the variables. The isolation or control of these factors is almost impossible.

Case study best answers "what", "how" and "why" questions (Yin, 1994). In this research, the questions posed are "what" and "how" questions, intending to explore the

experience and representations of hope. This research aims to explore and describe rather than the manipulate variables and find causal relationships.

Case study research

Case study has been used as a basic design, which accommodates a variety of disciplines. Although this term is familiar to most people in social sciences, there is little agreement as to what constitutes a case study. According to Stake (1998) a case is a specific, integrated system which is made up of functioning parts and a case study is both the process of learning about the case and the product of our learning. A case study, according to Merriam (1988) is "an examination of a specific phenomenon such as a program, an event, a person, a process, an institution or a social group" (p. 9). A case can be a person, an event, a program, an organization, a time period, a critical accident, or a community. Regardless of what the unit of analysis may be, case study intends to describe that unit in depth and detail, in context and holistically (Patton, 1990).

According to Merriam (1988) case studies provide a holistic, intensive, and richly descriptive picture of the phenomenon that is being studied. This is a thick, "lifelike", and contextual description of the particular phenomenon. Case studies give vivid and sensory information that resonates with the reader's own experience and most importantly, place the concept in the context in which it is rooted. Therefore this kind of research includes as many variables as possible about the concept that is being studied and aims to uncover the interaction of significant factors of the phenomenon over a

period of time. Unlike other methods of research, case study does not claim any particular methods for data collection or analysis.

Case researchers mainly intend to find out both commonalities and uniqueness of their cases, but the end result almost regularly presents something particular about the case. Case study research emphasizes the importance and value of learning from a particular instance as well as establishing generalizations. It needs to be clarified that the kind of generalization achieved by a case study is not statistical generalization, which can be achieved by modern research. Case study leads to analytic, in other words, theoretical generalization (Yin, 1994) and can build and/or test theory (Merriam, 1988). Each case can be seen as a step toward generalization (Stake, 1998). Case study can include a combination of qualitative and quantitative techniques, which can function as a form of triangulation that enhances the validity and reliability of the study.

Types of case studies

Stake (1998) classifies case studies into three groups based on the interest of the researcher. If the study is undertaken because the researcher wants better understanding of a particular case itself, the study may be called intrinsic case study. If the case is instrumental to facilitating our understanding of something other than the particular case itself, such as providing insight into an issue or refinement of theory, it may be called an instrumental case study. If the researcher studies a number of cases jointly to explore a phenomenon or a general condition, this might be called a collective case study. This is

an instrumental study extended to several cases. These cases are chosen to achieve better understanding or theorizing.

The choice of participants

Qualitative research typically studies purposefully selected, small samples. According to Patton (1990), the power of purposeful sampling lies in selecting "information rich cases" which provide deep information about the central purpose of the research (p. 169).

The present study is a collective case study of three individual cases that uncover and provide a deeper understanding of hope in children participating in therapy. The children who explored hope with me were referred to therapy at The Sexual Assault Centre following a disclosure of sexual abuse. The Sexual Assault Centre, Child and Adolescent Program provides counselling for people under the age of eighteen whose sexual abuse has been reported to Child Welfare and/or to the police. Counselling is commenced following the completion of investigation interviews and with parental consent. I primarily work with children between the ages of four and twelve.

The sampling strategy in this research was purposive sampling, intending to study cases with a variation in terms of severity and duration of abuse and relation to the abuser. Purposive sampling does not have rules for sample size. The number of participants is mainly determined by the quality of information emerging through the research. The children who participated in this study were selected from different age groups and

different abuse histories to create an opportunity for a variety of hope symbols and images. The cases were chosen based on the consent to participate in this research and the clients' commitment to therapy. As the Sexual Assault Centre is a nonprofit organization that provides free service, poor attendance to therapy is common.

I started my research with eight possible participants who consented to explore hope with me. Three of these participants dropped out of therapy. These three children were siblings who were abused by the same person in different degrees. However, the family discontinued therapy shortly after they started, as they lived in a little town and had to travel for two hours to come to each session. The other two children who consented to participate in the study, did not choose sandplay as their preferred modality for self-expression and utilized other modalities such as puppet play, clay or artwork. The study was completed with three children; Laurie (8), Sarah (9) and Krystal (10), who agreed to explore hope in their therapy process. These pseudonyms were given to preserve confidentiality. Both Laurie and Sarah were asked to participate in the research as hope seemed significant in their healing. Krystal was asked to participate in the research when she first started counselling. A more detailed description is given in the therapy process section.

As a result of the personal nature of hope, the relationship between the researcher and the participant was of utmost importance. The genuine, sensitive and empathic understanding of the researcher and a feeling of connection was essential for the

exploration and unfolding of hope symbols. This exploration was an interactive process and hope appeared to naturally grow as the children and the researcher interacted and bonded.

Process

Following ethical clearance and permission, the cases were selected for the study based on abuse history, family and personal variables to allow maximum available variation. Before the initiation of the research, the parents and children were asked to read information on the study and sign the consent for participation form. The children were also given verbal information about the study and their right to refuse participation or withdraw from the study at any time. Information on confidentiality and boundaries was also shared.

In this study, hope was explored through sandplay, which is a special play technique described in Chapter two. The children in this study were asked to choose the objects, which would make up a scene or a story in the sand. The instruction before the play was typically "Can you make a picture of your world in the sand?" or "Can you make a picture in the sand?" Children were given the time they needed to explore through the collection of miniatures and create their sand pictures.

The main goal of this research was to explore the hopes of children who have been sexually abused, at least at two different points in their therapy. The initial exploration

took place in the early or middle phase of therapy and the final exploration was just before termination. In addition, hope pictures were requested when hope appeared as a necessity in the therapeutic process. The children started their hope pictures with an instruction such as "Can you make a picture of hope in the sand?" or "Let's make a hope picture..." The children were also asked to tell the story of their sand pictures.

Recording

Recording was achieved through writing the stories that accompany the sand pictures and detailed notes of my observations which included both nonverbal and verbal messages of the children. The sessions were audio-taped after informed consent was obtained. The recording of the sand pictures was achieved through photography. The photographs are usually taken from the angle of the children and also from above. As recommended by Thompson (1990), the children were also asked how the picture needed to be taken in order to best capture the scene they meant to make. Most pictures were photographed in the session after the completion of the stories. However, some scenes or some details were later recreated identically and rephotographed for purposes of photographic clarity. Recreating and rephotographing the sand pictures was an interesting experience since it allowed me to notice details more carefully and understand the children's perspective and stories more clearly. It was fascinating to put myself in children's shoes and replicate their hope images. This helped me get closer to what their experiences might have been. The sand pictures were utilized to triangulate the children's stories and my observations.

Data Analysis

In this form of qualitative research, the researcher becomes the primary instrument of data collection and analysis. Data analysis refers to making sense of the data and finding its meaning. Data analysis is an ongoing process and there is no specific moment when data analysis begins (Stake, 1995). Analysis starts with the first impressions and continues with what to ask, where to look next and becomes more and more intensive once all the data are in. Guesses, hunches and emerging insights guide the researcher's attention and lead to which part of the data to be considered (Merriam, 1988).

From the beginning of the study, the data were filed on each case. The data included the background information, which was gathered from the parents during intake sessions, my notes on each session (including summary of content, impressions, nonverbal messages such as tone of voice, gestures etc.), transcripts of audio-taped sessions, photographs of the sand pictures, children's writings and artwork.

After each session, I transcribed the audio-taped material into text myself. This was a valuable experience because it allowed me to immerse myself in what these children were communicating during the sessions. Transcribing allowed me to rehear their words and feelings and notice what I might have missed during the sessions. It also helped me gain a richer understanding of these children's experience of hope. Transcribing was also beneficial as it helped me rethink therapeutic strategies, see issues more clearly and work

on my counselling style. Following the completion of transcription, I verified each text by reading it as I listened to the recorded material.

As suggested by Yin (1994), data analysis started with first gathering all the information and entering it into a data base. The session transcripts, my notes, the background information collected from the parents and sand pictures were examined and read over numerous times. This was a very intense period of reflection and examination of rich information. At the initial stage of analysis, units of information were identified. These units formed the base of the categories. A unit, described by Merriam (1988), can be a sentence, a phrase, a paragraph. It should be heuristic, provide information relevant to the study, and lead to thinking beyond that particular piece of information. It should also be the smallest piece of information about something that can be by itself. As patterns and consistencies emerged, categories were developed from these units of information. I put this into practice using coloured highlighters to identify each unit or category. However, this was not merely a mechanistic process, but included an intuitive component, which was an outcome of the whole experience with my clients. Later, themes were developed from these categories involving a higher level of conceptualization and integration of data.

CREDIBILITY

The primary goal of all research is producing valid and reliable knowledge in an ethical manner. Credibility centers on whether the findings match with reality, if the researchers are observing or measuring what they think they are measuring (Merriam, 1988). The researchers' beliefs and philosophical assumptions shape how they see the world and act in it (Denzin and Lincoln, 1998). A belief in the underlying philosophical assumptions of qualitative research is critical in credibility.

In order to reduce the likelihood of misinterpretation, triangulation, a process of using multiple perceptions, multiple sources of information to clarify meaning and verify replicability of an observation or an interpretation, can be used (Stake, 1995). In this study, data triangulation (using a variety of data sources) was utilized. The descriptive information derived from the children's stories, were compounded with their sand pictures and interviews with the children's parents or teachers. My observations as the researcher formed another source of data.

Is the researcher credible and qualified?

In qualitative research, the investigator is the primary instrument for data collection and analysis. The researcher can maximize opportunities for gathering and producing meaningful information (Merriam, 1988). The researcher's communication skills, sensitivity, ability to empathize, tolerance for ambiguity are of utmost importance. Since the qualifications of the researcher are very critical in qualitative research, I need to

present my personal qualifications and experience as a counsellor working with children and as a researcher.

After I received my Bachelor's degree in psychology, I was employed as a research assistant in the Children's Hospital in Ankara, Turkey. This research was on the etiology of childhood epilepsy and gave me the opportunity to see children from different ethnic groups and socioeconomic backgrounds. In addition to working in this hospital, I worked as a psychologist in a kindergarden. In Turkey, there is no chartering process so the psychologist title is given following the completion of a four-year degree in psychology. The work in the kindergarden mainly involved listening to concerned parents and screening children with behaviour problems and referring them to specialists.

The following year, I started a graduate program in Istanbul and completed my master's thesis on child abuse and neglect. This study was mainly quantitative in nature and intended to establish the construct validity and reliability of a child abuse questionnaire. This questionnaire was one of the first instruments assessing child abuse and neglect in Turkey. My background in qualitative research mainly comes from the course work during my doctoral program.

After the completion of my master's degree, I went to the U.S.A. on a scholarship. This scholarship aimed at providing professionals with field experience in the U.S.A. This placement gave me the opportunity to interview and counsel many sexually abused

children and their families. Since 1995, I have been utilizing play therapy with children in Canada. I have worked as a play therapist in two private companies and I am presently working at the Sexual Assault Centre of Edmonton. These experiences gave me the opportunity to develop an understanding of children and how they experience the world. Children's experience of the world seems to be qualitatively different than adults'. I try to understand each child's unique way of experiencing her reality, and the meaning of the abuse she endured. My experience with children taught me to respect children and their inner wisdom.

ETHICAL CONSIDERATIONS

A number of ethical issues were considered during this research. Ethical concerns addressed informed consent, confidentiality and protection from harm. Prior to conducting this research, approval of the University of Alberta Research and Ethics Committee in the Department of Educational Psychology was obtained.

Informed consent was addressed in a number of different ways. A cover letter outlining the nature of the research was presented and written informed consent was obtained from both the children and their parents. The children and their parents were informed that their decision to participate in the research or not, did not have an effect on the counselling services provided. The research was explained to the children in a developmentally appropriate level and their questions and concerns were answered. The children were informed about their right to withdraw from the research at any time they wanted. No pressure was exerted to choose sandplay as a therapy modality.

Confidentiality was maintained all through the research. The principle of confidentiality was explained to the children and their parents. Given the sensitive nature of sexual abuse, I tried to make an extra effort for the principle of confidentiality. The real identities of the children and their families were kept confidential and pseudonyms were used. In the document, I have not given any kind of physical description of the children or their parents and avoided giving information on the parents' occupations. Any statements or references that might lead to identification were deleted.

Another area that required the application of ethical principles was releasing or obtaining information from other professionals in the therapy process. This was accomplished following the consent of the parents and the children. A signed release of confidential information consent form was obtained from the parents before contacting professionals.

Protection from harm was also relevant to this study as sexual abuse can lead to severe symptoms, which need to be handled competently. During this study I received clinical supervision from a Ph.D. level chartered psychologist who has been specializing in trauma for fifteen years. I also sought private consultation with a licenced play therapy supervisor (APT) who shared her insights with me. During the course of this research, I also went to play therapy conferences and workshops to enhance my knowledge in the area.

Delimitations of the study

In this research, I set some boundaries or delimitations. This study focuses on children between the ages of 8 to 10 who have been sexually abused. These children mainly came from low income families. I also delimited the size of the sample, gender, and experience with a certain kind of abuse.

Limitations of the study

This study has limitations. The therapy process in this study is limited to my clinical experience and therapeutic skills. In addition, as this study is an exploratory attempt to understand hope in children who have been sexually abused, it appears premature to make any kind of generalizations. This study is limited to the experiences of three children.

CHAPTER 4

THE THERAPY PROCESS

This chapter presents the hopes of children who have been sexually abused. Laurie, Sarah and Krystal shared their stories and hope pictures during their therapy process. In each child's therapeutic journey, hope came to surface at different points. In Laurie's case, following extensive therapy, hope was introduced when hopelessness was very visible. In Sarah's case, hope was intentionally introduced early in therapy. In the last case, Krystal introduced hope herself in her therapy process. These cases are presented in the order of beginning phase of treatment, which includes the intake meeting with the parents and first meeting with the children, middle phase of treatment and final phase of treatment. In the end, a hope summary and reflections on the case are also included.

The retelling of therapy is through the eyes and the experience of the therapist. The interpretive mode is ever present in the process of therapy. The case stories are presented in a manner that highlights the critical aspects of therapy.

LAURIE

Laurie was referred for counselling shortly after she disclosed sexual abuse to her mother. Following a short phone call through the message relay service, I booked an appointment with Laurie's parents.

Beginning phase of treatment

First meeting with Laurie's parents

Laurie's parents, Maggie and Tom, both looked anxious and overwhelmed as they walked into my office. Laurie and her parents were born deaf, necessitating the help of a professional interpreter. After the initial introductions, the interpreter and I sat side by side on the couch facing Laurie's parents, allowing them to have a full vision of the interpreter. This was my first experience with the deaf population so I curiously observed as Maggie started to communicate with the interpreter in sign language. I waited for the interpreter to voice Maggie. Soon I was able to hear her story. Two months previously, Maggie's eight year old daughter, Laurie, disclosed that she had been sexually abused by David; an adult male, a friend of the family. After getting over the initial shock, the parents reported their daughter's disclosure to the police. Laurie was interviewed by the police and gave a detailed and credible statement. As well, she was taken to a medical doctor for a pelvic examination. Realizing Laurie's need for psychological help, her parents contacted the Sexual Assault Centre.

Laurie's parents were both shocked when Laurie made her disclosure. They had difficulty believing that their "good friend" had been sexually abusing their daughter. This had been going on for a year and a half. Her parents believed Laurie immediately, without a single doubt, especially after seeing the amount of knowledge Laurie had about sexuality. The interpreter voiced Maggie who expressed feeling betrayed given the relationship of the perpetrator. Maggie looked disgusted as she signed that they had known forty year old David and his family through their church. The families had been socializing for almost ten years, visiting almost every Sunday after church. David's four year old daughter and Laurie were friends and the parents enjoyed watching videos and playing computer games together. In retrospect, Maggie could see that David had been very insistent on regular visits, inviting Laurie's family to his home every weekend. David had been spending a lot of time talking to Laurie and establishing a relationship, which triggered Laurie's admiration. For a period of time, Laurie was putting her parents down stating that David was "cooler".

Laurie's father, Tom had gentle facial features and appeared like a caring parent. His face had mainly appeared sad and disgusted as he silently observed Maggie sign. He had mostly remained quiet, occasionally filling in brief pieces of information. Tom felt very betrayed, after a ten year friendship with David. Laurie's abuse had hurt Tom very deeply and personally, touching his soul in ways that seemed unbearably painful. Tom had buried some parts of his past in his memory, hiding them from himself. It was too painful to live with these memories. It was after Laurie's disclosure that Tom was flooded by

memories of his own sexual abuse. He had never explored that period of his life, but coped with it by "seeing the positives in his life and continuing to have a smile on his face". Tom was abused as a young boy while he was in a boarding school. The abuse was ongoing, involved multiple perpetrators and included severe sexual, physical and emotional abuse. Tom was quickly overwhelmed by witnessing his daughter's distress and turned to his wife for relief. Tom agreed to see a therapist at the Centre to work on his own history of sexual abuse.

Maggie cried softly. She had tried to be a strong and supportive mother. She had wanted to raise her only daughter in a safe and stable home environment. She had protected Laurie in every way that she possibly could. Maggie felt like she had failed. Her eyes filled with pain as she remembered David creating opportunities to be alone with Laurie. Most of the incidents had taken place in the bathroom or David's car. David had been exposing his genital parts to Laurie and was telling her to touch him. On other occasions, David had been touching Laurie's genital parts as well. In one specific incident, David's four year old daughter was also in the bathroom and was involved in the sexual acts. Similar scenes were repeated several times. Laurie also disclosed that David had been "educating her about sexuality", teaching her about several aspects of human sexuality such as homosexuality and menstruation. Both parents blamed themselves for letting it happen or not noticing it earlier. Maggie thought she *should* have noticed. She *should* have stopped him from hurting her child. Maggie was also shocked by her husband's story. Tom had been her husband for many years. She did not know about the painful

history that he had been carrying inside. She was overwhelmed and torn apart by Laurie and Tom's needs and demands. Maggie did not know what to do.

The parents responded that since this had happened, Laurie was anxious, fearful and had sleeping problems including difficulty falling asleep and waking frequently during the night with nightmares. Laurie often went to her parent's bedroom to feel safe enough to sleep through the night. She was suddenly frightened of noises and startled easily. Both parents agreed that Laurie had this intense anger at David. She had been writing letters to her parents and to David trying to express how she felt. The parents brought several of these letters to me. The letters were quite similar in content. One of the letters read:

"Dear mom and dad,

I really hate David. Because he is stupid guy. He is suck guy. Why he teaches me about sex. I hate him! Suck. Suck. Suck! I want to kill him, then death jail. I want David to go to jail! But I am too young for this to know about that. Bitch for him. Suck. Why he doing for me. Bitch. Suck. I was upset about that why he doing to me at sex. Please you both believe me. I am talking very true. I want he going to jail forever. I am sexual assault. I really don't want to be sexual assault. I want to chokey him for sure then he will death. If he met me I will kill him. I can't do that. May be I kick him out of my way....He spoil my life. Why he loves sexual? I want to kick him. Suck Bitch! I want police to believe me, that he is bitch! I want he going jail. Because he spoil my life. Well I still upset for myself.

I want to know why his way is devil sexual. Why he doing like that? I want he going die! Why I got sexual! Bitch him. You know that my class not know sex means. I only one know about that. I don't want to learn about that. I want to learn sex until 18 years old. I wanted. But too late! Suck! Bitch! Because I am angry at myself..."

The letter continued in the same fashion for many pages. The content and her handwriting clearly indicated Laurie's intense anger. She also seemed to feel damaged by this experience and seemed to take some responsibility as well.

Meeting Laurie:

As I walked toward the waiting room to meet Laurie and her family for our second session, I could see Laurie sitting beside her mother and clinging to her. She was nicely dressed and looked small for an eight year old girl. Laurie had big sparkling eyes. She appeared very shy and scared when she first met me. She had told her mother that she did not want to come to her counselling appointment. Laurie had been through two police investigation interviews and a pelvic examination which are usually very hard on children, so I could understand Laurie's discomfort with meeting one more professional. Laurie was reluctant to come into my office. She held her mother's hand and tried to hide behind her. As she slowly entered my office for the first time, Laurie looked around fearfully. She did not want to separate from her mother and buried her face into her mother's body. As I reassured Laurie that her mother and father could stay in the room,

Laurie was able to let go of her mother. This scene was typical at the Sexual Assault Centre for a first session, so as I usually do, I invited Laurie and her family to take a look at my office and the playroom. I remained in the background, giving them space to feel comfortable in the playroom. For most of this session, Laurie avoided eye contact with me, but picked up the toys from the shelves and examined them with interest and enthusiasm. As I noticed Laurie starting to feel more and more comfortable and safer, I introduced myself to her as someone who talks to children about their feelings and thoughts and plays with them. I told Laurie that I am not a doctor or a policewoman and highlighted that she did not have to tell or do anything she did not want. We also went over the rules in the playroom. As Laurie watched the interpreter sign to her, she nodded shyly.

Towards the end of the session, Laurie was able to communicate with me. Laurie knew why she came to see me. Although she had noticeable discomfort with me, she started describing to me that she had been having frequent nightmares. In the bad dreams, Laurie saw men trying to kill her. Laurie helped me understand that she had difficulty sleeping at night and when she first told about the abuse, she was very mad. She continued "...because I couldn't sleep. It kept me awake all night, and even at school, I was so tired...I kept thinking about sex, sex, sex". Laurie still occasionally remembered what happened with David and it felt like it was happening all over again. She found herself thinking about it "while concentrating on school work, watch TV or when it was totally

quiet." When our first session was over, Laurie agreed to come back to therapy. This made me feel hopeful as a window of opportunity had been opened.

Guy named Ben

During the following sessions, Laurie was able to stay in the play room without her parents, only with me and the interpreter. Laurie had not met the interpreter previously, but she seemed to be more comfortable with her. She was still very cautious with me. She kept a noticeable physical distance from me as we moved around in the playroom. Laurie occasionally smiled shyly, but for the most part, looked sad and tired.

Laurie continued to talk about her fears and bad dreams that kept her awake and fearful most nights. She woke up feeling very tired in the mornings. Nights were very scary for Laurie. Laurie made a picture of what she feared (see figure 1).



Figure 1.

The drawing contained a man with a knife in his hand. The right hand middle finger of the man was also highlighted. Every night, as Laurie tried to fall asleep, she imagined this scary man coming into her bedroom. The scary man had a knife in his hand and was ready to kill her. He waited there, just beside her bed. Laurie knew, in reality, he was not there, but she could not overcome the fear. She buried her face in the pillow, pulled the covers up to her head, feeling scared and lonely. Not even her teddy bear or the night light brought any comfort for her. Laurie did not see how she could get rid off her fear. She thought this scary man was going to come every night and wait to kill her. It was going to happen over and over again.

Laurie did not seem to have much hope that she could do something to stop him or to protect herself. She did not know what she could do. Together, Laurie and I searched for a possibility. Only Laurie could know what would work best for her. What would scare this man? What would make him go away? What would kill him? We searched for ideas that would make Laurie feel safe and comforted enough to fall asleep. By the end of the session, Laurie was able to find a solution that might work for her. She came up with an idea which would make her feel safe and protected. She agreed to try it out. Laurie was also receptive to information on what flashbacks are and accepted a little rock to ground herself during flashbacks. Laurie agreed that a dream catcher might help her get rid off bad dreams. She was willing to try and see if it would work. Laurie's parents were also open to helping her feel safer around bed-time.

"It worked!"

The following week, Laurie was happy to report that her solution had helped her. "It worked!" she announced. She had overcome the fear of "the guy named Ben". Also she had only one bad dream during the week. In the bad dream a person from a Satanic cult was intruding and robbing in their home (see figure 2).

HEE HEE

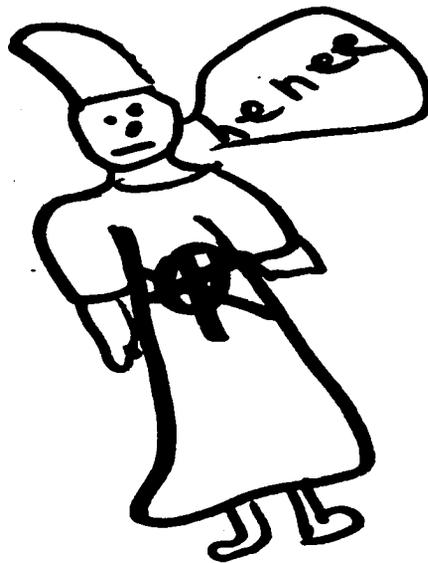


Figure 2.

This time, Laurie was quicker to find what could help her feel safer. Laurie was a religious child, she decided that a guardian angel would make her feel safe enough. She thought this guardian angel could come to her dream and protect her. She put up the picture of a guardian angel in her room. Laurie and I also worked on deep breathing and relaxation through blowing bubbles. Laurie loved blowing bubbles. She made loud sounds as she saw the bubbles come out. Occasionally she tried to pop them. As she blew bubbles and took in deep breaths, at my suggestion, Laurie also imagined a safe place for herself. This was a place in which nothing would ever hurt her. The place Laurie imagined was a place where she felt very safe and happy. Laurie imagined what it would feel like to be there. She imagined what that place looked like or what kind of things she would do there. She imagined the different kinds of smells or food in this place. Laurie appeared to like this exercise. She requested it. It seemed to help Laurie reestablish a sense of safety.

A month after the start of therapy, Laurie started to appear happier. She came into the playroom with a big smile on her face, announcing that she had been feeling much better. Laurie had not had any nightmares or flashbacks. Laurie had learned to identify her feelings and do what she needed to comfort herself. She had internalized some sense of safety which had diminished as a result of her abuse. Laurie was also becoming more comfortable with me. She appeared more trusting and open. Laurie occasionally touched my arm as she signed or chose to sit close to me as she drew. Laurie was also excited to go to the mountains for a week. I thought Laurie still needed to continue therapy since

we had not had a chance to reprocess her experience of the abuse. Laurie agreed to come back after her vacation.

So far we had only been working on the intrusive symptoms which usually come up in the initial stages of therapy. I was happy with the progress, but also was concerned as our interpreter had to move to another city. We would have to find a new interpreter for Laurie. My hope was that the change of interpreters would not have too much impact on Laurie's comfort level.

Middle phase of treatment

The change of interpreters went smoothly. Laurie was feeling comfortable with our new interpreter. There was some negative news; Laurie had to be interviewed by the police for the third time. After several weeks of emotional well being, the anticipation of the interview seemed to bring Laurie's fears back. Once again she was cautious and fearful. Following the police interview, Laurie's symptoms became worse. She appeared vigilant and guarded in the session. She did not even take off her coat. Laurie sat in one corner and was unwilling to interact with me. Laurie's mother, Maggie was invited to our session once again. Laurie clung to her mother's arm and did not let her go. Laurie insisted that her mother stay in the playroom and she did not want to do anything. Laurie had also become clingy and whiny at home. I tried to help Laurie through suggestions to her mother.

Laurie's game

Toward the end of this session, Laurie wanted all of us to play a game in the sandtray. This was the first time, Laurie initiated play in the sand. We followed her lead enthusiastically. She designed the rules of the game. Laurie asked her mother, me and the interpreter to close our eyes. While we waited with eyes closed, Laurie chose eight objects from the collection of miniature toys. She carefully hid them in the sand. After she told us to open our eyes, Laurie asked us to find them taking turns. We played this game until the end of the therapy hour. Laurie had started interacting with us. She still looked serious and anxious, but at least she was playing. Laurie ritualistically repeated this game for the next two sessions. When she came into the playroom, Laurie went directly to the miniature collection and found the same eight figurines and continued with her play. We took the lead from Laurie and followed her instructions. Laurie seemed to master something through having adults do what she had asked. She repeatedly hid and we were asked to uncover. The ritualistic nature of her behaviour had drawn my attention to the possibility of post-traumatic play so I closely watched for repetitive themes or behaviours.

As this play continued in the sessions, Laurie's out of session symptoms had been escalating. Laurie had been very emotionally intense and agitated at home. She had been having flashbacks and intrusive thoughts of her abuse. During one of these flashbacks, Laurie had remembered some details of her abuse. This memory was too scary or too overwhelming to be remembered. Laurie had kept some parts of the abuse moments out

of her consciousness and had hidden them somewhere in her mind. It was too painful to be aware of them. Somehow this painful memory was triggered and came back to her consciousness. On two separate occasions, when Laurie and David were in the bathroom, he had not only touched her privates, but had also digitally penetrated her vagina. The moment of David digitally penetrating had disappeared from Laurie's mind. When it came back, this memory had come with an enormous amount of pain and anxiety. This moment appeared to have been very scary for Laurie.

As her mother and I had previously discussed, Laurie had grounded herself with her grounding rock as she remembered this part of the memory. She had distanced herself by telling herself that it was not happening all over again. Laurie had been making herself aware of her present environment and focusing on external objects. She had also drawn pictures of what she remembered and wrote her feelings in her journal. Laurie brought these to the session. She was too ashamed to talk about them. Laurie shyly gave them to me and told me to look at them (see figures 3, 4, 5 and 6). She did not need to tell anything, the pictures spoke for themselves.

NAKED BODIES



Figure 3.



Figure 4.

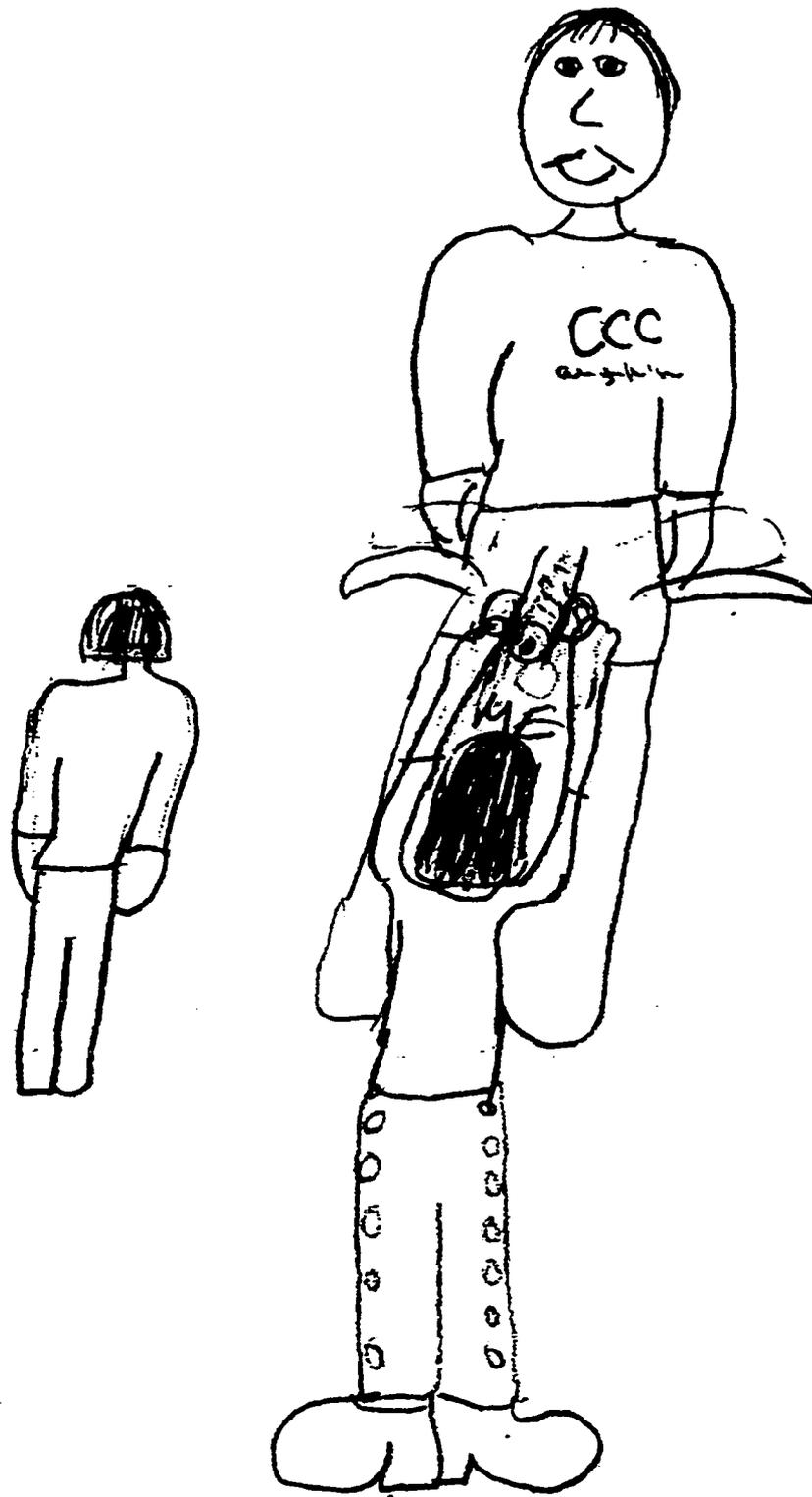


Figure 5.

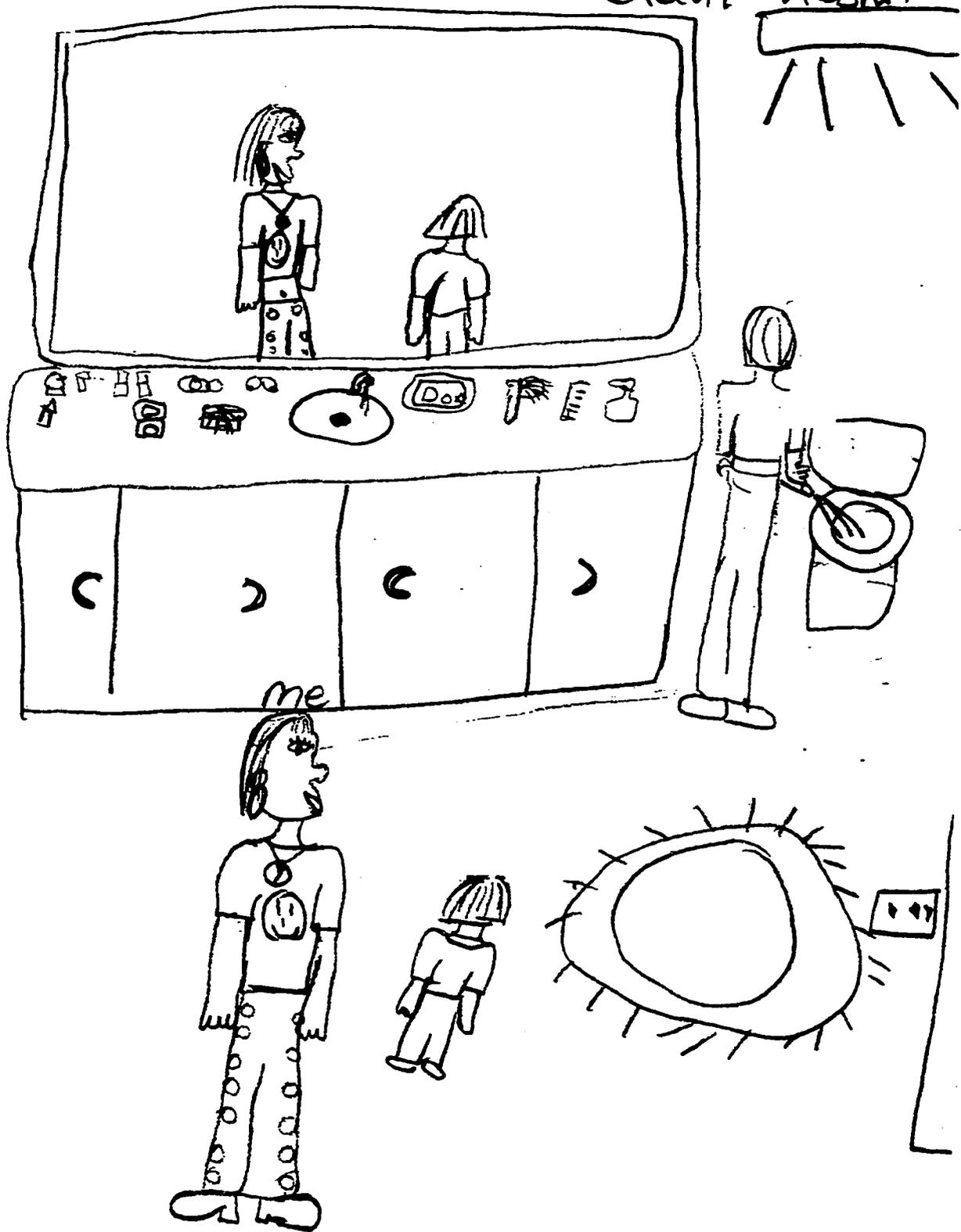


Figure 6.

Indicators of post traumatic play

In the following session, Laurie once again started the session with her usual hiding game and repeated it several times. A little later, she started a different kind of play. Laurie smoothed out the sand on the sandtray and started creating a scene. She carefully placed houses on the sand. She created a town. She later chose a figurine representing an older female whom she identified as her mother. She placed this older woman near one of the houses. This was their home. On the other side of the tray, she placed a castle with jewelry and treasures. This was David's home. The two parts of the town were connected by a bridge. She chose a figurine representing a young female and a mean-looking man and started telling her story. Her story started in third person and later changed to first person.

Laurie lived in the forest with her mom.

One day, I saw a bridge. I was ready to walk over...I saw a castle... In the castle, I saw a big man with a knife.

He said "Hi! My name is David. I am going to kill you!"

I ran as fast as I could...He stomped and followed her...Finally I escaped to the police station...David went back to the castle.

The police said "What's up!"

I said "David tried to kill me! He had sex with me."

The police went with Laurie to the castle. Then Laurie went home. She told everything to her mom. Mom said "We have to move to a new house."

Mom and Laurie moved to a new house. Their new house was really big...Laurie went to the hospital. She was sick.

A policewoman came to Laurie's home and said " David ran away."

1000 policemen stayed in David's castle. Finally they saw David. They fought and fought and fought...They stabbed him... David was taken to the hospital...he was still alive...David disappeared in the hospital...The police came and told Laurie that David ran away.

Laurie wanted to see inside the castle. In the castle I saw David...I ran all the way to the police station...I was out of breath...I told them that I saw David. The police went to the castle and arrested David. He went to court. They put him in jail.

They said "Laurie you are free now!"

(See figure 7)

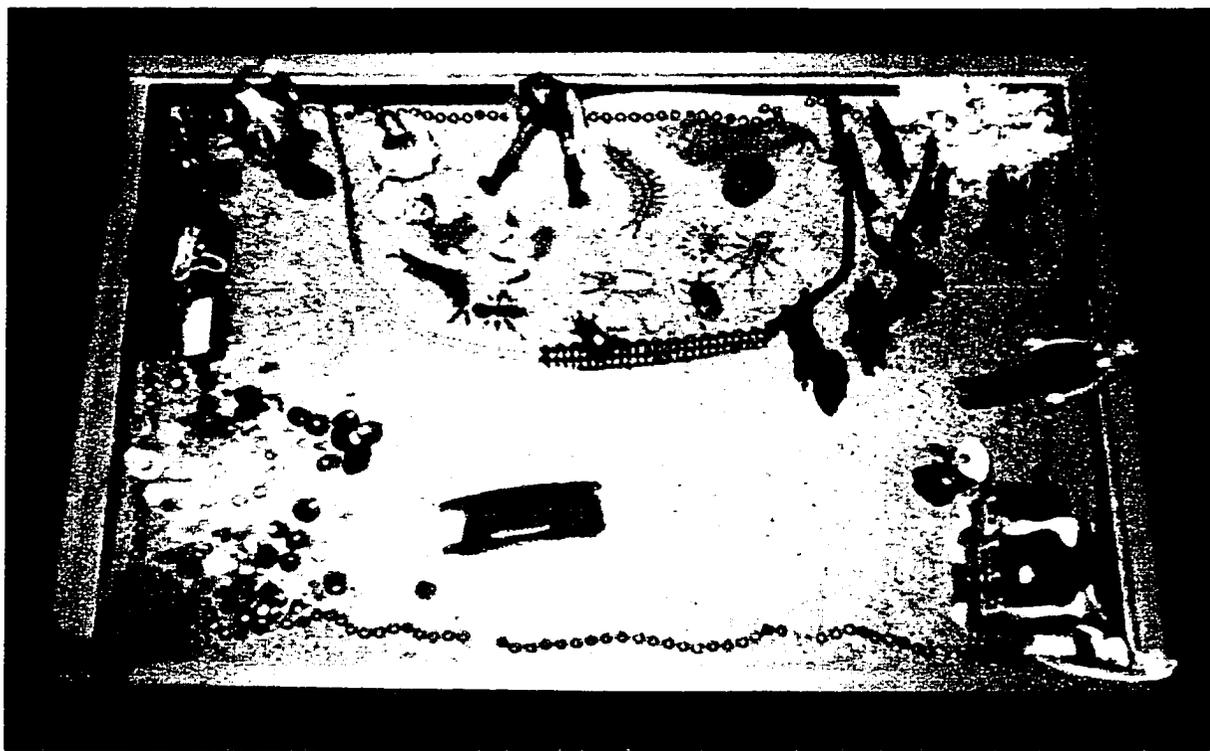


Figure 7.

Laurie seemed very absorbed in her play. As she played she seemed to be living in what was happening in the play. Her face and her body had been showing a wide range of feelings. Laurie slowly manipulated the toys and stopped to sign, in order to explain what she had been doing. In the initial part of the play, Laurie looked very anxious and intense as she signed her story to the interpreter. From the way she talked about him, it was obvious that Laurie had perceived David as very powerful. In the final part, Laurie took her time to create David's jail. She put stones around the fences to ensure more protection. She carefully chose insects and snakes for his jail. She giggled as she placed each insect. He had to live with those the rest of his life. Laurie laughed, clapped her hands and made loud sounds as she put David to jail. When she was done creating her picture, I asked her how each character in her picture felt. Laurie signed "David is scared" as she made a snake crawling on him. She giggled and giggled. Laurie seemed a little relieved after this play. At the end of this session, she wanted to show it to her parents. She ran out to the waiting room to invite them to the playroom. She carefully summarized the story to them. Laurie giggled as she pointed at David who was sitting in jail. As I photographed the sand picture, Laurie's parents carefully listened to her story.

Laurie's play continues

We had to experience another change of interpreters. It was bad timing, but our second interpreter had either been missing appointments or was coming to the appointments quite late. Laurie's parents wanted to arrange another interpreter who would be more reliable.

They decided to phone an interpreter that they already knew. They had known his interpreter for many years and Laurie was very comfortable with her.

During the next three sessions, Laurie again repeated this play. Her stories were very similar to the one above. The stories started with Laurie getting abused and David running away. The story always ended with David going to jail. As she played, Laurie seemed to go through many feelings and the play ended with celebration and joy as David was sent to jail to live with bugs and snakes. At the end of her play, there seemed to be some emotional release. Although the theme remained mainly the same, Laurie added or took out elements off the story every time or changed some of the figurines that represented the characters in her play. Laurie added new objects in her play each time. The rigidity of her play seemed to loosen over time and Laurie showed physical fluidity as she played. She also showed a range of interaction with me. Laurie's play seemed to contain many characteristics of dynamic post traumatic play.

As this play took place in the sessions, Laurie continued to maintain many of her symptoms. Laurie looked highly anxious and tense when she came to the sessions. Her face looked tired and pale. She had not been sleeping well and was having nightmares that were similar to the ones she used to have when she first started therapy. The same strategies that we had previously used did not seem to help. We also tried activities to recreate a feeling of safety in Laurie's mind. Laurie kept writing her feelings in her journal. However, Laurie's nightmares and anxiety continued. Some days she was

flooded with flashbacks. Laurie seemed to live in that period of her life when she was abused and seemed to replay those incidents in her mind. Numerous things triggered her replaying of these memories.

A new memory

One day while she was having a flashback, Laurie remembered another moment that had been hiding in her mind. Another terrible memory had resurfaced. Again, it was too painful. This memory was very scary for Laurie. She had been crying at home and was not easily comforted. When she came to the session, Laurie wanted her mother to tell me what she had remembered. It was too embarrassing for her to tell it. After her mother started, Laurie joined her mother. She remembered a bodily sensation. As David was digitally penetrating into her vagina, he was pinching her bare arms and chest at the same time. At one point, he had covered her mouth with his hand so she would not scream. This moment had given her a lot of fear and also physical pain. Laurie had been feeling that pinching sensation since the memory came to surface.

Laurie felt very intensely. We tried to integrate this surfacing material into Laurie's stream of consciousness. The usual strategies that I had been using with my other clients did not seem to provide Laurie a sense of comfort and containment. For the fourth week, Laurie still continued her play. She told the same story. She used similar characters and her story ended with a happy ending. Even though Laurie's story ended with a positive ending, Laurie seemed to relive the parts that were very painful and scary for her. Even

though Laurie was excited to put David in jail at the end of her play, she seemed to know deep down that this was not real. David was still free and he was around. Also court was coming up in three months. Laurie's parents had also been very anxious about the upcoming court date. In Laurie's presence, they had been talking about court and the possibility of David getting away with what he had done. They also had difficulty containing their feelings about court. In addition, they had difficulty dealing with witnessing Laurie's pain. Especially her father had been having a difficult time, as this triggered his own issues. Maggie also seemed to have lots of anger towards David every time she witnessed Laurie's pain. The whole family was going through a lot of stress. Family counselling was indicated. Both parents agreed to go for family counselling.

Laurie's situation worried me. She appeared very down and looked like she had lost her zest and joy. She had not responded to what had worked with other clients. She continued to have flashbacks and nightmares. She had been losing weight. Her family was very unwilling to take her to a psychiatrist. They thought she was very young to be put on medication. I had started to feel helpless. I was worried that Laurie's symptoms might continue. None of the strategies that my clinical supervisor and I had come up with had worked.

The following week, Laurie came to the session again looking distraught and pale. Her face looked white and lifeless, her eyes had lost their spark. Her mother reported that Laurie had nightmares and cried many times during the week. At one point, she even told

her mother " I want to kill myself...why did he put his finger in me? Why did he open my vagina?" Her parents looked overwhelmed and tired. Laurie was again clinging to her mother and buried her face in her mother's lap.

In the readings that I had done, a nondirective approach was commonly employed for the resolution of repetitive play. The nondirective approach with this kind of play generally included: reflecting the feelings of the characters in the play, making verbal statements about the content, interrupting the sequence of play, manipulating the toys differently etc. I had used several of these strategies. I had been trying to integrate Laurie's experiences in an attempt to create a distance between the present and the traumatic event. However, Laurie still continued to have many symptoms. I was losing my hope in the effectiveness of what I was doing. I did not know what to do. I was worrying that I would not be able to influence the stress that Laurie was experiencing. A nondirective approach seemed to be too slow at this point in therapy. Laurie seemed stuck. She kept on replaying the same scenes in her mind and her world was coloured by these memories.

I struggled between not interfering with the natural flow of her play and directing her play to a positive topic. During this session, I decided not to wait any longer and to act more directly. I was doubting that I was helping her. Doing more of what was not helping seemed futile at this point. It looked clear that Laurie was stuck at a place of hopelessness. She kept rolling and rolling in the same place and I had been going along with her. I was losing my hope that I was being helpful and that she would recover from

all this. I asked Laurie to make me a picture of her hope. I assured her that following the hope picture, she could go back to her regular play.

First picture of hope

Laurie did not respond with much enthusiasm. She unwillingly started creating a picture. She put houses in the sand to create a town. In one corner, she, once again, placed a castle. In her repetitive play, this was the castle that belonged to David. On the other end, she placed three angels and a priest. She stated that this was a church. She lined up several people in the center. In the front, there stood a bride and a groom (Figures 8a, b and c show this sand picture from different angles).

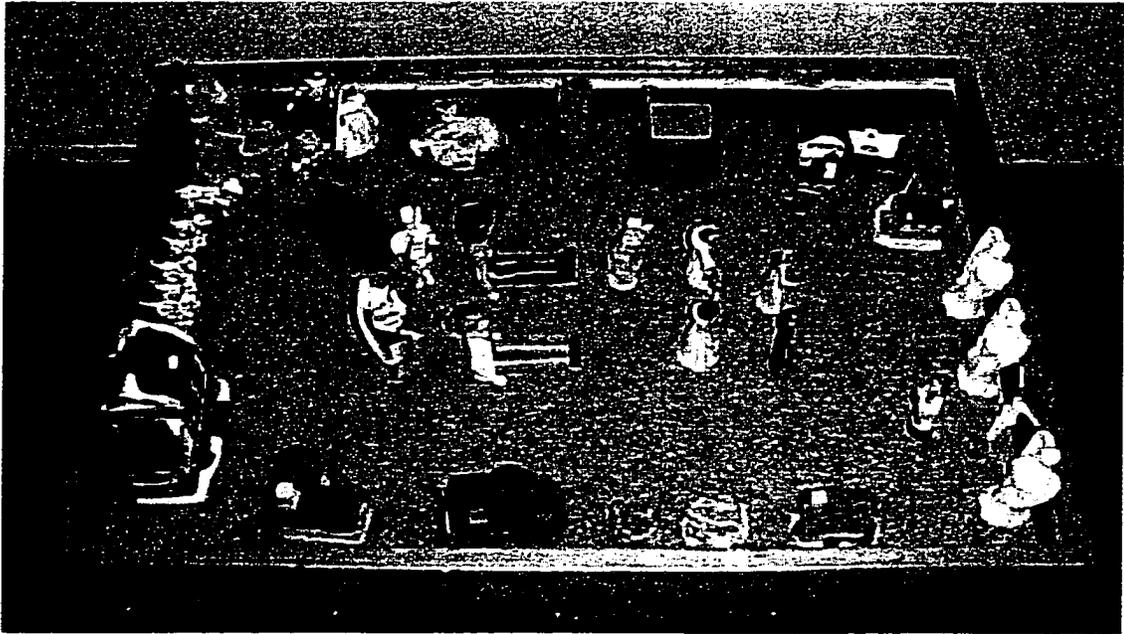


Figure 8a.

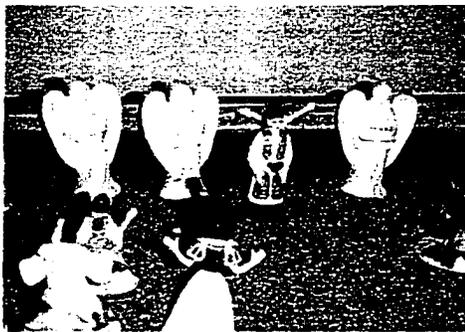


Figure 8b.



Figure 8c.

Laurie signed that this was her wedding. She was getting married and everyone in the picture was feeling happy. Laurie stated that David would not be living in the castle any more. Her hope was that he would go to jail and would not be in her life and in her mind. At the end of the play, Laurie and her husband moved to the castle and "lived happily ever after..."

Laurie and I talked about her inner power to make her hope come true and reclaim what was taken from her. Laurie blamed herself for not saying "no" to David. She thought she had to do whatever David told her. Laurie and I discussed that what happened was not her fault, because children are taught to do what adults say. David had also built a relationship with Laurie which had made it hard for her to say "no." He had built this relationship to manipulate her better. Laurie agreed to think of hope and hold that image in her mind whenever she felt scared and sad. I asked Laurie what she would like to say to David if she had a chance. Her response was firm and loaded with anger: "I want to pierce his penis!"

"Hi! This is Laurie! I am sexual assault and sexual abuse, sexual molest"

The following session, Laurie did not go back to her repetitive play. She still continued to look emotionally intense, but her week had gone better. As I spent some time talking to her parents, she played in the playroom by herself. When I came back, I found that on a sheet of paper, Laurie had written: "Hi! This is Laurie! I am sexual assault and sexual abuse, sexual molest." It was sad to read these lines. Laurie's definition of herself

seemed to have changed as a result of the abuse she had endured. The abuse coloured her sense of self as a person who was victimized. Laurie saw herself as someone who was stripped of her personal power. Laurie appeared to feel stigmatized as a result of her abuse experience. One of the few words that I came to pick up in sign language was "stigma" (or label) because Laurie was using it so frequently. Laurie and I had a long discussion focusing on the fact that what happened was not her responsibility. Laurie needed to see her whole self, as a child with several strengths. She had many, many strengths and so much power inside, but they were invisible to her. We talked about her power and the years before her abuse. Laurie needed to have some perspective.

Laurie had been thinking about "sex" during the week. Her mother did not know how to answer her questions. Laurie had prepared questions to ask me. They were about all sex. Laurie particularly had difficulty understanding why this had happened to her. She wrote on a piece of paper "I just want to know why people use sex and what sex means?" Laurie also wondered about the difference between sex and sexual assault. As we talked, I could see that Laurie was getting more and more angry. At the end of this session, Laurie made another picture in the sand showing how she felt (see figure 9a and 9b showing this picture from different angles).

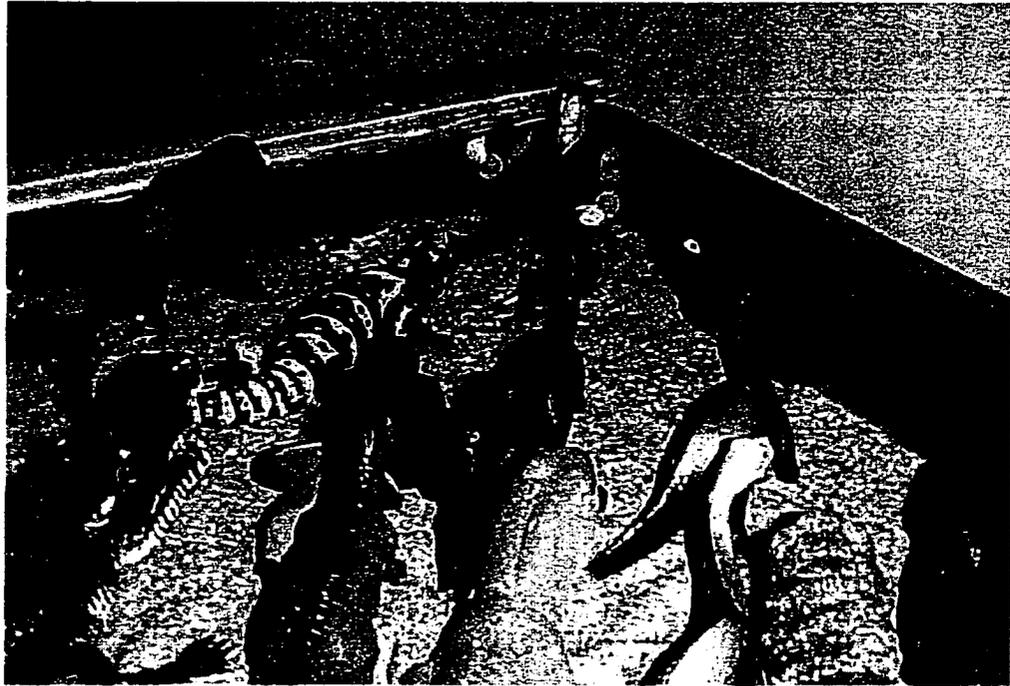


Figure 9a.



Figure 9b.

Laurie explained her picture like this: "Animals were hungry. They want to eat David. They want to kill him and eat his body. So they kill David to death. The End."

"He spoiled my life."

In the following weeks, Laurie did not return to the repetitive play. Her nightmares and flashbacks did not disappear, but she reported a decrease in their frequency. Laurie had another memory surfacing. This memory was in the form of a bodily sensation. Laurie remembered the moment of feeling David's nail as his finger was inserted into her vagina. This bodily sensation seemed to come back to her quite frequently and scared Laurie very much. "David spoiled my life," Laurie kept saying. Hope was hiding from Laurie once again. Given that Laurie seemed to have responded to exploring hope, we talked a little bit more about hope. Laurie's hope was that "David would go to jail." Laurie needed to focus her energy on that hope. As Laurie seemed to be willing to talk about hope and make hope pictures, I asked her to participate in my research. I thought she would be a fascinating hope explorer. Laurie's initial reaction was a firm "no." She clearly did not want to participate in the study. When asked the reason, Laurie responded that she did not want people to know what had happened to her. Laurie had thought that everyone would read about what had happened to her. As I explained to her about confidentiality, Laurie quickly changed her mind. She did not hesitate to sign the consent form. Laurie's parents also consented to participate in the research.

I thought highlighting Laurie's strengths and showing other aspects of herself would increase Laurie's hopefulness. Laurie did not see her whole self. She needed to be reminded once again that she had many sides to herself. Laurie was a bright student. She went to a mainstream school together with hearing children. Her academic achievement had always been excellent. Laurie was a skater, a skier and a great swimmer. She had also started Taek Won do recently. Laurie needed to remember the fun side of life, which she had not been experiencing. Laurie seemed to have many labels for herself, which needed to be replaced with positive ones.

We spent a whole session on these labels. Laurie and I went over all the labels and distorted beliefs she had for herself. In addition to being a victim, Laurie had several other labels such as "I am ugly...I am stupid...I am deaf...my parents are deaf and ugly" Laurie wrote each one of these on a sheet of paper and threw them in the garbage. This process was so absorbing for her that Laurie started ripping these sheets, chewing or spitting on them, throwing them on the walls and stomping on them. Laurie later threw each one of them into the garbage.

Clay Bombs

As Laurie's hopes and sense of self became more and more strengthened, she seemed to make a clear shift. Her anger was now the main theme of her play in the sessions. Laurie felt very intensely. Especially as it got closer to the court date, her anger seemed to get more intense. The detective and the Crown Prosecutor had contacted me and the family

to inform us that Laurie would most likely be going to court to testify against David. Laurie's anger was so intense that she would benefit from an exercise that I had come across in the book "Treating traumatized children" by Beverly James. "Clay Bombs" exercise was usually utilized to release aggressive feelings. The physical component of this exercise seemed to trigger and facilitate the release of anger in a contained manner. Laurie was intrigued by this idea. She first made a big drawing of David on a large piece of drawing paper. We later made little hand bombs out of clay. After putting up the drawing on the wall, I asked Laurie to think of all the things she suffered as a result of what David did to her and throw the bombs at him. First I joined her as well to model and to show support to her. Laurie seemed to love this exercise. With every thwack, with every good shot on his eyes or his privates, Laurie was cheering. She threw bombs until she was sweating. Laurie ripped up the drawing into tiny bits when she was done.

Laurie continued with this for several sessions. She also took some clay and big drawing paper to repeat this exercise at home. Laurie also continued to journal at home and eagerly read many therapeutic stories written for children. Laurie's writings also contained anger:

"Oh Stupid you David. you bitch you! You do very wrong thing. I have no powers to say no! Fuck you! You are big! I am small. As child I am not ready to learn about it. Oh this one word I wanted to tell you! Fuck you. Because you did to me and I asked my friends Did you sexual assault? they said No never! I only have sexual assault. Not my

friends! This is not fair. I am upset!"

As Laurie worked on her anger, the bad dreams, flashbacks and other symptoms disappeared for many sessions. Releasing some of her anger seemed to have given Laurie some more hope. Laurie thought her hope was getting bigger. What she hoped the most was David to be eaten by animals (see figure 10a and 10b).

Laurie's sand picture was similar to the earlier one.



Figure 10a.



Figure 10b.

Final phase of treatment

Laurie's hope pictures

As the court date got closer, Laurie consistently expressed her hope that David would go to jail and would be punished for what he had done (see figure 11).

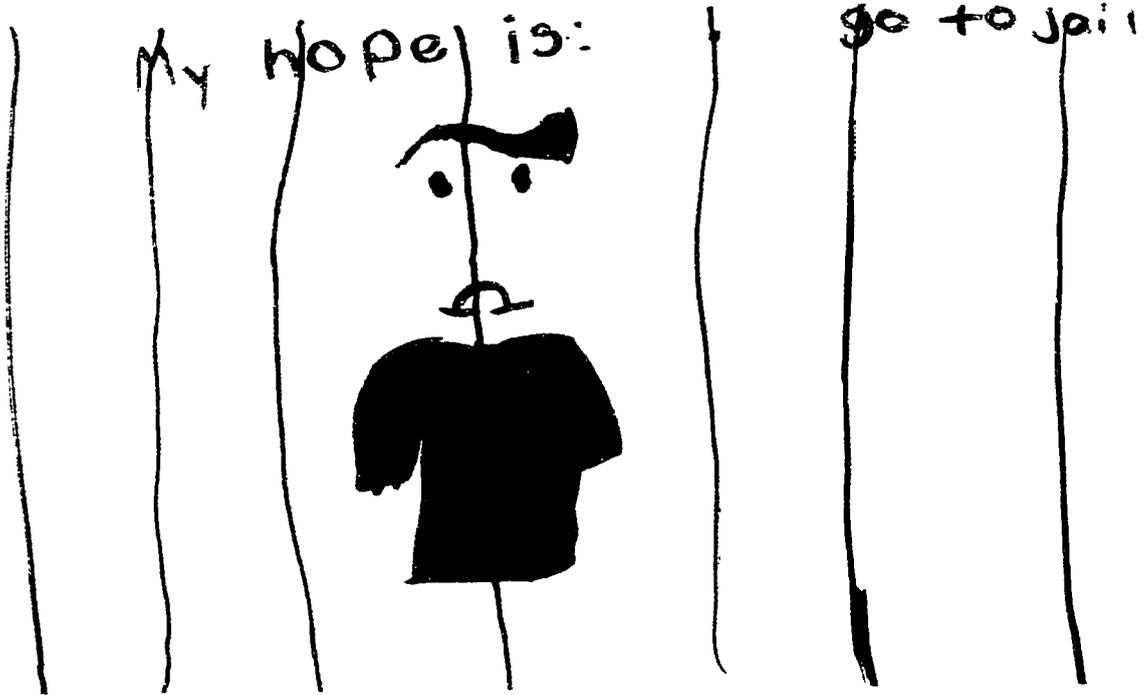


Figure 11.

Laurie promised to put up her hope pictures by her bed so she would see them when she felt bad. Her hope had focused Laurie to the point that she was determined to go on the stand and tell everyone what she had been through. We spent several sessions focusing on court. Laurie and her parents had many questions. Laurie's parents were very worried that she might get emotionally hurt during cross-examination, but they did not want to withdraw either. On the other hand, Laurie was determined to go to the stand and tell the truth. Laurie was adamant that she could do it. As Laurie seemed to feel better, she had new hopes that were not related to her abuse. Her new hopes were to go to the

Waterpark, to Disneyland and to have pets (see figure 12). Laurie also wished to meet the Spice Girls.

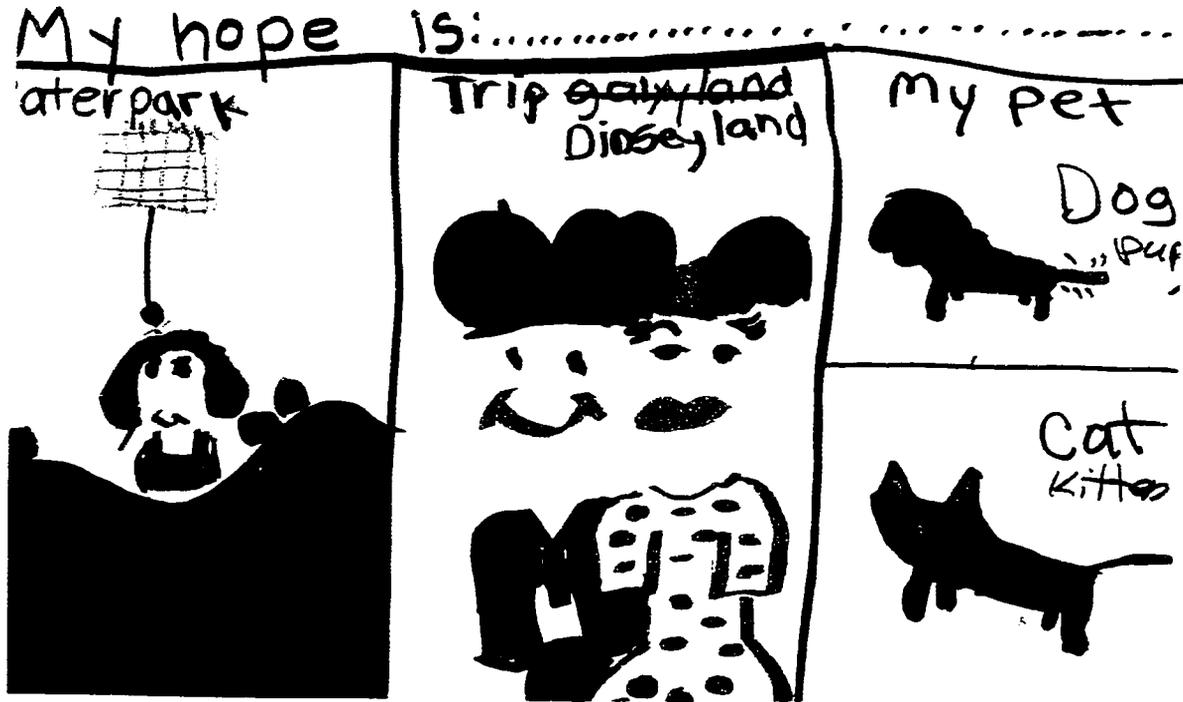


Figure 12.

David pleaded guilty!

A phone message that was put in my mailbox brought me to tears. The message was from the interpreter and it read: "David pleaded guilty!" This was wonderful news.

Under the circumstances, this was the best thing that could have happened. This was the best validation that Laurie could get. She also would not have to go through a cross-examination. It was over. We did not have to worry about court any more. The next session was a big celebration. From the first moment that Laurie ran up to me and gave a

big big hug, this was an hour of hugs, tearful moments, smiles and relieved sighs. This session made me realize one thing. This was the first day that I felt totally accepted by Laurie and her family. Until this day, there were many moments in which I had felt like "an outsider". Today for the first time, I was truly welcome into Laurie and her family's world. We no longer needed an interpreter signing for us. Without words we knew that we had won. We looked at each other and smiled with joy. We had won!

Exploring Laurie's hope

Laurie was very relieved after David pleaded guilty. Her symptoms disappeared completely. Laurie had gone through a lot and had come out of the other end of it. Laurie was "very happy", because it was over. She continued "...when I started counselling I thought that people like you and maybe other people think that I am lying...that I am not telling the truth...I didn't lie!...what I said was true and now he's finally admitted it..."

I wanted to know what had helped Laurie and tried to explore hope a little further. When asked what she would say to another child going through similar things about hoping, Laurie responded "I would tell her not to worry...what is going to happen is going to happen and just tell the truth..." Laurie thought that this child could give herself hope by telling herself "I am sexual assault, why not others." and her parents could give her hope by saying "you are so pretty...and it is not your fault." Laurie recommended parents to give hope to their children. She would recommend parents to "...take them out...and to give them love...to support them...to help them learn and be supportive..." Laurie wanted

to help other children in the same situation. Her dream was "to become a lawyer...a police or a judge." She added "but what I really want is to become a judge." The following week, Laurie had decided to become a lawyer working for children.

Laurie thought that "her writing and reading" had helped her the most. The therapeutic stories for abused children had been Laurie's favourite reading. She continued "I would read the stories I got from you and read these and think about me and David in that situation...It made me strong." Laurie thought that hoping had helped her get angry. For Laurie, hoping was "turning my hurt into anger...my anger made me wanna be brave...so instead of feeling hurt and sad, I would read stories and turn my fears into anger and I would get angry at him..." Laurie had to make an effort to hope. She said what helped her hope was to "think." Laurie thought "about him and what he did" to have more hope. Without hope, Laurie thought her life would be "like a slave." She explained that "life would just be the same...things just happen over and over...nothing exciting..." The person that took hope; "It was "David!"

When she went through the difficult times, Laurie had lost weight. However, the smell of hamburgers and French fries or "the smell of KFC" had always given her hope during hard times. Laurie found hope when she took "a bath" or chewed "bubble gum." Laurie also had strong religious beliefs that helped her hope. "It is in my heart..." Laurie stated. "Reading the Bible" gave her hope.

Laurie stated that the interpreter, her parents and I were the people that gave her hope. The interpreter had given her lots of hope. They had been socializing for a long time. Laurie stated "we went out...and we talked...she makes me laugh...she is funny..." In therapy, what had given Laurie hope was clearly one thing: "Throwing bombs." Laurie also thought that "the bubbles...the breathing...and thinking of the safe place" gave her hope. Laurie thought therapy "made it fun..." to work on painful things. The nicknames that Laurie had given to me changed over time, yet still seemed to suggest that Laurie found hope in our therapeutic alliance. My nickname was initially "Glitter", later she changed it to "Sunshine" and taught me how to sign the word sunshine.

Laurie's last hope picture

During this session, I asked Laurie to make me a last hope picture in the sand. Laurie was excited to make another picture. She took her time and carefully selected every item that would be a part of it. Laurie started her picture by placing a castle in the corner (see figure 13a, 13b and 13c).



Figure 13a.



Figure 13b.

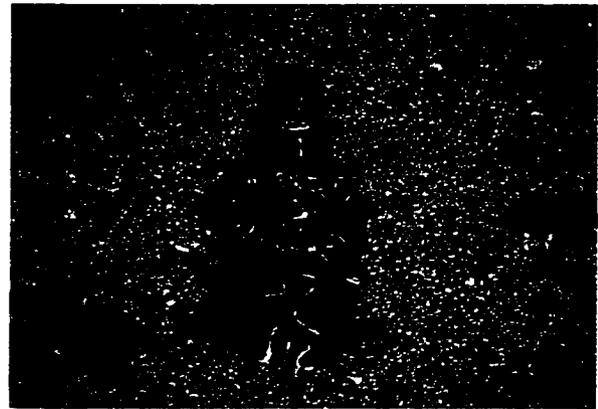


Figure 13c.

This was her home. Beside the castle, there was a treasure chest and several cars and motorbikes. A policewoman sat near them. A bridge connected two parts of the town. Beside the bridge, there stood a wise old person (See figure 13c). On the other corner, there was a school and beside the school, two doctors and a fireman sat. On the opposite end of the tray, David sat in his jail with spiders and insects. A lion and a tiger watched out to make sure that he did not run away. Laurie made a second layer of buffer. A policeman stood there. In the middle Laurie placed a figurine representing herself, her husband and two children. Laurie put lots of sparkly stuff and jewels on the sand.

Laurie's story went like this: "They live in that house...if something happens, the doctor...nurse...the fireman. She fell and broke her leg...the doctor fixed her...and they live with two boys, the twins...and that is David in jail with lots and lots of bugs...that girl is a policewoman...that's me. He takes care of the two boys and she is working..."

Laurie also talked about the policeman standing in the second layer. "The police is there to make sure...in case he gets out and he is here that to make sure that he can never escape..." Laurie continued her story, "...and the two boys grew up and they left home and they are getting old and the husband died...and she lived all alone...and she got really really old....but she had a good life and she has everyone to take care of her and everything...so the house is sold...she got older and she died...that is it..."

I asked Laurie to tell me about the old man. Laurie answered "he gives her hope...this is what gives hope...he gives hope...and it is all different hopes and he gives everything

hope...and he built all that...he made it work..." Laurie thought that he was not a real person...he was "a wizard" and he gave "magic hope." For Laurie hope was "magical." Laurie stated that making this picture gave her more hope. At the end of our hope



Figure 14.

exploration, I asked Laurie to choose a hope symbol out of the miniature collection. Laurie's hope for herself was symbolized as a strong man with a machine gun (see figure 14).

After this session Laurie and I had two more sessions to say goodbye. Laurie had no symptoms and she did not think she needed to come to therapy any longer. She thought that she could come back if she needed to do so. Laurie and I went over her progress in therapy and as is the tradition of sandplay therapy, reviewed all her sand pictures. Laurie

expressed that her hope grew bigger in every sand picture. The first picture had the least hope and the last hope picture she had made had the most hope.

Laurie went through a lot and had learned lots from this experience. It was hard to say goodbye to Laurie and to her family. They wanted to take pictures during our last session. After many hugs, we said goodbye. Laurie had written me a note:

"I learned lots of things that you teached me...to blow the bubbles and to do pictures and to say myself and throw the bombs etc. I really have fun with you for many years. Many thank you to help me! I will miss you lots. Smile!"

From or written by Laurie

1998-1999

Summary of therapy and reflections

Laurie is an eight-year-old girl who had experienced psychological trauma as a result of sexual abuse. Laurie's therapy took a total of 26 sessions over a period of 12 months. In the initial stages of treatment and during the times of crises, Laurie's therapy was carried out through weekly sessions. With the decrease of symptoms, the sessions were carried out biweekly and eventually triweekly for follow up purposes. Several factors seemed to have contributed to the length of Laurie's therapy; the severity of her symptoms, court preparation and the legal procedures, the necessity for interpretation in the sessions which took some of the therapy hour, and the scheduling difficulties with the interpreters.

Laurie showed several intrusive symptoms such as recurrent and intrusive distressing recollections, recurrent nightmares, flashback episodes, intense psychological distress at exposure to internal or external cues to the trauma, intrusive thoughts and bodily sensations. She also showed an avoidance of feelings or thoughts associated with the trauma. Laurie also had several hyperarousal symptoms, such as hypervigilance, difficulty falling asleep, irritability and outbursts of anger.

In the first phase of therapy, the intrusive symptoms were the focus of treatment. In the second phase of treatment, Laurie engaged repetitive play which contained many characteristics of dynamic post traumatic play. The intentional introduction of hope appeared to be a turning point. In this stage, Laurie was able to reprocess the painful experiences of trauma. In the final phase of therapy, Laurie's symptoms had decreased

significantly and she was strengthened to testify at court. After the positive experience with court, Laurie seemed to reach a higher level of resolution. Laurie's therapy was terminated as she no longer displayed symptoms and she verbalized that she no longer needed therapy. However Laurie was informed that she could come back in case her symptoms resurfaced.

Hope summary

When Laurie started therapy, she was at a point of low hope. Her hope appeared to increase as we started to establish a relationship and searched for solutions and different ways of looking at her situation. Approximately one month after the start of her therapy, Laurie's symptoms showed a decrease and she appeared happier. However, following the third police interview, she seemed to lose hope significantly and her symptoms escalated. During this period, Laurie seemed to relive the horrible moments and feelings of her abuse. For several weeks, Laurie seemed hopeless and distraught, she even came to the point of wanting to kill herself. At this point, hope was intentionally introduced in Laurie's therapy. She expressed reluctance, but cooperation in creating her first hope picture. Her creation of a positive future appeared to lead to a significant shift. The intentional use of hope seemed to move Laurie towards anger, which helped her focus during court preparation. In the final phase of treatment, Laurie seemed to reach a high level of hope after her offender pleaded guilty and when her symptoms disappeared.

SARAH

Sarah's mother, Tasha, and I agreed to meet for an intake appointment following a short talk on the phone. During this brief phone call, Tasha had sounded weary and complained of the responsibilities of single parenting three young children. She was particularly concerned about her nine year old daughter, Sarah, who was recently caught "lying on top of her younger sister" and both girls had "their pants down." Later, Sarah had disclosed sexual abuse by a sixteen year old male relative. Sarah's disclosure was immediately reported to the police and her investigation interview was completed. Sarah had also become very defiant towards her mother and frequently fought with her younger sisters. As Sarah clearly met the criterion for receiving services at the Sexual Assault Centre, we set an appointment.

Beginning phase of treatment

First meeting with Sarah's mother

Sarah's mother looked like she was in her late twenties. Tasha had attractive facial features and had lots of make up on her face. She was nicely dressed in matching colours and had obviously put some effort into how she looked. I could not help noticing Tasha's dark suntan which she explained she had gotten in a tanning salon. As we seated ourselves on the couches, Tasha chatted in a friendly and easy-going manner.

Tasha again started with describing the difficulties of single parenting three young children. Tasha had three daughters who were nine, six and four years old. She had had

her children when she was very young and wished she had waited a little longer. The family lived on social assistance and frequently faced financial hardships. The money provided by Social Services simply did not meet their basic needs, and in addition to that, dealing with social workers and policies was an ongoing struggle. Tasha planned to attend a community college the following year, so she could have a better life. Buying a car was another big goal for her, so she would not have to wait for buses or try to fit her life into bus schedules. Tasha was tired of bus rides. The demands of Tasha's life were overwhelming and "now Sarah was making it even worse." Sarah did not listen to her mother and did not get along with her sisters. Sarah hit her sisters and created a lot of trouble at home.

Tasha did not find time and energy for herself which was reflected in her repeated statements of "I don't have a life!" or "I am running out of steam." She had also recently separated from her boyfriend which had been a difficult transition for her. Tasha was "very attached to him" and breaking up had been difficult. She thought that Sarah's anger and behaviour problems had also contributed to their separation. Sarah was so "hard to manage" that her boyfriend "could not stand it."

Tasha had been a single mother for one year. Her marriage was a tumultuous one, filled with fights and frustrations. Her husband had a history of cocaine addiction and a mental illness, which Tasha could not readily identify. Last year, Tasha knew that she could not take him any more. Following a number of serious fights, her husband had left their

home. It was around this time that Sarah apparently started acting out angrily. She was "hitting her sisters, was bossing them around and was not listening to her mother." Sarah was so hard to manage that Tasha sent her away to live with her grandfather who had a farm. Tasha was thinking that Sarah would have a different experience living in a farm and getting used to a new set of rules.

On the farm, Sarah had to live with her grandfather, her grandfather's common-law partner and her sixteen year old son. Her grandfather's common-law partner was "grandma" to Sarah as she had never met her biological grandmother. Sarah went to school in this little town until the end of the school year and adjusted to her new life quite well. During the seven months that Sarah spent in her grandfather's home, she had biweekly or monthly visits with her mother. Tasha wished to have more frequent visits, but it was too costly to travel every week. When the grandparents were not around, Sarah was babysat by sixteen year old Tommy. After her return home, Sarah disclosed that during the times she was babysat by Tommy, he had been "putting things up her bum." Sarah thought it was "his finger and sometimes it was a pencil that he was sticking up her bum." Apparently this took place several times and Sarah tried to resist by saying "no". However, Tommy did not listen and he continued. Tommy was also bribing Sarah with cookies and ice cream to keep her silent. One day, Sarah finally told it to her grandma who did not want to hear what Sarah had to say. Grandma told Sarah not to bring this up with anyone else. Sarah did what she was told and kept quiet. She quietly continued to endure what was being done to her body.

Tasha had been tearful many times as she told me Sarah's story and blamed herself for not noticing it. In retrospect, she remembered that Sarah's underwear was frequently dirty and that she had also started sleeping with the lights on. The grandparents had been complaining about Sarah's behaviour changes. Tasha also had been sexually abused as a child and failing to protect her daughter hurt her deeply. Tasha had never received help following her sexual abuse and did not want to see a counsellor.

Meeting Sarah

The moment of meeting Sarah just before our second session is very clear in my mind. As I walked toward the waiting room, I could see that Tasha was sitting on the couch, reading a magazine and Sarah was drawing a picture as she sat on the floor. As I approached her, I could see that Sarah's clothes were old and dirty and her hair was messy. Her dirty and unkempt appearance showed a stark contrast to her mother's. When I introduced myself to Sarah, she lifted her face and looked at me for the first time. That was the first moment which I could see the hypnotizing beauty of Sarah's face and her bright eyes. Even though she looked unkempt, Sarah had an outstanding beauty. Sarah said hello to me and little else. She smiled shyly when I invited her and her mother into the playroom. She walked behind us slowly. Shortly after we entered into my office, Sarah was able to tolerate being alone with me. We therefore continued the session without her mother.

Sarah entered the playroom displaying little interest or enthusiasm. She did not look around or ask anything. I introduced myself to Sarah in the typical fashion, that is, as someone with whom kids can play and share their thoughts and feelings. I added, as usual, she could choose the toys she wanted to play with, could say as much or as little as she wanted, enter or exit the room as she needed. I also explained the boundaries, like the length of the session, confidentiality etc. Sarah quietly listened to me without making much eye contact. I told Sarah that a lot of children came to see me and all of the children who came to see me had been hurt by somebody. They have been hurt on their bodies, and may have hurt feelings. At this point, Sarah changed the topic by stating that she wanted to paint. She found the paints and crayons placed on the child-size table and started coloring.

When I noticed Sarah's discomfort, I decided to be nondirective with her. Observing, remaining mainly nonintrusive and taking the lead from her seemed more appropriate. Sarah quietly painted. I also engaged myself in a parallel activity and quietly painted a picture. When Sarah was done, in her gentle voice, she explained her painting. This was a painting of herself and her teacher taking a walk. Sarah was comfortable with talking about her teacher and her friends at school. She talked about her friends in her soft voice. It appeared like Sarah had friends at school and she seemed to have a special connection with her teacher. Although Sarah might have problems in relating to her sister and mother, it sounded like she could relate well to people at school. Soon Sarah was talking about her love of cats and dogs. Sarah loved cats. She loved little kittens and talked

about them with so much affection. Sarah had several pets that had died or got lost. These losses had caused a lot of hurt for Sarah. She sounded very sad as she explained what happened to each one of her animals. As Sarah left our session, she had left me with a sad feeling, but she appeared comfortable with the idea of coming back.

Need for psychological assessment

Before our second session, Tasha requested to meet with me. She had several concerns. During the week, Sarah was seen trying to "put soap up her bum". She had also been writing "I want to have sex in bed" on the sidewalk, in chalk. Tasha sounded very intolerant of "Sarah's interest in sexuality" and was not responsive to my attempts to explain these behaviours in children who have been sexually abused.

Tasha was also concerned about Sarah's concentration difficulties and inability to complete assignments at school. Sarah's teachers had been noticing her attention difficulties and incomplete assignments even before she left to live with her grandfather, since she first started school. A teacher once told Tasha that "Sarah had a learning disability." Tasha was not aware of any kind of assessment done on Sarah, but she knew that she was tired of Sarah's forgetfulness, wandering around and coming home with incomplete assignments every day. Sarah's symptoms could also be related to the abuse she had endured. Her sad mood was noticeable, yet Tasha stated that Sarah's inattention was present before her abuse. It appeared like a complete psychoeducational assessment

would be appropriate. With Tasha's written consent, I phoned a clinic and expressed these concerns to the clinician. We booked an appointment that fit both schedules.

In the following sessions, Sarah's attendance became quite irregular. Tasha did not show up to appointments or cancelled late. The clinician at the clinic also stated that their appointment was missed. Three weeks later, when Sarah came back to therapy, her sad mood was once again noticeable. Sarah wanted to paint and continued to talk about the animals that she lost. Her voice was very low and her eyes did not contain any joy or happiness. As we identified and talked about different feelings, Sarah drew a big sad face which covered the whole sheet (see figure 1).



Figure 1.

Among many different feelings that Sarah had, "embarrassed" seemed significant. Sarah talked about "a girl feeling embarrassed" because she was "holding a secret." However, she did not want to talk further about what made the girl embarrassed or the secret she had been holding (see figure 2).



Figure 2.

Sarah's first sand picture

In our next session, Sarah again appeared sad and quiet, but she wanted to create her first sand picture. Sarah started her sand picture with placing a bridge in the sand tray. Four little kittens were crossing the bridge (See Figure 3). Sarah's story was:

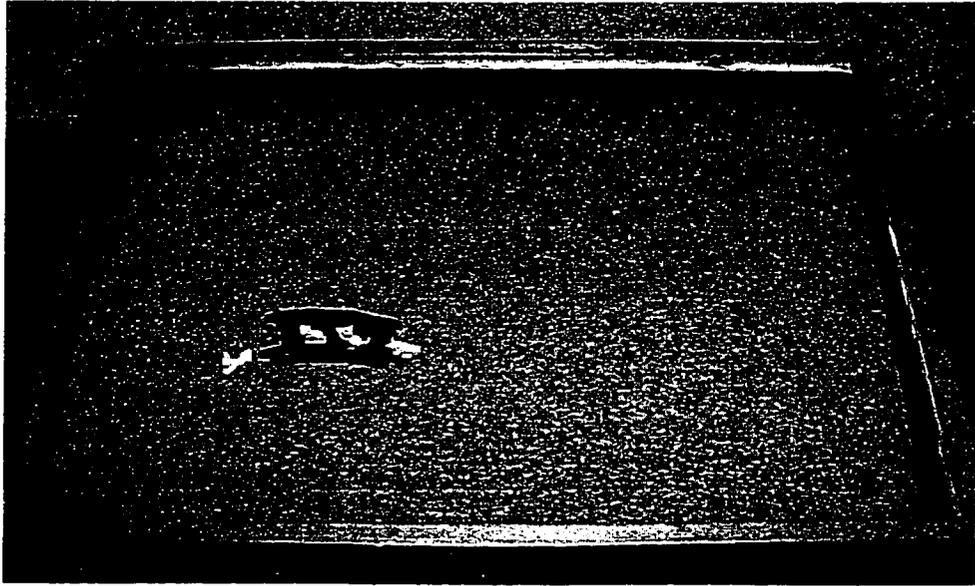


Figure 3.

“The kittens were walking on the bridge. The bridge falls...cracks into pieces.

Here...there is another bridge. The water washed the bridge. The girls on the bridge did not see the water coming. They are safe. But again, the whole bridge was covered with water. The water flooded the bridge” (see figure 4).

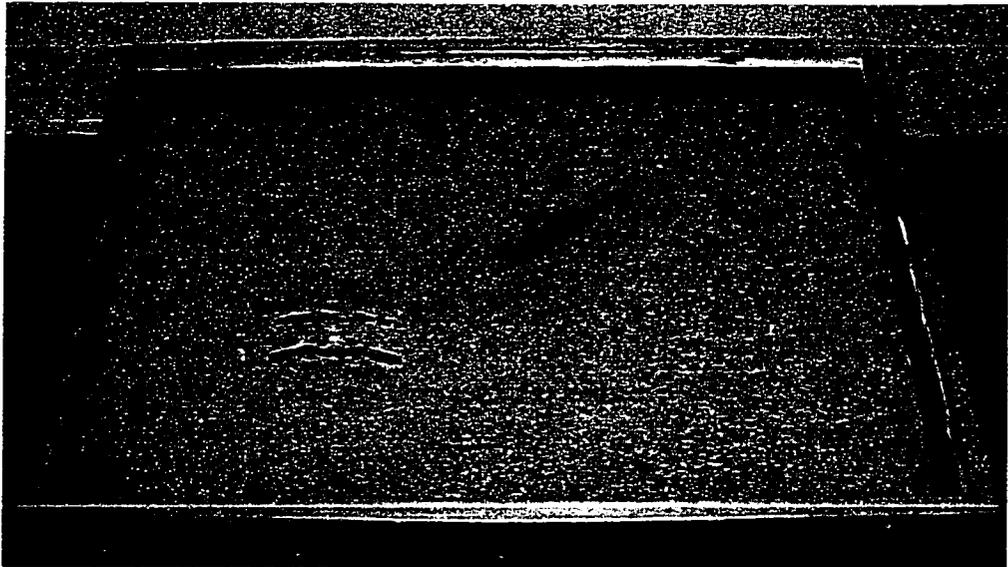


Figure 4.

As Sarah made this sand picture, her tone of voice, and the look in her eyes were sad. My body was sensing the heavy feeling in the room. I had started to feel what little Sarah was feeling.

Sarah becomes a hope explorer

The following two appointments were cancelled, but the good news was that Sarah's assessment was completed. Following the last session, my sense of Sarah's sadness and hopelessness had become clearer. Following all of our sessions, I had left the room with a heavy, sad feeling and images of losses and helplessness. Sarah appeared to be absorbed in a sad past that had brought hurt and pain to her. She did not seem to look forward to better things. I thought that she would benefit from a hope exploration. I hoped that she would be one of the hope explorers participating in my research. On the other hand, Sarah's poor attendance to counselling could have easily ended with a drop out.

Tasha and Sarah agreed to participate in my research. Tasha read the consent form carefully and signed it. Sarah did not hesitate to become a hope explorer, either. During this session, with a directive approach, I asked Sarah to make me a picture of her hope. Sarah gave her response without delay. Her hope was "uhhh...that my sisters don't fight with me." Sarah also hoped that she would not have any nightmares. "No more nightmares!" she announced loudly. This was the first time that Sarah was talking about having nightmares. Sarah did not remember much of her bad dreams, she described "like

bones and everything...dead people..." She said the bad dreams came "not every night, but some nights..." but there were times when Sarah "got them every night..."

Sarah's first hope picture

Sarah started making her hope picture without any delay or asking for any further direction. She seemed to know how to make a picture of her hope in the sand and eagerly started examining the selection of toys to find the symbols that would best tell her story. Occasionally I saw Sarah get distracted by a toy that she found interesting. After examining that toy for a couple of minutes, Sarah returned to her sand picture. She went through the collection of miniature toys one by one. Sarah started making an "active sand picture" which contained a lot of action and change.

On one side of the sandtray, Sarah placed four objects representing skeletons and skulls (See figure 5).

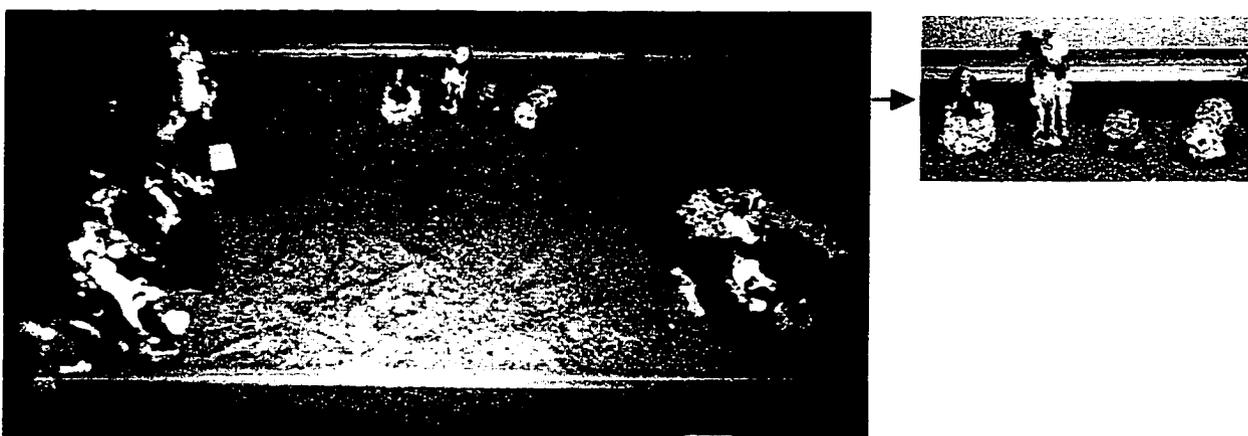


Figure 5.

She victoriously announced "No more nightmares!!!" On another side of the tray, Sarah placed two treasure chests and a gift box. Behind these, there were many people. These were many boys and girls. Sarah started her play by carefully handling every single person and making him or her give gifts, treasures or flowers to another person in the group. She stated "they get along...it is gonna be nice..."

Later, Sarah took one of the male figurines and made movements suggesting that he was fighting and continued..."and then he goes here...trying to kill them...(referring to one of the skeletons; one of "the bad guys"), guess what! He comes over here...to take the bad guy...kaboom...he is dead (the bad guy)...he is gone...he is not here...he comes along here...kaboom!!!...so they are not in the picture (refers to "the bad guys")...he comes along...kaboom...kicks it right out the picture... kaboooom!...he gets out...They are gone..." After making the male figurine fight with "the bad guys", one by one Sarah took out the skulls and skeletons out of the picture.

Sarah continued adding more people, flowers and jewels into her picture. She placed two wedding couples and stated "So like...they wanted to get married...Some people were getting married this day...There!" The tray now contained many shiny and colorful jewels and pearls (see figure 6.).



Figure 6.

Sarah joyfully added more flowers and continued " the flowers were beautiful...there were a thousand of them growing in the garden...that was the garden...and they loved the white ones...they can go here...ONE BIG ROSE stood in the middle of the garden...there...There is a garden of thousands...thousands of flowers...but they don't know that there is trees in here too...they love the trees too..." As she kept adding new things Sarah stated "There is a beautiful garden growing again!...there is more things coming...there is going to be a lot..."

In the middle of the tray, there was a bridge and closer to the bridge, a wise old person stood. Sarah thought "the wise person had a glow...a sparkly glow to give them..." In the

end "the wise man said "Here is your garden that you wished for!" People responded by saying "Thank you for everything! But we don't have enough money to pay you...How are we going to pay you? The wise man replied: "Just by leaving me alone may be!.." Sarah finished her play by once again saying "It is a beautiful garden!"

Sarah appeared very absorbed in the creation of her picture. She used the whole session for its creation. Unlike other times, Sarah was looking around and exploring the toys with interest. She carefully considered what should be or should not be in her picture. She was no longer talking about the pets or people she had lost, she was actively creating and imagining. This was the first session during which I saw Sarah with energy in her voice and excitement in her eyes. This was the first session when I sensed a lighter feeling in the room. As I took photographs of Sarah's sand picture, she requested to be in the picture, standing by her creation. Sarah also requested that the sand picture remain intact so other children could see it.

Sarah seemed to enjoy this session. This was also my first experience witnessing Sarah's love for flowers. For many sessions to come, I was going to be hearing her talk about flowers, cut flower pictures out of magazines or draw them. Sarah loved things that smelled nice. She loved to smell perfume samples that are attached to commercials in the magazines and took many of those "smelly things" home with her. As she sat waiting for me in the waiting room, Sarah went through the magazines, smelling each perfume sample that came with the commercials.

Middle phase of treatment

The following week, Sarah had only one bad dream. She was more open to talking about her feelings and for the first time, talked about her father. Sarah seemed to miss her father very much. She could not remember when she last saw him. She explained "I can't remember... I was in bed when I heard them fight...I heard them fighting...saying...my dad said...or my mom said...I don't want you no more...or something like that...they were having a big fight and I didn't know what it was all about...he left..." Sarah had seen her father twice since he had left home. She said "I felt sad when my dad didn't see me...my dad...he came two times...left...never came...never even called us...he never came...he never gave me a birthday present or Christmas present..." Sarah was very sad that her father had disappeared from her life. After her father had left, Sarah started acting out angrily. As her mother stated, Sarah had always been "daddy's girl". It appeared like Sarah was experiencing the painful loss of a very significant person in her life. Her mother was unable to manage her acting out.

As her mother was unable to handle her, Sarah was sent to her grandfather's home to live there for approximately six months. "After Christmas, I went to grandpa's...six months...I came back at June when I was not finished (referring to school)...but my mom said "Oh well!" Sarah thought it was "fun" to live at her grandpa's because she enjoyed spending time with her family. "It was fun playing with my cousins...they came over and sometimes...my uncle...he came and he slept over." As Sarah continued to talk about her days at her grandfather's home, she brought up that "Tommy was being a bad boy." Sarah

explained that Tommy being a bad boy meant "...like he was sticking something up my bum and I didn't know what it was." She explained "Tommy had to babysit and everything....when they were gone..." Sarah said this happened "lots" of times. She described that she felt "hurt and scared" when this took place. Sarah also mentioned that she told this to her grandmother. "When I told her, she said...not to tell anyone or my mom...then grandpa knew what happened to me (after she disclosed) and my grandpa kicked Tommy out and kicked grandma out."

Sarah also thought about this very often. "Very often...I remember what Tommy did to me" she stated. This happened when she was "trying to fall asleep." During this session, Sarah drew a picture of the memory that kept coming back to her very often. The drawing showed what had happened with Tommy. She was lying on the couch naked, her buttocks were highlighted more than any other body part. Tommy was on the couch as well. TV was on. On top of the paper, Sarah wrote "He stick something up my bum" and highlighted it with a highlighter. After completing this picture, I asked Sarah to draw another picture of what she wished she had done. I hoped she would change her story in a way that left her in control. Sarah wished she had run to the phone and called the police, right away. Her drawing showed her running to the phone. On the top of this paper, she wrote "I am going to call the cops...911." A positive and empowering ending to her story could have a therapeutic impact on Sarah.

Sarah and her mother

As time went by two patterns appeared to become clearer about Sarah and her mother's interaction. Tasha appeared to have unmet emotional needs which seemed to interfere with her parenting. During the sessions, Tasha seemed to bring up her own needs and issues with men, before she focused on Sarah's needs. Also, the nature of the interaction between Sarah and Tasha seemed to have a consistent pattern. Tasha brought up every negative incident that Sarah had caused during the week. Tasha's style was one of blaming and disorganizing Sarah. She seemed to highlight small things that Sarah had done wrong. She seemed to be annoyed by them and frequently made comments such as "Don't open your mouth too much when you are talking!" or "Don't walk like that!" "I am the boss, you do what I say!" There seemed to be a constant power struggle. Tasha could not see the hurt child under the anger and the agitation Sarah displayed. She did not seem to notice Sarah's need for approval and attempts to please her mother. Instead, she was emotionally rejecting toward her daughter, which increased Sarah's acting out. Sarah needed to be heard, accepted and comforted.

Tasha was not responsive to attempts to explain Sarah's feelings and behaviours. Tasha had not had a good role model for healthy mothering. Growing up, her relationship with her mother had not been positive. Her mother was an alcoholic. Tasha also had a history of sexual abuse that had taken place approximately when she was Sarah's age. She had never received help for her own abuse which might have lead to unresolved issues that interfered with her parenting. Tasha agreed to attend counselling for supporting her with

parenting and possibly exploring her own sexual abuse. She was referred to a therapist in the adult program of our Centre.

Sarah's second hope picture

After the Christmas break, Sarah looked cheerful and excited to come back to therapy. It sounded like Sarah had had a good break without any symptoms. Two days before the session, Sarah was also put on Ritalin by her pediatrician as her assessment report suggested that some of her symptoms were consistent with Attention Deficit Hyperactivity Disorder. Sarah seemed to become more and more comfortable with me, bringing up her issues and expressing her needs. As sessions went by, we seemed to establish a deeper connection. Sarah occasionally showed regressive behaviours such as babytalking or acting like younger children and appeared to test my reactions for her regression. As she received acceptance and comfort, she continued to show her needs.

Sarah's play seemed to take a different direction as well. Sarah occasionally requested to play with the Barbie dolls. She seemed to enjoy playing with Barbie dolls. She redecorated the doll-house carefully, placing every piece of furniture in the way she wanted. Sarah dressed and undressed the Barbie doll, trying to find the dress that fit her the best. She made the dolls have a daily life that included going to school, having meals, watching TV etc. Sarah appeared completely absorbed as she played. Sarah's play was becoming more age appropriate and did not seem to contain any negative affect.

Similarly, her sand pictures contained positive affect, energy and creativity. Sarah was so

absorbed in her play that she imitated cat and dog sounds to highlight the animal characters in her play.

As therapy progressed, Sarah was reporting her hope was growing "more, more and more." She thought "the bad things were gone" and stated "they are dead..." but quickly added "for now..." I asked Sarah to make me a second picture of hope. This picture was about the "evil things" not coming back (See figures 7a, 7b, and 7c showing this picture from different angles).

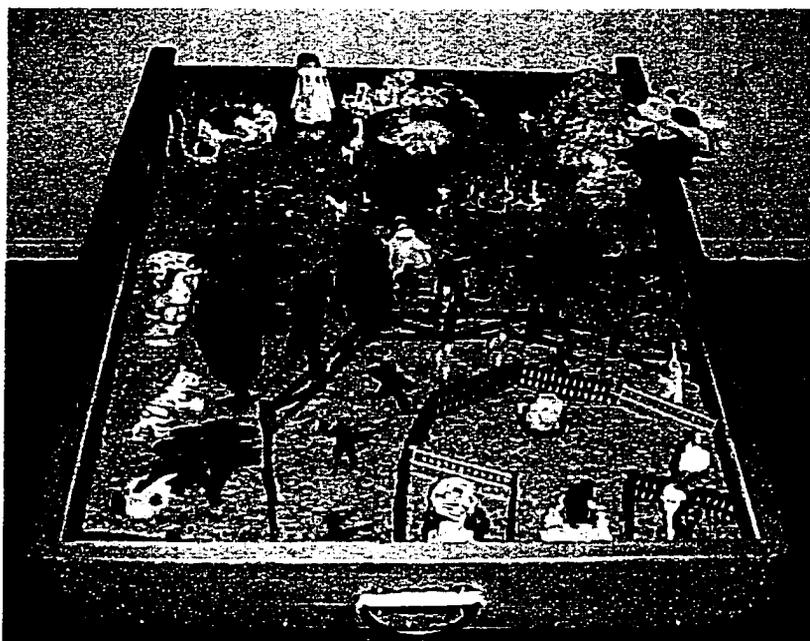


Figure 7a.



Figure 7b.



Figure 7c.

Sarah started creating her picture, by placing flowers on one side of the tray. She carefully decorated this side with colorful flowers. "Blue roses go with the red ones and pink...all the roses go together." She placed a princess who had her jewels and many cats. A line of dogs also guarded her, because Sarah thought that "dogs are always protecting people." Among the flowers Sarah placed a magic wand. Sarah thought if evil people, evil things were to come back, she needed magic. She also put lots of pearls because she thought "it is something magical...could make them strong..."

On the other side of the tray, Sarah placed the evil people behind fences. Sarah put "lots and lots of fences...they want to get out..." She also lined several soldiers pointing their gun at the evil to ensure that they would not come out. She added "these guys are good...soldiers...to keep an eye on these guys..." Near the outer fence, Sarah placed a bigger warrior who also watched out. "The guard...he makes sure that these bad things don't keep coming back." There were also soldiers hidden among the trees. Sarah made several layers of protection so the little princess would be safe from evil.

A picture of no hope

Sarah had been caught sexually acting out again. Her acting out was similar to the first incident. Her mother was filled with anger as she talked about it. Tasha was furious and had been yelling at Sarah. I was worried that this would add to the guilt and shame Sarah already had. It appeared like Sarah's sexual acting out was an unconscious reenactment of what she had experienced with Tommy. Again, Tasha did not respond positively to

attempts to explain sexualized behaviours in children. Her response was "It is too much stress with Sarah and I. It is beating the purpose...it is not working...if they are going to be touching each other and stuff like that...so I told (them) straight out "no more", if they do, they will come and tell me...I am tired...I am not wasting my breath any more...I am to the limit!"

Tasha had warned me about Sarah's sensitivity around this topic. Sarah had been crying at home. Sarah seemed responsive to sessions on boundaries, personal space, good and bad touches. We talked about how other people would feel if she were to touch them inappropriately. We also did activities to strengthen Sarah's instincts to prevent any future victimization. At the end of these sessions, Sarah made a picture of "hurt" in the sand. Sarah thought this picture contained "no hope". In her picture, Sarah placed several male and female figurines on top of each other (See figure 8).

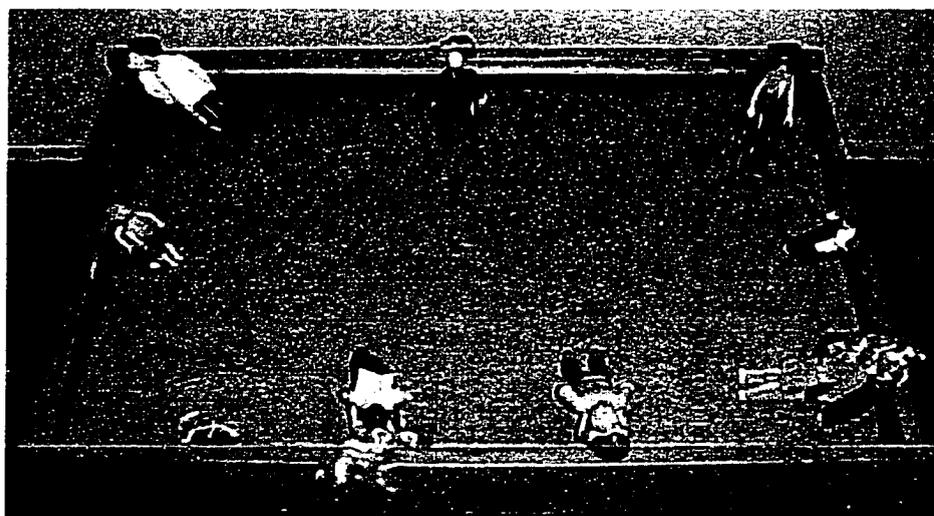


Figure 8.

This was a "picture of what Tommy did" to her. Sarah said "this one was...like...very bad...like...me and Tommy...and I forget the rest."

The hurt inside is getting smaller

We did many activities to strengthen Sarah's sense of self. Sarah's abusive experiences and her interaction with her mother had not left her with a positive and powerful sense of self. Sarah did not seem to see her strengths and her personal power. We did collages about Sarah, highlighting her abilities and skills. Sarah's abuse experience was only a small part of herself, given the many experiences she had all her life. Sarah played musical instruments and sang songs. Singing was one of her strengths. Sarah sang in a choir. We also did her favourite activities such as coloring, playdough and playing barbies to strengthen our therapeutic alliance. Sarah seemed to open up more easily and asserted what she wanted freely. She was able to bring up things that took place between sessions, identify her feelings and develop different solutions to resolve conflicts. Sarah had not been having any nightmares or intrusive thoughts for several weeks. In the sessions, Sarah showed less emotional intensity and her artwork contained a lighter feeling. Sarah had become more lively and humorous. She did many things to tease me or responded to my jokes. During the sessions, Sarah seemed to develop a healthy attachment with me and appeared to enjoy the special attention. Sarah thought that the hurt was getting smaller and she thought it would "disappear". Sarah seemed to have hope that she would feel even better.

I phoned Sarah's teacher with her mother's permission. Her teacher also sounded happy with the progress that Sarah had shown. The teacher also stated that she enjoyed Sarah in her class and noticed Sarah completing assignments since she was put on medication.

Little progress with Sarah and her mother

Sarah's relationship with her mother also seemed to get better. Tasha had been attending her sessions with another therapist in the Centre and had started to explore her own abuse history and her parenting. It appeared that some of Tasha's unresolved issues were triggered by Sarah's behaviours. However, even though there was progress, Tasha continued to respond to Sarah in a rejecting and blaming style.

One of the incidents was when Sarah had said "I hate you" to another little girl. Tasha had given a very disproportionate reaction to this and had applied serious consequences. Tasha had not even listened to Sarah when this had taken place. Tasha had also been blaming Sarah of stealing when she ate some fruit snacks without permission. She had once again responded in a rigidly punitive manner. Tasha explained to me, "I says...you know what that is to me...that is stealing...that is not allowed in my home...now she goes to school with a fruit and a sandwich...that is it!..I am trying to teach her...like she can't steal, this is not right...if she will be greedy like that I am going to take the snacks away...she can't have any...I was just disgusted with that ...stealing from our home now...that don't work with me...not in my house...we don't steal...that to me is stealing..."

A couple of weeks later, Tasha dropped out of her individual therapy. She stated that it was not helping her. The family sessions in which I had tried to facilitate communication between Tasha and Sarah had not been productive either. Tasha was not unable to see other ways of looking at Sarah's behaviours when I tried to explain and normalize Sarah's responses. My attempts to send the family to family counselling had not been successful. Tasha did not want to participate in a group for mother's whose children had been sexually abused either. It appeared that some of the patterns between Sarah and her mother would not be changed easily. However, with her therapist's suggestion, Tasha had found a "big sister" for Sarah, someone who could provide a positive relationship and support for her.

To daddy:

Sarah had also been missing her father. This had come up during several sessions. Sarah did not refuse the idea of writing a letter to her father. On the other hand, she did not see much point in writing to him since she did not know where he was. Before she wrote a letter to her father Sarah drew several sad faces. Later she wrote her letter. Her short letter read:

TO: daddy

I am sad

I miss you

Mommy can't help me

Bye. Love

Sarah

Mommy could not help Sarah meant "she can't...like...phone...she doesn't know where he is...he might be in Vancouver...may be...he went to China..." Sarah wished to say these to her father "I miss you...don't go away..."

Unexpected assault

With a phone message, I rushed to call Tasha. The message read "Four boys attempted to assault Sarah in the playground. Call A.S.A.P." Tasha sounded anxious when she answered the phone. Four boys had tried to assault Sarah. They had "pinned Sarah down and the oldest boy who was thirteen, pulled down Sarah's pants." Sarah apparently screamed, kicked and bit them. When one of the boys changed his mind and helped Sarah, she was able to run away. It was relieving to hear that nothing more had happened. Tasha had gone to all four families and talked to the parents. I also suggested that she call Child Welfare.

I was worried that Sarah might have been retraumatized by this experience. I thought that all the progress Sarah had made might be reversed. We might have to do all the work all over again. The next session with Sarah was surprisingly pleasant. Sarah looked content and calm. She wanted to paint and she was singing as she painted. When asked about the incident, Sarah responded that she had been playing "Mulan" with other kids when this

happened. She continued "four boys...they were trying to pull me down...one of them was trying to pull my pants down...then, I did the good thing by screaming and kicking and the boy that was pulling me down...kept my mouth shut...and he called me "Hey Moron!..." Sarah managed to get away as she "kicked and screamed...a boy helped..."

This incident had therapeutic lessons for Sarah. Sarah had the power to fight back and get out of an abusive situation. She had not responded like she did with Tommy. Sarah had taken charge and fought to stop what was being done to her. It appeared like being able to fight back and escape this assault, also having the protection of her mother helped Sarah go through this experience without any noticeable emotional damage. Although admitting that she was scared at the time, Sarah "did not feel anything" about this incident. She said "I remembered what my dad said..."fight back!" We spent a whole session celebrating her courage to fight back and protect herself.

Final phase of treatment

Xena and Gabriel

Several sessions focused on Sarah's courage and personal power to go through difficult experiences. Superheroes also seemed to make Sarah feel more protected. Sarah liked talking about her superheroes "Xena and Gabriel". These were two female warriors who fought against evil. They were characters from a TV series. Sarah showed their pictures to me and told stories of episodes which highlighted their heroic fights. There happened to be a Gabriel figurine in the collection of miniatures that Sarah identified quickly.

This Gabriel figurine had become the first thing Sarah was looking for when she walked into the playroom. In one of the sand pictures showing her world, Gabriel was the main character. This was a sand picture showing how Sarah felt. (see figure 9a and 9b showing this picture from different angles).

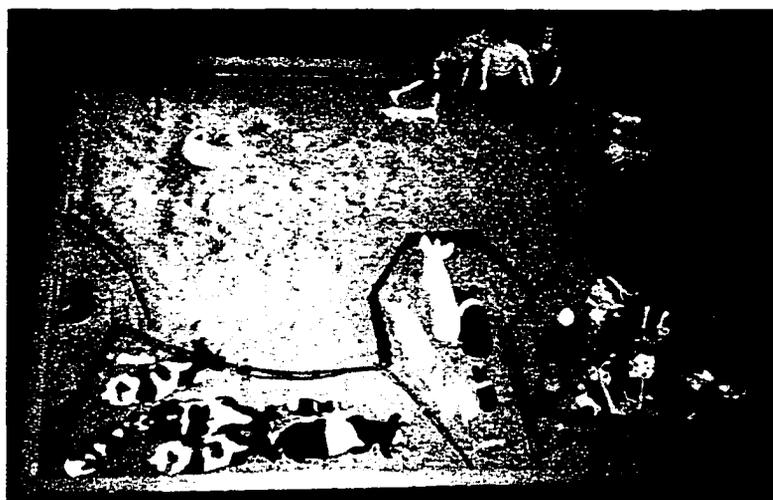


Figure 9a.



Figure 9b.

The creation of this sand picture showed a stark contrast with her earlier ones. Sarah looked much more lively and focused. Her voice was full of energy and determination. She started creating her picture enthusiastically. She stated, "I want to make a farm...with these guys! We need fences...farms have lots of animals..." Sarah put several cows, pigs, horses, chickens, sheep in fences. As she placed each animal, she was making sounds of that animal or singing songs. Sarah placed several people on the

horses. The main characters of her play were Gabriel and her family. They were getting ready to get out of the fences and ride their horses. There were some people watching them. "Every body on their horse...they are...look at everybody...they're watching...every one is happy!"

Sarah appeared to be feeling much better and she had not been reporting any symptoms for several weeks. Tasha also reported that "Sarah was getting better at home." We spent four sessions preparing Sarah for termination. Initially, Sarah gave a negative reaction to the idea of discontinuing therapy. We had built a strong relationship. However, Sarah agreed that she was feeling better and she did not need therapy any longer. Sarah seemed to be more comfortable with the idea of terminating with therapy when it coincided with the end of the school year. Her school was coming to an end and she would be done with therapy at the same time and go on her summer holiday. It was easier for Sarah to know that we would both be going away for the summer. Just like she had passed grade three and would not go back, she would be done with therapy as well. Sarah knew that she could always come back if she needed any more help. She knew that help would be available to her if she had to go to court to testify. However, we did not know if Sarah would have to go to court. It appeared like there would be a court case, because Tommy had pleaded "not guilty". The preliminary trial could take place in fall or winter. We did not know. Tasha was worried that if Sarah had to testify, she might return to how she was before therapy. She continued "I don't want her to go back to that little hole...I don't

want to go through that again." As court sometimes took months or years, Sarah would come back to therapy if it were necessary.

Sarah's last hope pictures

We spent our final sessions singing, playing musical instruments, painting, playing with playdough. Sarah and I reviewed what we experienced together and talked about her journey in therapy. We made pictures of us saying goodbye and remembering our "friendship." Sarah was aware of the possibility that she might go to court and return to therapy for court preparation. "I don't know if I am going to court...but...I would be too scared...I never went to court" she said. During our final sessions, I once again, asked Sarah to make me pictures of her hope. (see figure 10). This drawing shows Tommy in jail and Sarah smiling.

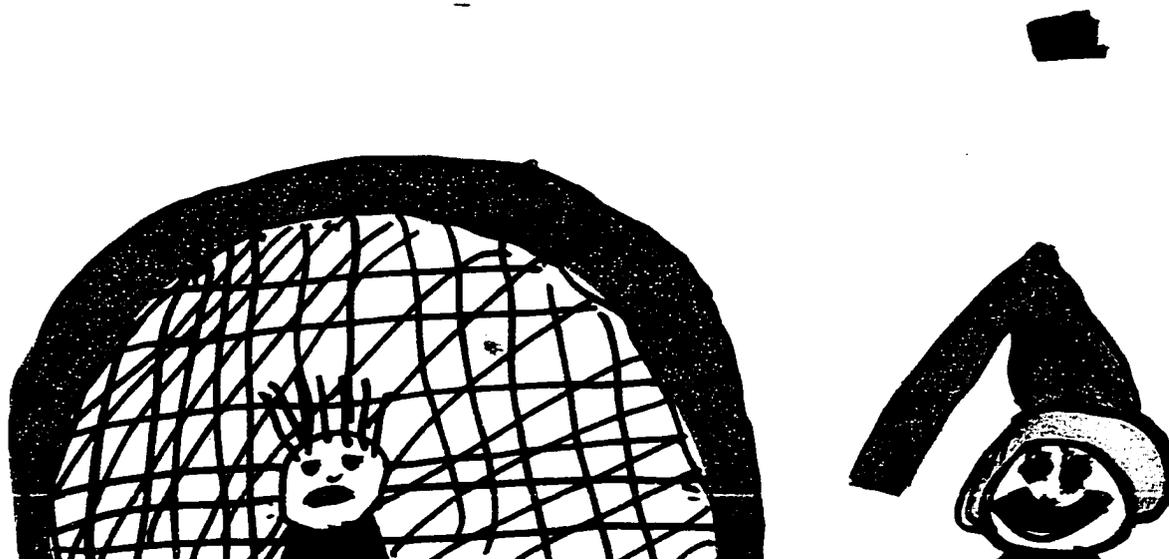


Figure 10.

Sarah also made a sand picture showing her hope (see figure 11a and 11b).

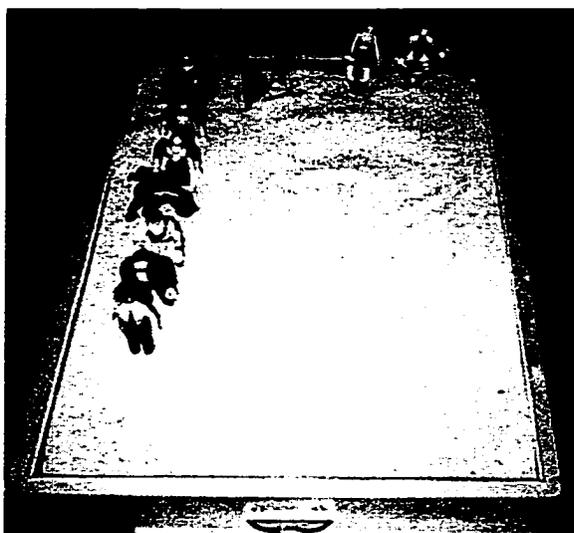


Figure 11a.



Figure 11b.

For this sand picture, Sarah again chose the superhero Gabriel figurine to represent herself. She chose another female warrior as her friend. She chose five male warriors and found several guns and swords for each one of them. "This is going to be me...he will be this guy...Tommys...bad guys...these are bad guys..." she said. This was the start of their fight. Sarah started her play by making each female warrior fight with the male warriors viciously. Her play was active and intense. The sand flew in the air. Machine guns roared and warriors screamed. Sarah imitated sword and gun sounds. The warriors fought and fought trying to beat each other. Finally the female warriors won. "The two beat all these guys!" Sarah announced. The female warriors took all the weapons from the bad guys. "She gets all the weapons...I will take the swords...machine guns...look at all the weapons...they are putting away their stuff..." Sarah put the weapons beside the

female warriors and made two police officers take the bad guys to jail. "The bad guys lose...they get arrested...they go to jail....all the Tommys got arrested..." Sarah was singing. The girls were going to have a party!

During the last sessions, as in the tradition of sandplay therapy, Sarah and I reviewed all of the sand pictures she made. We placed the photographs of her sand pictures on the table in the same order that she made them. Sarah was excited to see all of her pictures and made a comment on each one of them. For her the pictures contained so much meaning. She remembered why she had placed each cat or a figurine in that exact spot or what happened in the story. Sarah looked at each picture and told that her hope grew bigger and bigger in each picture. She looked at the picture of hurt. This was the picture containing the least amount of hope. Sarah liked her last picture the most. It contained the most amount of hope.

I asked Sarah to think of another child who was sexually assaulted, having bad dreams and feeling sad. What would Sarah tell to this child about hope? How could this child have more hope? Sarah thought she would tell this child "to make a picture of her hope...how her hope should be..." then added "I don't know no more." Sarah thought this child needed to "have more friends." I asked Sarah what helped her have more hope, she responded "...not thinking about it...that is it..." When she lost her hope Sarah said to herself "I want my hope back!" or "I want some more hope." Sarah added "and then I had more hope." When asked what would have happened if she had not hoped, Sarah

responded "I would still have the stuff in me...bad stuff." Sarah had to force herself to hope.

Sarah identified her mother as the primary person that gave her hope. Sarah thought her mother gave her hope "by telling that she loves me and all that." Sarah did not elaborate on how else her mother gave her hope, just said "that is it!" In therapy, "playing, talking and painting" gave Sarah hope. Blowing bubbles and thinking about a safe place gave hope to Sarah more than playing in the sand or any other activity that we did together. At the end of our hope exploration, I asked Sarah to choose one symbol out of the miniature collection to represent her hope. Sarah's choice was Gabriel, the female warrior.

Sarah and I had a little goodbye party with balloons, drinks and cookies. Sarah had made big strides in therapy and she no longer had any symptoms related to the abuse she had



Figure 12.

endured. Her academic achievement had improved significantly. She had several As. Sarah still continued to have difficulties in her interaction with her mother, however, she had developed an awareness of her feelings and voiced them to her mother, rather than acting out angrily.

Summary of therapy and reflections

Sarah is a nine year old girl who came to therapy after disclosing sexual abuse by a sixteen year old male. Sarah's therapy took a total of 18 sessions over a period of 9 months. In the initial stages of treatment and during the times of crises, Sarah's therapy was carried out through weekly sessions. Later, the sessions were carried out biweekly and eventually triweekly for follow up purposes.

Sarah displayed several symptoms of sexual abuse such as recurrent and intrusive distressing recollections, recurrent nightmares, difficulty falling asleep, irritability, outbursts of anger, difficulty concentrating, sexualized behaviours and depressed mood. As a result of a full psychoeducational assessment it was determined that some of Sarah's symptoms were suggestive of Attention Deficit Hyperactivity Disorder and later Sarah was put on medication.

In the first phase of therapy, the intrusive recollections and nightmares were the focus treatment. In the second phase of treatment, Sarah was able to reprocess her memories of the sexual abuse. In the final stage of therapy, Sarah was able to establish a strong sense

of self. Therapy was terminated as Sarah no longer displayed symptoms and verbalized that she no longer needed therapy. However Sarah was informed that she could come back in case her symptoms resurfaced or she would go to court to testify.

Hope summary

When Sarah entered therapy, she appeared sad and ashamed as a result of her abuse and the losses she had endured. A hope focus was introduced quite early in therapy, when Sarah's hopelessness became obvious to me. Hope exploration seemed to shift Sarah's mood and helped her with her nightmares. Sarah's relationship to me also appeared to give her hope especially during the times of conflict with her mother. As therapy progressed, Sarah reported that her hope got "bigger and bigger". As Sarah became emotionally strengthened, the symbols of herself shifted from a sad and embarrassed girl to a female warrior. As we terminated therapy, Sarah was clearly happy and at a point of high hope.

KRYSTAL

Krystal was referred to therapy by her mother, Cindy, who wanted help in dealing with Krystal's fears. Ten year old Krystal was sexually abused by her mother's boyfriend four years previous. Krystal had received therapy in the past, but her fears had resurfaced when her offender, Jamie, was released from jail, on parole. After a brief phone call, I invited Cindy for an intake appointment.

Beginning phase of treatment

First meeting

As I approached Krystal's mother in the waiting room, I was surprised to see that Krystal had come with her mother. Usually parents come to the intake appointments without their children. Krystal and her mother appeared noticeably nervous and tense. Krystal kept fidgeting with objects and moved around rapidly. She was dressed like a "Spice Girl" and had a little make up on her face which made her look older than a ten year old girl. As I introduced myself to them, Krystal's anxiety was even more noticeable. She was eager to go into my office and get started.

Once in the office, Cindy started telling me what brought them to therapy. She told her story in clear and concise sentences. Krystal's offender was out of jail. Jamie had spent the last four years in prison, after pleading guilty to sexually abusing Krystal. He had been out of Krystal's life for four years. However, two weeks ago, he phoned to give the

information that he was out on parole. Cindy thought that Jamie had called her up with the apparent intention of getting back together which was completely unthinkable for her.

This news had reached ten year old Krystal at the end of a regular day of school. Krystal was so overwhelmed by this information that she fainted upon hearing it. It was unbelievable to hear that Jamie was free now. After this day, Krystal's world was full of fear. She could not get to sleep, she could not do her school work. Krystal could not believe that Jamie was no longer in jail. She could not believe that this was real. Krystal worried and worried. Krystal thought Jamie could be anywhere. He could be following her on the way to school or he could be waiting at the store close to their home. What if he came to her home when her mother was out? What if she ran into him somewhere? Krystal knew that there was a court order prohibiting Jamie from getting near her, however, she was scared of going outside by herself. She sometimes thought she saw him in the neighborhood. She thought some men looked very much like him.

As I listened to this information quietly, Krystal came and sat beside me on the couch. She continued from where her mother left off. After receiving this information, Krystal frequently remembered four years ago when she was six years old. She was flooded with memories of this period of her life. She could not get them out of her mind. Every day, Krystal felt like she relived some of those experiences. Krystal had recurrent distressing memories of one particular night. She remembered many things so clearly that, even four

years later, she could visualize small details. Krystal stated "this thing in my mind keeps coming back" and started telling what she remembered.

It had all happened in one night. Krystal's mother had gone to bingo and her brothers were out. Jamie had been drinking and smoking the entire evening. He had ordered pizza for dinner. Krystal had eaten some as well while she watched television. After watching TV, Krystal had gone up to her bedroom and changed into her nightgown, preparing to go to sleep. Soon Krystal was in bed and trying to fall asleep. Shortly after, she had heard Jamie's footsteps walking into her bedroom. Jamie had approached her bed, standing and watching her. As he stood beside Krystal's bed, he was holding a slice of pizza in one hand and a small bottle of whisky in the other. Some minutes later, Jamie had placed the pizza slice on Krystal's pillow and put the bottle on her night table. Jamie had asked Krystal to get out of bed and "suck on him." In fear and confusion, Krystal did what she was told.

This had happened only once. The following day, Krystal had told her mother what happened and Jamie had left their home. Jamie had gone to jail shortly after. Krystal appeared very nervous as she talked. Her hands were shaking and she kept choking. I was surprised to see Krystal's openness and directness. She seemed to have a very detailed memory of the incident, which suggested the hyperarousal that she might have experienced. Krystal said "It ruined my life." She seemed to be tormented as she relived those moments.

During this session, I learned more about Krystal and her family. Cindy shared that Krystal was one of her three children, all of whom had different fathers. Krystal had two older brothers. Her oldest brother lived with them. The other brother lived in a treatment group home. He was diagnosed with paranoid schizophrenia. Cindy stated "all three of my children have been sexually abused." Cindy also had an extensive history of sexual abuse. She had a long history of drug and alcohol addiction. Cindy had been using alcohol and drugs to numb some of the feelings she had as a result of her repeated sexual abuse. There was "too much anger inside" her. She had been "in and out of institutions and therapy for many years." Cindy had been "clean for the last 11 months." She regularly went to Alcoholics Anonymous meetings.

Some months after the incident with Jamie, Krystal was also sexually abused by her middle brother. This was discovered by Krystal's medical doctor during an examination for a urinary tract infection. Krystal was very confused about the abuse and did not have a clear memory of what had happened. She did not even remember if this was before or after the abuse with Jamie. As there was immediate risk to her wellbeing, she was apprehended by Child Welfare and was placed in a foster family. Her brother was later placed in a treatment group home. It was also around this time that Krystal's mother was hospitalized for drug and alcohol rehabilitation. As her mother stayed in this hospital for approximately one year, Krystal had continued to stay in her foster family during this time. This had been a difficult experience for Krystal. Separating from her mother and

having to live in a totally unknown place had been terrifying. She was only seven years old at the time.

At the end of our first session, Cindy sounded fully committed to bringing Krystal to therapy every week. She booked several appointments for the weeks to come. Cindy wanted to do her best to help her daughter. Krystal also agreed to have weekly appointments.

Krystal's first hope picture

Krystal and I spent the second session alone. Krystal seemed comfortable to be alone in the room with me. However, overall, Krystal appeared highly anxious and restless. Her constricted movements were easily noticeable, but she talked easily. Krystal appeared chatty and friendly. She talked about herself and her friends. Krystal seemed to have many friends. In the playroom, she was fascinated with the toys and explored the room with a sense of joy and admiration. As she went through the toys, Krystal started talking about her hopes. I was surprised to see that she had brought up the topic of hope herself. It had naturally come to the surface. Krystal had started talking about the hope of living with her grandmother. This was her paternal grandmother who lived in a little town in another province. She had a beautiful log home. Krystal could see wild life around the log home frequently. Krystal visited her grandmother every summer. She felt very safe and protected in her home. She started describing where she lived and how her home looked like. This seemed to be a significant for her. Krystal had been living in fear since

Jamie was released from jail, however she had chosen to talk about her hopes in our second session. She seemed ready to explore hope and most likely would benefit from seeing more hope in her world. When she was done talking, I asked her if she would like to make a picture of hope in the sand.

Krystal seemed eager to do so. She seemed to enjoy the idea of creating a picture with little miniatures. She took her time to decide what would be in her picture. Krystal started her picture by placing a little house and trees in one corner (See figure 1).

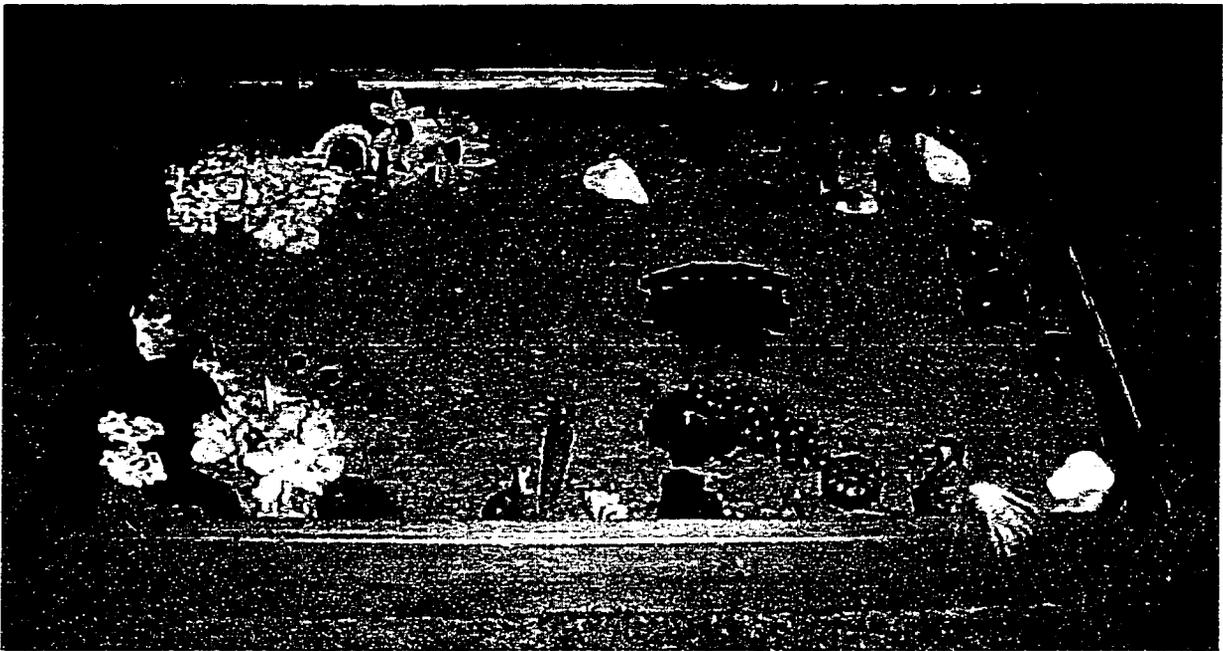


Figure 1.

This was her grandmother's house. In the middle, there was a bridge. In another corner, Krystal put flowers and pine cones to represent the nature in the mountains. There was a

moose eating the flowers. On the other side, she created grandmother's garden and apple trees. She counted all the vegetables and fruits that grew in her garden. Her grandmother worked very hard. She placed a little figurine representing "grandma working in her garden." Krystal's story continued like this:

"My grandma is my hope. If my mother dies, I am stuck. My grandma is there to save me. She takes care of me...she feeds me so well. My grandma loves cooking...Her home always smells food...her food is great. She insists that I go for seconds...I am worried that she is getting old...She works so hard. I wish she could rest a little...Last time I talked to her, my dad was fixing her stove...she has a coal one...heats up...when it was winter I was heating my feet on that...where they have those things sticking up...you go like that and have the handle on it...those kind of stoves...I was relaxing my feet and drinking cacao...eating Borsch...that is a big thing in that house...That is the biggest food thing in there...she always made jars and stored them...sometimes if she runs out she has to make more...she has to make more...'cause she has all the vegetables to make it...all she has to do is walk out the door and pick them...carrots...rhubarb...onions...celery, dill."

The next session, I decided to ask Krystal and her mother if they would like to participate in my research. Krystal had taken the whole session to create her first hope picture. She had appeared absorbed in the process and seemed to live those moments in the play. Krystal was experiencing a lot of fear, especially because she was abused in her own home, in her own bedroom. She still continued to live in the same house in which the

abuse had taken place. Krystal's sense of safety was no longer solid. I thought exploring hope could provide her with an alternative to living in fear. I talked about the research with Krystal's mother. She read the consent form carefully and signed it without questions. She explained the research to Krystal and told her to make her own decision about it. Krystal wanted to think about it. First, she wanted to make another picture in the sand.

Second sand picture

Krystal did not talk much as she worked on her picture. She was completely focused and carefully selected the toys that would go into her story. The theme of her picture was similar to the last one (see figure 2).

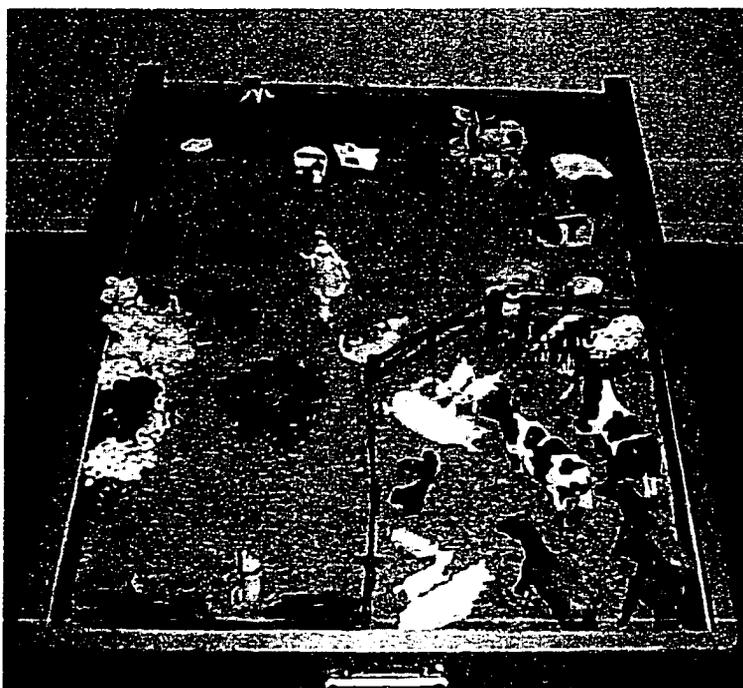


Figure 2.

Grandma's house stood in one end. Beside the house, there was a plate of fruits, "in case somebody wanted to have something to eat", Krystal explained. Grandma was working in her garden. This time there were lots of animals in a fenced area. "They used to have horses" she stated. Krystal's grandfather stood within the fence looking at the baby pigs feeding. As Krystal made this picture, she made sure that she did not put anything that was "unsafe" or "dangerous". In this picture "everything was safe." During this session, Krystal also told me that she did not feel safe in her room. Her bedroom still contained memories of her abuse. She had been having many flashbacks and intrusive thoughts as she tried to go to sleep or when she first woke up. Krystal agreed to change her room around to design it in a way that made her feel safer. She also agreed to have a night light. Krystal accepted to have a grounding rock to ground herself when she had flashbacks.

Krystal agreed to participate in my research and she signed the consent form. She thought she might like exploring hope.

Hope is "getting bigger"

In the following session, Krystal brought photographs of her grandparents and their log home. The photographs contained images that were similar to what Krystal had created in the sand. Her grandmother's home appeared like a very peaceful place. Krystal described the pictures and talked about her grandparents. Krystal also thought that since she started coming to therapy, her hope was "getting bigger." She thought that her hope would get even bigger by "not worrying so much." Krystal worried a lot. She worried

that Jamie might come over to her home or she might run into him in the street. She explained "...like maybe when I am going to school, he is walking in the same direction as me...like maybe following me...see where I am going so he can keep an eye on me 'till I come back home." These made Krystal "worried, embarrassed and frightened." Krystal thought Jamie would be very angry since he had to go to jail because of her and would come back to retaliate. She explained "'cause more like...may be he will come to my house and attack my mom or something...he will talk to me like...'Why did you put me in jail?'...He tried to say sorry but I wouldn't accept it."

Krystal's fear seemed very intense. Even the thought of running into him or talking about the possibility of him coming to her home, had made her observably more nervous.

There was terror in her eyes. She did not seem to have an action plan if these took place. The only thing she thought of was just the horror of seeing his face again or that he might do something again. Krystal and I wrote down all her worries and identified the feelings that went along with each worry. We tried to quantify each feeling on a scale of one to ten. Krystal and I also talked about what she could do if she were to run into him or if he came to her home. We tried to find solutions so Krystal would not feel so helpless and frightened with the thought of running into him or thinking "what if it happened again." She could be in control and feel in charge.

Krystal also had a rational reason for thinking that Jamie might come to her home and attack her mother. Krystal had grown up in an unstable and chaotic home environment.

During her drug and alcohol addiction years, Cindy had had many short-lived relationships with men who had similar addiction problems. Some of these men had been abusive towards Cindy. She had been severely beaten up by some of her boyfriends in the past. Every time, Cindy was turning to alcohol and drugs to numb the pain and decrease the anger inside her. Cindy's statement "My struggle is finding men who won't beat me up" summarized her history of repeated victimization. Cindy repeatedly found herself in relationships which left herself and her children at risk.

Krystal had seen her mother bruised and bleeding several times. Naturally, Krystal did not totally trust her mother's ability to protect her. It was understandable that she did not feel safe in her own home. Krystal was very guarded whenever she talked about her home life. She did not give out much information about her mother's addiction years. Krystal was apprehended by Child Welfare and she knew what it felt like to be separated from her family and home. She was highly cautious of saying anything which would make people question her mother's parenting abilities.

Middle phase of treatment

"It was my fault that I did it"

Krystal and I did several safe place exercises to create a feeling of safety in Krystal's mind. Krystal presently lived in a safe environment, but her mind had not forgotten the feeling of danger. Especially after Jamie's release from jail, this feeling had grown much

bigger. Krystal needed to get in touch with a feeling of safety and peace which she had lost.

Krystal also blamed herself for what had happened with Jamie. She stated "I had worries when I went to school this morning...that I kept on thinking that it was my fault that I did it or something...like...if it will happen again...something like that...I did it...I keep on thinking that I did it...like I didn't do it...but I keep on thinking that it was my fault...He asked me if I want to do it, but I kept on saying "no" ...I keep on thinking...I shouldn't have done this...I shouldn't have done that...otherwise this wouldn't have happened...but it wasn't my fault...he is the one who abused me." At some level, Krystal seemed to know that it was not her fault, but she blamed herself for going along with it. She wished she had not done what he had asked. Krystal seemed to ignore the fact that she was a six year old little girl at that time. She had said "no" but he had not listened. As a six year old, she did not have the ability and the power to fight an adult. With the egocentric nature of childhood thinking, Krystal took responsibility for what had happened. Through several puppet plays as well as challenging this belief directly, Krystal seemed to put things into perspective.

Sometimes I have been daydreaming

Krystal was a good student, but recently she had difficulty with her school work. Krystal frequently found herself daydreaming when she was at school. Krystal explained "Sometimes I have been daydreaming...like...like ...lots...and one day...I fell asleep in

school...and sometimes I am not feeling so good so I put my head down...When I daydream, it gets closer to falling asleep...like...usually when I daydream, I am not listening to what I am supposed to be listening...like...he (her teacher) is telling the class and I start daydreaming..." Krystal and I tried to determine the pattern and the sequence of events related to her daydreaming. Krystal mostly daydreamed "at school or walking to school." Krystal seemed to daydream after flashbacks of what happened with Jamie. Krystal also daydreamed in her math class or social studies. "I missed my math last week which I hate...and at art I don't daydream, I like. I daydream when it is hard work, I start daydreaming. If it is easy work, I just get into it." Krystal also daydreamed when she was bored.

Krystal daydreamed about a world which was different than hers. "I daydream about what I did (referring to before she was abused) and things like that...like I wish there was no school...I daydream about roads being out of chocolate...I don't have to listen to people, I don't get abused...eat as much candy as I want...I go in this imaginary mind...like...it takes you where ever you go...doesn't turn off that much if I want it to...like I see things from the past and everything...because the daydream brought me to the past...like and show all the things I did in the past and everything...when I woke up it was meal time."

Krystal found herself staring at something before going into a daydream. She had been daydreaming for a long time, but recently it became more frequent. "It was ever since I

was a baby...like when I was a baby, I used to like looking at the grass when I was walking...when I am walking I always like to look at grass...I don't see nothing up here...but like...I just walk." Krystal thought daydreaming was like hypnosis. "I feel lonely daydreaming...peaceful...just like to be comfortable...and peaceful...just sitting there...like I am hypnotized..." Usually Krystal did not want to stop daydreaming because it felt so good. "I still want to be in the daydream..."

Krystal was right. Krystal's daydreaming was like being "hypnotized." Krystal seemed to use self-hypnosis or dissociation to step aside from feelings, thoughts or her sense of connectedness in the present. She seemed to drift to another plane of awareness to sail off past unpleasant experiences or her pain and fears. We all "space out" or "tune out" occasionally. Especially, children are gifted with the ability to drift into fantasy, or spend time with their minds on idle. However, Krystal's "daydreaming" was going a little further. Krystal seemed to use this mechanism frequently and it seemed to interfere with her functioning at school. As Krystal described "I go in this imaginary mind...like...it takes you where ever you go...doesn't turn off that much if I want it to..." or "when I woke up it was meal time" summarized her concerns about not having enough control over it.

Krystal and I talked about her "daydreaming" as a creative, adaptive behaviour which had both advantages and disadvantages. Although daydreaming had helped her escape painful emotions, it was also getting Krystal in trouble at school. We tried to isolate the emotions or thoughts that most often resulted in Krystal's desire to flee and tried to

develop healthier responses to them. We also tried to generate alternatives to intervene, to stop or decrease her "daydreaming".

"There is a war in my heart"

The following session, Krystal stated that she felt happier. A couple of minutes after she arrived, she shyly asked "I was gonna ask you...today...if we can make a 'how I feel' picture in the sand?" Krystal seemed to enjoy sandplay and got into it quickly. Krystal had been feeling better during the week. She had not been "daydreaming." Krystal started making her picture by placing a hospital on one side of the tray. "This will be the hospital!" she announced. Krystal split the sand tray into two sections (see figure 3a and 3b).

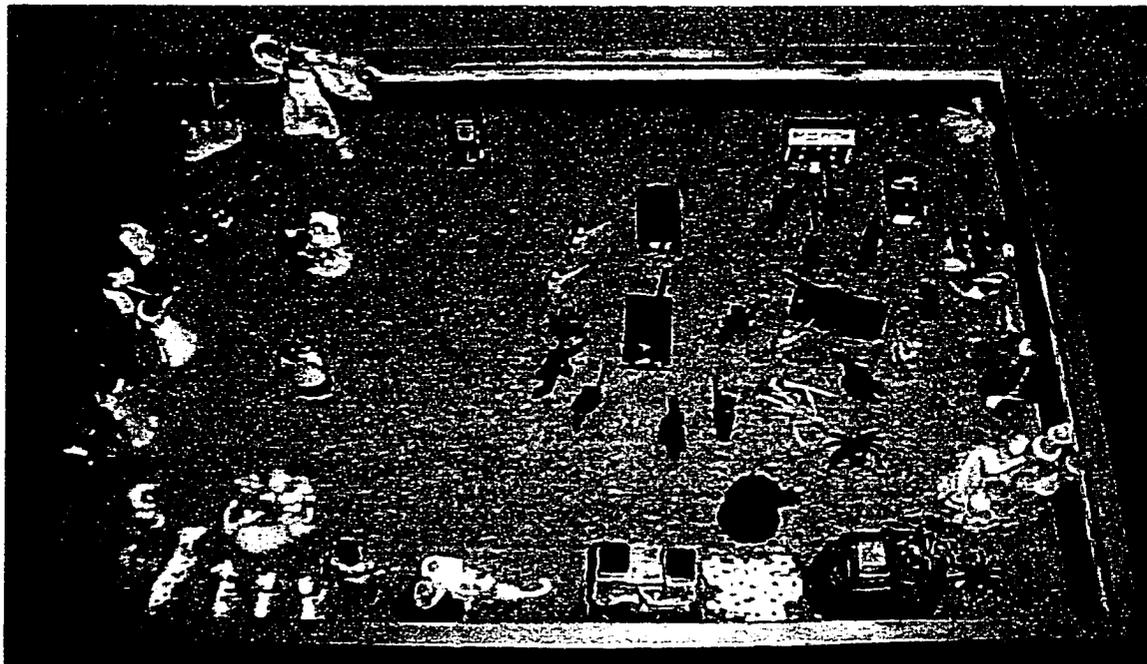


Figure 3.a

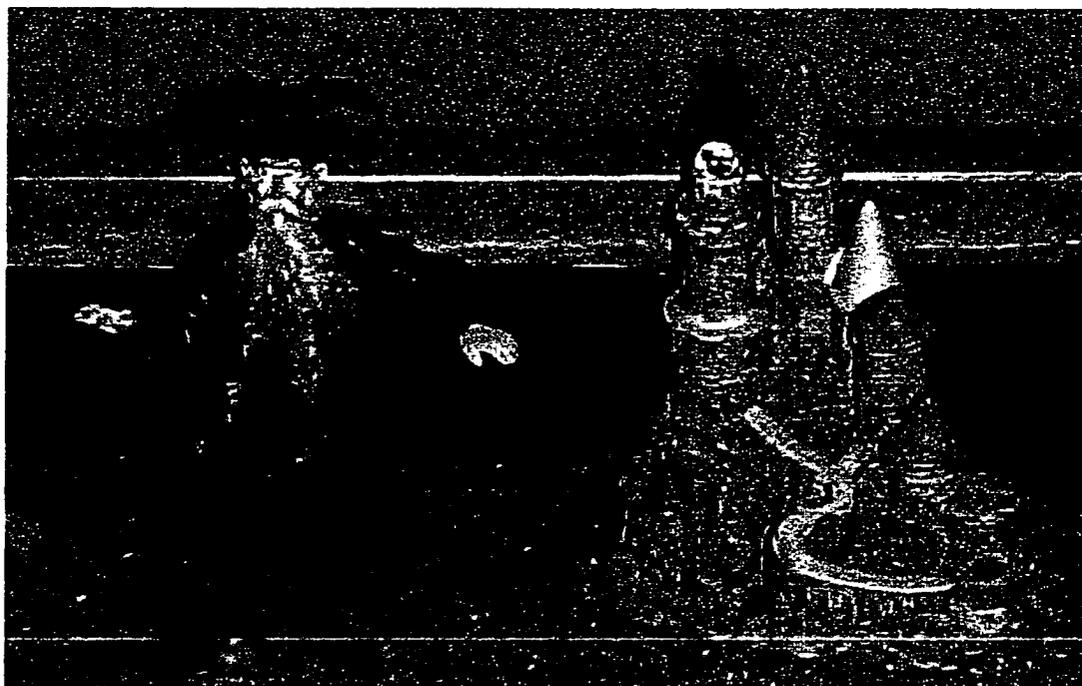


Figure 3b.

On one side, she placed tanks, soldiers and castles and created a war scene. There was a wise person and an evil witch watching the war. She continued "This is another part of the world.....this will be one side...the hospital is where the war is...most people die there..." On the other side, a wedding took place. A priest stood in front of a couple. The guests and their animals watched the ceremony. This was the happy side Krystal tried to show to others. Behind the happy side, there was a war going on. "Like...this part of the world...I feel fine...like...everything is going right...people are happy...everything...and stuff like that...over here...on the other side of my heart...it feels bad...everything is going wrong...and that is how I feel on the other side of my heart...like behind...from the outside, I feel fine..."

In the picture, there stood a wise person and an evil witch. The wise person was trying to stop the war. "She is thinking 'I better help some people, calm this war down or something' and...the spider is trying to help people 'cause the hospital is having a hard time...the people who help the people are getting sick...so he is (the spider) helping." On the other hand, the evil witch had started the war. "She is cheering the war 'go get them' or something like that...'beat those guys up and charge after them'."

Krystal took the entire session to create this picture and later showed it to her mother. This was the first sand picture in which Krystal was showing her internal world. Inside Krystal had a war going on, there was anger, destruction and death. However, there was also a hospital and a wise person as resources. On the other part of her world, on the

outside, there was a celebration and a happy appearance. Identifying the feelings of each character in the play seemed to help Krystal see the many feelings she had inside and own the opposing sides of herself.

"In the jungle"

The following week, Krystal requested to make a sand picture again. Every week, Krystal appeared eager to start making a picture. She was getting noticeably impatient when we spent time talking about things. She preferred to play in the sand. Whenever I asked what she would like to do, her response was "in the sand again..." Krystal was absorbed in the play shortly after starting. Playing was very real for her. This week Krystal wanted to create a jungle. She placed trees, flowers and different kinds of animals and bugs. Once the creation of the jungle was completed, Krystal placed a man in the sand (see figure 4).



Figure 4.

This was an evil man. She said "they (the animals) are looking out...'cause he is coming in...the forest is surrounding him...the forest...the animals they know that he is attacking..." Krystal explained "if you can see that this is a whole forest...there are creatures...bugs and insects and this guy is a mean, rude guy trying to take some property around here...kill all animals." There was also a friendly man in the jungle, protecting the animals and talking their language. "He is trying to save other animals...you know in the jungle book...the animals are his friends...he can read the animals' minds and animals protect that guy."

In the end of Krystal's play the evil man was attacked by the animals. The animals ate him alive. "He (the lizard) is ready to take off some parts off him (the evil man)...The snake is ready to attack. The bunny is hatching eggs. The panda is ready to beginning the journey...he (refers to the evil man) is happy that everyone is gonna die, but instead of all the animals, he is gonna die."

This week, Krystal seemed to show a shift towards anger as she created a scene of revenge. There was a sense of wholeness and individuation in her play. The attacker was externalized compared to the last picture. In this picture, also the evil was defeated. This appeared as a sign of clear progress for Krystal.

Wonderland

There was a decrease in the frequency of Krystal's flashbacks or episodes of "daydreaming." Despite the decrease, she still continued to remember the incident with

Jamie very vividly and was troubled by that memory. Krystal also thought that she saw Jamie around. "When I went to my friends, there was a guy who looked like him...he had the same glasses as him...he wore army pants and he was with a girl...he kept on looking at me...I tried not to look at him, he had short hair...I am like...looking at him...I am like this...'That can be him!'...he kept on staring at me...it is like...that has to be him or something...I was really scared by then...the guy kept on looking at me...a serious look like..."you are my prey" or something....you know what I mean?...I was telling myself just ignore it...it can't be him....I will tell my mom when I get home...but I stucked with my friends very close."

Krystal was still triggered by the memory of her abuse. Sometimes, Krystal could not stop thinking of "what happened with Jamie". Once, she had spent the whole day thinking of "the past." Following this, she found herself daydreaming. She explained "A couple of days ago, I wouldn't stop daydreaming...I was eating supper, I was staring at the corner...(she usually focused on an object before she drifted into another plane of awareness)...My mom said "Snap out of it!" and I started to eat... then I started daydreaming again..." When asked what she was thinking of, Krystal answered "when I was little, when I was with my grandma..." She was also thinking of "when I got abused...that too..." Krystal was mainly thinking of the "happy times." The daydream felt very real for her "I felt like...it was like...real life...I felt like it was really happening...It sort of felt like...I was in a dream too." Krystal usually got out off the daydream when

"my mom..says "Snap out of it!" or sometimes, it gets a little blank and I want to daydream no more. "

In our sessions, Krystal made a couple of sand pictures that resembled what she thought of in her daydreams. These pictures depicted where Krystal travelled in her mind when she drifted away from her present environment. One day she came to the session quite happy and started making a sand picture. She stated "I am gonna make a picture of how I feel. I am gonna try making you guess without telling how I feel...and if you can't guess, I will tell you..." As Krystal made her picture, she gave me clues. This was a picture of "where people really want to go...it is a really nice place. You can never make it there...may be it could be up in heaven...it could be anywhere. It is a rich place...not really rich..." Krystal thought this place existed "if you believe in it." Finally Krystal had to tell me. This place was "Alice in Wonderland."

Krystal's sand picture of Wonderland contained treasure chests, many colourful jewels, flowers, different sorts of fruits and animals (see figure 5).

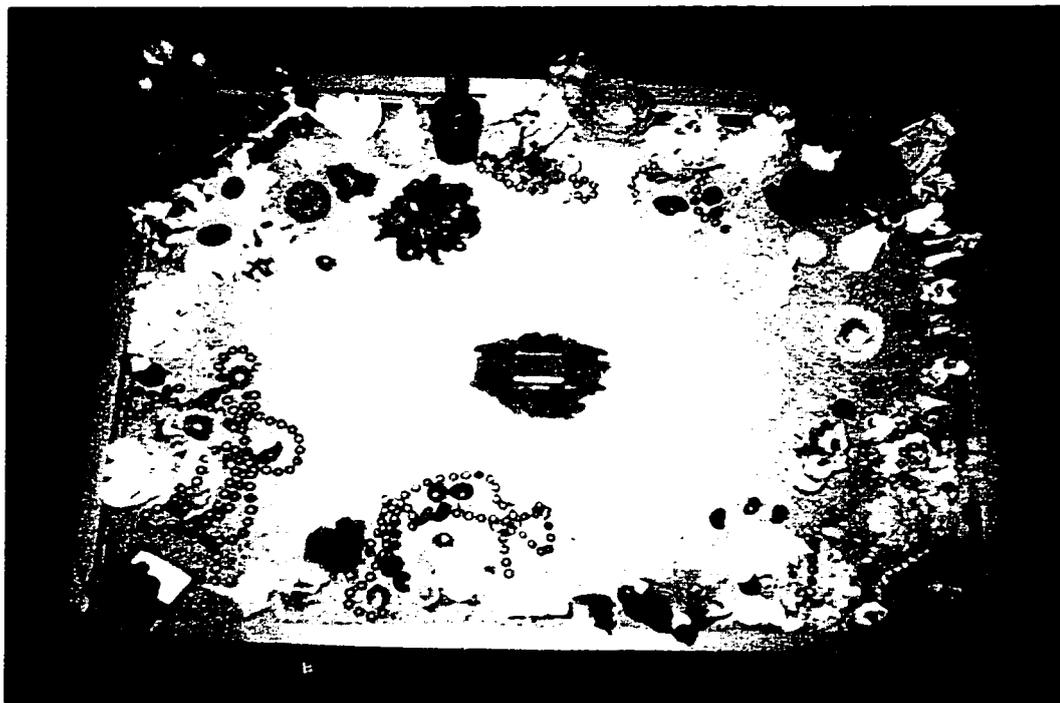


Figure 5.

Krystal made sure that there was nothing harmful in her picture. "No mean things in there..." she stated. In one corner, there was Snowwhite and the dwarves. "I didn't want to put Grumpy in there" she clarified. Krystal wanted this to be a happy place. There were also things that provided protection in the wonderland like a priest, a cross and angels. "Cause like danger...rough things can happen...things like that." There was also a magic wand. The magic wand would be there because "she would want more protection...more jewels...more happy things...more food...things like that...a banana... grapes... berries (*yummy*)... pumpkins and carrots..." Krystal thought people would really like this place and would use the magic wand to meet their needs. "They would use them to get what

they wanted...noone would want to leave this place." Krystal "would like to live in a picture like that."

Krystal seemed to escape to a different world in her mind. In this world, there were "no mean things" no unhappy feelings ("I didn't want to put Grumpy in there"). This world had a lot of protection such as priest, a cross and angels and a magic wand to meet many different needs like protection or food. This world was very different than the world Krystal lived in. Krystal had experienced "mean things" and had been unhappy. She also did not seem to feel protected in her world. Krystal did not seem to have complete trust in her mother's ability to meet her needs. It was around this time that I was quite alarmed to smell alcohol in Krystal's mother's breath. One day when Cindy was dropping Krystal off for therapy, I had noticed that she smelled of alcohol. Cindy was careful not to stand near me, but the smell was too strong. Krystal was highly guarded about this. She did not want to talk about her mother. However, when asked about it directly in a later session, Cindy acknowledged that she had relapsed. She had been drinking again.

"Mom relapsed"

After her mother admitted to relapsing, Krystal was able to talk about this topic, yet continued to remain somewhat guarded. When asked how she felt about seeing her mother drunk, Krystal stated "a couple of times I saw her drunk..." It was "kinda embarrassing." Her mother's relapse made Krystal angry. "(I felt)...mad..." Krystal had been going to AA meetings with her mother. She was enjoying these meetings, however

they had been neglecting to attend the meetings recently. Krystal explained "That time we used to never go to meetings...meetings in a group...adults go there...sometimes their children go there...I go there every Friday...but my mom doesn't always go...so it is like...people go to get help not to drink...at the beginning you say 'Lord we pray to accept things we can not change and give the courage to change what we can' and then stuff like that and then we sit down and talk about like...'what it would feel like when you are drunk'...and then, they say 'after I went to meetings, I got better'...and... stuff like that and at the end we all hold hands pray again..." Krystal had been going to these meetings for a long time. "...it was mostly every year, but not every year...but mostly sometimes...we would celebrate birthdays...how many times he would be sober birthdays...how many years...how many months...my mom...she was one year clean...and then she relapsed...ahhh..." Krystal was happy that her mother would not be hospitalized again. She did not want to go to foster care once again.

This had reinforced a feeling of instability and lack of safety in Krystal's mind. Cindy was continuing to go to Alcoholics Anonymous meetings, she was still in therapy and was able to maintain her job. However, her mother's relapse had taken away a lot of hope from Krystal. Krystal did not seem to apply the strategies we had discussed to stop her flashbacks, intrusive thoughts or daydreams. She did not seem to make much effort to practice what was recommended in therapy. She wanted it to magically go away. "I want to be well, like...get better with that thing in my mind." However, Krystal did not seem to work hard to help herself but "wished it could go away."

"He is back in jail!!!"

Krystal came to one of our sessions with a big news. Jamie was back in jail! Jamie had not met the requirements for his parole and had been incarcerated again. This was a big relief for Krystal. This information had given Krystal joy and energy. She was euphoric. Krystal's eyes were sparkling and her smile was shining across her face. She was in the mood for a big celebration. Krystal said "Now that I hear that he is in jail, I am happy...hey! I am gonna make a picture of me being happy!..I need lots of people 'cause it is gonna be a party!" Krystal created a sand picture which displayed several people dancing (see figure 6).

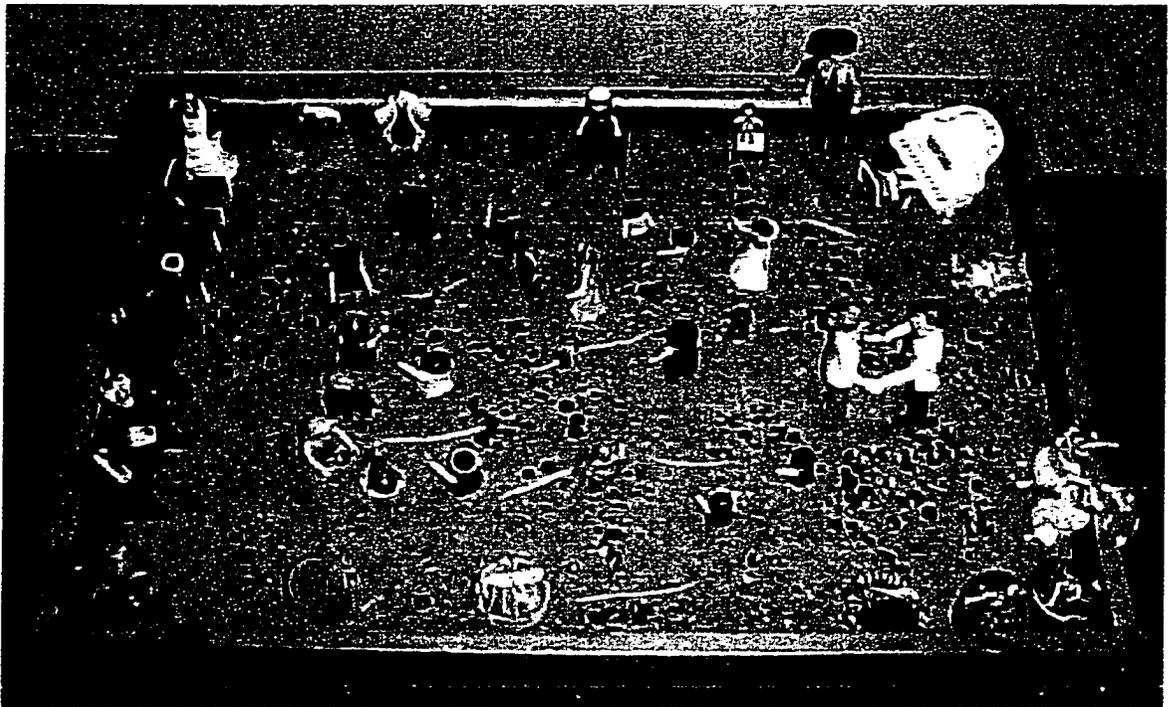


Figure 6.

She put lots of food and snacks for the people. In the corner, a musician was playing the piano. There was also a policewoman to ensure safety. As Krystal made her picture, she seemed to live in that reality. "I feel like being in that party" she said. Krystal was taken away by the picture. "This hypnotizes me" she expressed softly.

Eye Movement Desensitization Reprocessing (EMDR) with Krystal

Jamie's incarceration had relieved Krystal significantly, however she still continued to have flashbacks. Her memory of the abuse was too powerful and vivid. Krystal also continued to have fears of men who looked like Jamie. Although rationally she knew that Jamie was in jail, deep down, she still feared that it might be him. My clinical supervisor suggested that Eye Movement Desensitization Reprocessing would be a preferable treatment approach for Krystal's symptoms. As I did not have the appropriate training for this treatment method, she volunteered to use EMDR with Krystal. For the next three sessions, Krystal reprocessed the most sensitive memories in her mind. The detailed memories of the night she was abused, the fear of running into Jamie and seeing the image of his facial features.

This treatment method seemed to make a significant difference for Krystal. She had started noticing a decrease in the amount of flashbacks and intrusive thoughts. Her daydreaming had decreased with that. When Krystal's reality was no longer as painful, her need to escape from that reality had decreased. During the last weeks of therapy she had not been reporting any flashbacks or dissociative periods. We worked on

strengthening Krystal's instincts and using them for self-protection. Krystal needed to learn how to protect herself from further abuse in the future. Krystal would be at risk for revictimization if she dissociated in a situation that posed a threat to her. Krystal needed to learn to act rather than flee in her mind if she ever found herself in a dangerous situation.

Krystal doesn't feel protected

Even though Krystal had been reporting fewer symptoms, her feelings of lack of protection and safety in her world did not disappear. When asked what made her feel safe and protected in her home, Krystal did not bring up her mother, or brother. What made her feel safe and protected was her bird and her hamster. "My hamster...because he is really protective...he always likes to bite people...we pick him up...he feels comfortable hanging around us...he curls under our bed...he curls in a shirt, tickles us...he makes us laugh...he goes and he crawls on the cat...everywhere he goes...he crawls on the cat's tail and he goes flying everywhere when the cat waves his tail...sometimes he even falls off..."

Her bird made Krystal feel safe as well. "My bird...*(laughs)*...yeah...when I hold it...it doesn't do nothing...it just chirps all the time...when this other person comes, he always goes *(imitates the sound of the bird)* pecks at him, trips his head off...usually when I hold it, it always chirps *(makes chirping sounds)* that nice sound and he is always...*(imitates the birds posture)*...yeah and he is always...crawling up...sometimes he flies into my

shoulder ...on my head..." Krystal thought her bird may be dying. "I had it for over one year...had it for two years...or may be three years...I don't know...may be a couple of years...it is molding on me...it is growing that stuff on his forehead...sometimes when he won't stop squaking I know what is going on...because may be because he is in pain or he just trips because of the tv and singing going on...I think it is because of the pain..."

Krystal worried that she might lose her bird.

It sounded like when she was at home, Krystal was not spending much time with her mother. When asked what she does at home, Krystal responded, "I watch TV...there is nothing to do on TV...just lie...I go upstairs in my room and watch TV..." Krystal thought she watched a lot of TV, added "if I get really bored, I just go outside...play with my friends...if I go outside...I go in the park and play tag...I usually climb on a tree...and there is...like...birds... there are branches to sit on...I sit up there...look at everything going on...and call my friends name...this was a day when I was up on the tree. I called my friend' name. 'cause she was passing by. I am like 'hey Sally!' She is like 'where did that come from?'..and I am like...I called her name again...and she was like 'Who is there?' and I am like 'Sally I am up here!' and she is like 'oh...didn't even see you up there' and I am like 'hmmm' and she passed by again.. Then she knew I was up there...because I said her name again..."

Krystal had been bringing up her friends in therapy, yet her mother had not been in the picture. Her mother and I talked about what Krystal might be feeling and her needs from

her mother. Cindy was readily willing to do whatever helped her daughter, however her own issues seemed to interfere with her understanding of Krystal's needs and her role in meeting these needs. Cindy agreed to go to AA meetings and her therapy regularly, however she did not want to attend the groups or individual sessions for parents whose children had been sexually abused.

Final phase of treatment

Krystal had not been reporting symptoms for several weeks. She did not have any flashbacks, intense feelings or episodes of daydreaming. Krystal reported feeling "perfect." Schools were closing and Krystal was going to live with her father for the next two months. She would be visiting her grandmother as well. Krystal was excited with the end of the school year and looked forward to the summer. Her report card had made her feel proud of herself as well. We decided to terminate therapy with the open invitation for Krystal to come back in case she had any complaints.

Krystal's last hope picture

During the last sessions, I asked Krystal to make me a picture of her hopes. We also talked about what hope meant to Krystal as she went through therapy. Krystal created her last hope picture as she sang to herself. As she was creating her picture, she was also explaining everything she put into her picture. "They have lots of this...*(sings to herself)*...can't forget this...jungles always have this...flowers...there...there is gonna be...like...jewels like in jungles...you know how there is always treasure hunts and

everything...it is gonna be like a jungle that nobody can find...with all the jewels and everything...all money and rich..." (see figure 7).



Figure 7.

Krystal placed a wise person in the corner. "He is not mean" she explained. Krystal took almost the entire session to finish her picture. When she was done, Krystal told the story of her hope picture. "It is a jungle...with lots of good animals...with lots of treasure and flowers and sparklies...the nice wizard that is holding treasure...that was hope..." The treasure was what gave hope. Krystal explained that the wizard used the treasure to create things. "He pictures everything in it...then becomes..." What gave hope to the animals living in this jungle was "the jewels...that is why they are so shiny..." Krystal's hope was a peaceful jungle. "Peaceful...like...harmful animals are not harmful..."

The feeling in Krystal's picture was "hope...and money...good luck." The animals felt "happy and excited...good for themselves...joyful..." The wizard had similar feelings as well. "He feels happy for his jungle...mmm...he feels pretty good...he feels kinda left out, he wishes he could speak animal language so he could speak to them...he has to sit there all day and every year...to take care of the jungle...that is why he is having mostly no colour on him...he is standing there like a statue and sometimes walking around...and jumping and bending..."

After Krystal was done talking about her hope picture, I asked her some questions such as what Krystal thought would give hope to another child who had been sexually abused. Krystal responded "get her a little bit of toys so she can play with them." Krystal would say some helpful things to this child. "I would say..."don't think about it...it is over with...think of something else...uhmm...be proud of what you did...to be proud of yourself...that is over with then...it is probably not gonna happen again...don't care about that person...care about your family more than that person that abused you..."

When Krystal had little hope, a lot of people gave her hope. These people were Krystal's "mom, grandma, brother, counsellors, police, friends, teachers, doctors." Krystal thought these people made a difference for her. "They patted me on the back...(said) don't have a tough time thinking about it..." Krystal had to make an effort to hope. She gave hope to herself by saying "I don't have to think about it..." Being in therapy gave hope to Krystal

as well. What gave Krystal hope in therapy was "the pictures that we made in the sand... and what we talked about..."

The kind of taste that made Krystal more hopeful was "salad...especially Ceasar salad and ice cream..." Krystal explained "...'cause it's cold...and has a sweet taste to it..." The sound that made her feel more hopeful was the sound of piano. Krystal had a small children's piano in her bedroom and she had been learning how to play it. The sound of a violin also gave hope to Krystal "...same with a violin...but I don't play it...I just listen to it..." Other sounds also gave hope to Krystal was "Brittany Spears, Nsync, Back Street Boys, Spice Girls, TLC, All Saints, Madonna...Beautiful stranger...(sings the song)...I like that song (imitates Austin Powers). The smell that made Krystal more hopeful was "perfume....especially Calvin Klein."

Krystal felt hope in certain places of her body. Hope showed itself in her stomach and in her hand. "In my stomach...right there...sometimes...in my hand..." When hopeful, Krystal's stomach growled. "My stomach growls telling me that I am hungry and my hand feels active... (moves it around)."

Religion also gave Krystal some hope. "The songs that they sing and how they talk when I go there...candle sticks...the cross and the candles...and the priest with the bible and the long cape with a cross on it...and we will all say "Amen"...At sunday school...it is different...we stand there...sometimes we play games...sometimes we pretend God is there

with us...I used to go there when I was little...I don't go now...but I am starting to go...I want to go."

When asked what hope felt like, Krystal responded "It feels good...kind of lonely like...think of things that would keep you up and excited" (makes body movement like she is running). Krystal also used the word joy related to how hope felt. Several things made Krystal "up and excited" or "joyful." Being in the park gave her that feeling. "When I am the park...on the swing...you go up and down...sometimes on tire swing...go around... sometimes on the monkey bar...go swoop...go onto another one or a slide..." Climbing trees also made Krystal joyful. "Trees...I like going on them...climb one and look down...you hop onto the other branch and you get down to the ground."

Another thing that made Krystal "up and excited" was "swimming...especially at the Waterpark...all those slides...to scream down...especially ones that go right down...give me the butterflies...right beside...the exhibition slide...you go down...you go straight and then you go down...and then you go straight down...on the cargo side...you go on a cart and then you go straight down...we go really fast...and you just wanna scream and you go skipping across the water to get down off the slide...sometimes you toil around...you go up in a mound...and then you can go on doubles...and then it gets pitch black and you dont know where you are going you are going all over the place...in a wave pool"

Parties gave hope to Krystal as well. "Parties...slumber parties and stuff...yeah...listen to music...eat popcorn...chips...pops... gumballs... candy...cookies." Watching movies were

joyful as well. "Sometimes when I go to the movies...you laugh your head off...like Backdoor Cat...it is hilarious..." Other movies that gave hope were "Dr. Dolittle... George of the jungle... he smashes into tree (singing)...Austin Powers." At the end of our hope



Figure 8.

exploration, I asked Krystal to choose a hope symbol from the miniature collection. She chose "a strong man, funny and colourful" to represent her hope (see figure 8).

After our hope exploration, Krystal and I said goodbye as she had to leave for another province to see her father and grandmother. Krystal had made good progress in therapy and did not report any complaints. However, her mother's addiction issues and the home environment Krystal lived in seemed to place her at risk for further victimization. Krystal and I talked about many ways in which she could protect herself from further abuse. I

worried that Krystal might not listen to her instincts and dissociate if she were to find herself in a similar situation. My hope for Krystal is that she never get abused again.

Summary of therapy and reflections

Krystal is a ten year old girl who came to therapy after her offender was released from jail. Krystal came to therapy for 19 sessions over a period of five months. Krystal's therapy was carried out through weekly sessions. Krystal had several symptoms of psychological trauma such as recurrent and distressing recollections of the trauma experience, hypermnesia, intense psychological distress and physiological reactivity at exposure to internal and external cues that symbolize an aspect of the traumatic event, efforts to avoid thoughts or feelings associated with the trauma, and dissociative episodes.

In the first phase of therapy, the intrusive recollections and psychological distress and reactivity were the focus treatment. In the second phase of treatment, Krystal's dissociative episodes were the focus of treatment and Krystal was able to reprocess her memories of the sexual abuse through Eye Movement Desensitization Reprocessing. Therapy was terminated as Krystal no longer reported symptoms and had to leave the province to visit her father for two months. Krystal was informed that she could come back in case her symptoms resurfaced or she needed further support.

Hope summary

When Krystal started therapy, her world was full of fear. Krystal brought up the topic of hope herself, quite early in therapy and seemed to benefit from hope exploration. At times, when Krystal seemed to lose hope, she appeared to go into a state of daydreaming and search for hope in a fantasy world. Krystal's hope seemed to increase as she made progress in therapy. However, with her mother's relapse to alcohol abuse, Krystal appeared to lose hope again. After the incarceration of her offender and completion of therapy, Krystal regained hopefulness and joy once again.

CHAPTER 5

EMERGING UNDERSTANDINGS

In this section, the results of this study are presented as emerging understandings.

Initially, I approached the writing of this section in a cognitive way, through the template of the existing literature. In the process, it felt like the voices of the children were lost. I have therefore named the themes in a language that children would more likely use. I have attempted to make the themes visible in a manner that resonates with the children's experiences.

The purpose of this research was to explore and present hope from the perspective of the child who has been sexually abused and who is participating in therapy. My research questions were: "What is the nature of hope for children who have been sexually abused? How do these children symbolically represent hope? What are their images of hope?" The idea for the present study found its roots in my observations while working as a therapist with children who had been sexually abused. As I witnessed the play of my clients, I increasingly noticed indicators of hopelessness and helplessness in their play themes and behaviours. As therapy progressed, I was noticing an increase in the indicators of hopefulness and emotional health. As a therapist, I had been striving to create a hopeful outcome as a result of therapy. However, before this research, I had never actively explored hope and used hope in therapy intentionally.

I completed my research with three participants; Laurie (8), Sarah (9) and Krystal (10) who, at different points in their therapy process, agreed to explore hope. All three of these children were referred to counselling at the Sexual Assault Centre because they had experienced sexual abuse. The main goal of my research was to explore these children's hope at least at two different points in therapy, preferably in the early stages and just before termination.

All three children created sand pictures of their hopes at my request. Before the study, I was somewhat doubtful about how children would respond to such an instruction. Even though I had read Danielsen's study (1995), I was expecting questions or hesitations when asked to make a picture of hope in the sand. I thought hope might be too abstract for children to understand or to represent in a picture form. I found to my surprise that there were no questions or doubts. All three children created hope pictures without any confusion or questions and eagerly gave life to their hope stories as they went along. They seemed to know what hope was and how to represent it through play which is the most natural language of children.

Each hope picture was uniquely created and revealed hope as experienced by that child. The hope of each child was embedded in the context of her personal history and experiences. In order to understand the hopes of these children, we need to understand how sexual abuse may change a child's world and colour her experiences. We need to keep in my mind that each of these children had been exposed to a sexually abusive

experience, which had left her feeling victimized. These children came to therapy with several symptoms of psychological trauma which is essentially about the affliction of powerlessness.

He stole my hope.

This study pointed to the need to understand hopelessness to fully know hope. I came to believe that hope and hopelessness are closely related and give life to each other. This understanding is highlighted by Farran, Herth and Popovich (1995) who state that there is a dialectical relationship between these two constructs, and the more we know one, the more we can learn about the other. I believe that in order to understand the hopes of children who have been sexually abused, we need to remember the nature of their experiences which may be a challenge to their hopes. When they came to therapy, all three children were haunted by the memories of what has happened to them. They had several symptoms, which interrupted their daily living. All three children agreed that their abuse experience took their hope. This was most visible in Sarah's sand picture of "no hope" which reflected "what Tommy did" to her. This picture vividly shows what hurt Sarah's feelings. Laurie also stated that "it was David" who took her hope.

Without hope, you have bad feelings and thoughts.

When Laurie first came to therapy, she was fearful, clingy and anxious. She had been having distressing nightmares, fears and sleeping problems. I remember Laurie telling me that she thought about her abuse often. She stated "it kept me awake all night, and

even at school, I was so tired...I kept thinking about sex, sex, sex." Laurie was frightened of loud noises and startled easily. She also had an intense feeling of anger toward her offender. Laurie continually relived the abuse experience as though it were recurring in the present. Laurie's statement "he spoiled my life" summarizes her feelings about her abuse.

Similarly, Krystal was also highly anxious and restless when she first came to therapy. Krystal had fainted upon hearing that her offender was out of jail. After that day, her world was full of fear. She worried a lot and feared that her offender would come back for revenge. Krystal could not get to sleep or concentrate on her school work. She was flooded by the memories of her abuse experience and relived them over and over. This was evident in her statement "this thing in my mind keeps coming back." "It ruined my life" describes Krystal's feelings about her abuse. I heard this statement from Krystal many times.

When Sarah first started therapy, she appeared sad, quiet and uninterested in the environment around her. She was acting out angrily at home, continuously fighting with her younger siblings. Sarah had endured several losses, which had been very painful for her. Her pets had died or got lost and her father had disappeared out of her life. On top of these, she was sexually abused during six, seven months she lived in her grandfather's farm. Sarah seemed to carry the sadness and the shame of her abuse inside for a long time. Sarah told me that she kept thinking of "what Tommy did." She had recurrent

nightmares, intrusive thoughts and sexualized behaviours which appeared as reenactments of her abuse.

It appeared like all three children continued to live in the emotional climate of their abuse. They were constantly triggered and carried intense feelings associated to their abuse experience. Their flashbacks, intrusive thoughts, feelings or bodily sensations brought back abuse memories as vividly as the original experience. These memories brought back the feelings of the abuse in full force. As was described by Pitman & Orr (1990), "the blackhole of the trauma" seemed to suck them in. As a reaction to the constant preoccupation with these memories, each child wanted to avoid the painful parts of her life in her unique way. This showed itself in reluctance in talking about the abuse experience or forgetting parts of it, (Laurie dissociating parts of the painful memories), or mentally running away from realities of life (Krystal daydreaming), or avoiding people and places that were reminders of traumatic memories (Sarah could not go to the little town where her grandfather lived).

Hope is having the bad things go away.

All three children seemed to be at some point of hopelessness when they first started therapy. Laurie's world was filled with fear. In addition to her frequent nightmares, Laurie had fears of a scary imaginary character, "the guy named Ben", who carried a knife in his hand. Laurie imagined that this scary man was going to come to her bedroom every night, stand beside her bed and wait to kill her. Laurie could not see how she could get

rid of her fear. She did not seem to know how she could stop this man or how she could protect herself from him. She thought this was going to happen over and over every night. Later in the therapy process, Laurie's repetitive play contained a similar pattern. Even though this play had a happy ending, the same things happened over and over and Laurie was flooded by horrible memories. She seemed to replay painful aspects of her abuse. Similarly, Krystal saw fear every where she looked after Jamie was released from jail. Her emotional world was filled with a sense of danger and unpredictability.

Sarah presented as a sad child. Her first sand picture also contained a similar theme of helplessness, danger and despair. In Sarah's story, little kittens were walking on the bridge. However the bridge collapsed and cracked into pieces. Later she created another bridge, but this time water washed the bridge. The kittens did not see the water coming, but they survived. However, later, the whole bridge was flooded with water and the kittens were buried under the water.

Hopelessness in these children seemed to present itself as a sense of impossibility, being trapped, having negative expectancies and fear. It appears that what Laurie, Sarah and Krystal expressed in this study is consistent with the writings of Lynch (1965) which were presented in Chapter II. Similar to what Lynch (1965) states, all three children seemed to be ruled by the sense of impossible and appeared unable to imagine anything beyond the limits of what was happening. They seemed to be emotionally trapped and imprisoned in their situation. It looked like they were unable to see a way out or imagine

another way of dealing with their circumstances. Consistent with writings of Stotland (1969), all three children had negative expectancies toward themselves, the world, and the future. These expectations seemed to have resulted in feelings of anxiety and fear (Progoff, 1985; Stotland, 1969), and discouragement and despair (Dufault & Martocchio, 1985; Marcel, 1962; Lynch, 1965)

Exploring hope isn't hard

We started our journey of hope exploration when each child was asked to create a picture of hope in the sand. Each child started her hope picture without any hesitation and seemed to put a conscious effort into the selection of toys from the miniature collection. The symbols were placed into the picture intentionally and were positioned according to their part in the story. Both Laurie and Sarah created active sand pictures and unfolded their stories as they went along. They moved symbols around to communicate the content of their story. On the other hand, Krystal's picture was a static one which she explained after its completion.

Hope is being safe

Each child's picture reveals her unique and personal experience of hope at the time of its creation. Laurie's first hope picture reflects a snapshot of her future. In this picture, Laurie shows us a happy wedding scene taking place in a church. The church is made up of the symbols of angels, a crucified Christ figurine, and a priest carrying out the ceremony. This picture portrays Laurie's wedding when she is uniting her life with her

loved one. Wedding ceremonies had always been a source of fascination and a dream for Laurie's future. Although this picture contains a stretch into the future, it also has elements from the present. Among the guests of the wedding, we see Laurie's mother, a policewoman, a female doctor, and two female symbols representing me and our interpreter. Also in the back corner, a big castle stands. This is David's castle, which no longer belongs to him. Laurie and her spouse move in there at the end of her play. Even though the wedding ceremony is central in this picture, what Laurie verbalized as her hope was that David would go to jail and he would not be in her life and in her mind. Laurie's hope seemed grounded in some freedom from what tortured her in her present. Laurie was looking at a time in her life when she would be relieved from the pain and the threat that David had posed in her life. In her wedding picture, Laurie stands proudly with people that love and support her, without the shame and labels of her present life. It also appears like Laurie wanted to reclaim her long time hope and dream, her wedding.

Sarah's first hope picture seems to be the most active among the three children. Before Sarah started her hope picture, she verbally expressed her hopes. She hoped that her sisters would not fight with her and that she would not have any more nightmares. Sarah's picture contains several people that get along and give each other gifts and flowers. Sarah also placed four pieces of skulls and skeletons to represent the "dead people" in her nightmares. Sarah fought off all "the bad guys" through her play and created a garden full of flowers and shiny, colourful jewels in their place. Sarah's hope picture contains an active transformation from hurt and fear to what she would like to

have in her life. Sarah's hope seems to be in the present and is centered around the resolution of her immediate problems. She seemed to hope for some relief from how her abuse showed itself in her daily life. Sarah and I worked on her nightmares and fights with her sisters more directly as well, but this play also seemed to have a curative effect for her. Sarah seemed to have gained a sense of mastery through her play. Also similar to Laurie's picture, this picture contains a wedding. However, it is not depicted as Sarah's own wedding, but seems to add a sense of joy and celebration.

Krystal's first hope picture was a picture of her paternal grandmother's home and her garden. Krystal took her time to create this picture as close to reality as she possibly could. Later when she brought photographs of her grandmother's home, I could see why she had chosen certain symbols. This was a place where Krystal felt very safe and protected. She later verbalized that her grandmother was her hope and that if her mother died, she would be there to save her. Krystal thought that her grandmother took care of her very well. Krystal also talked about the smell of food and the cosyness of grandmother's home. Given the family environment Krystal seems to live in, her caring grandmother and the stable, warm and nurturing environment of her home makes up the essence of Krystal's hope.

The hope pictures of the three children seem to depict a relief from the pain, the fear, the threat and the memories of their abusive experiences. Their hope seems to be deeply rooted in safety, protection, peace and happiness. Hope also seems to be related to a

sense of mastery that these children had been striving for. Each child seems to find hope in her own way. For Laurie, it is getting rid of painful memories that have been taking over her life. It is her wedding ceremony reminding of the happy times ahead of her. For Sarah it is getting rid of the nightmares and her difficulty relating to others. It is nature; a beautiful garden which is full of flowers that she loves. For Krystal, it is her grandmother and her safe home. Maybe these experiences can be summarized by the statement of Jevne (1999), who expressed that sometimes hope is a beautiful, safe place where there is no shame (personal communication, September 10, 1999).

Each child appears to find peace and safety in different places and people who are significant. The pictures also show the people that these children rely on for their hope. These significant people seem to provide support and act as key components in their hopes.

The initial hope pictures in this study seem to show a difference compared to the hope pictures in Danielsen's (1995) study which explored the hopes of children living with cancer. The hope pictures of children living with cancer were depicting difficult times when these children were in the process of hoping, such as a child having a lumbar puncture, hoping that it would not hurt or a girl lying in her hospital bed as a visitor is telling her to get well soon. The hopes of the children living with cancer seemed to be related to survival and showing hoping in action in the present, reflecting the times when these children needed hope. Probably Sarah's first hope picture may be closest to that. In

this picture Sarah was showing herself in the present and was actively hoping to get rid of her nightmares and relational problems.

Hoping is believing that good things will happen in the future.

As I conducted this research, I witnessed children's ability to hope and use it intentionally for their healing. My clients showed me their ability to hope with or without external assistance. In the course of therapy, all three children reported that hoping was essential in their recovery. Sarah stated that without hope she "would still have the stuff...bad stuff" inside her. Laurie thought that without hope, her life would be "like a slave... just the same...things would just happen over and over."

When it was hard to hope, these children had to make a conscious effort. Hoping was a choice they seemed to make for themselves. The belief that good things will happen was their choice. Each child appeared to make this effort in her own way. For Laurie this effort was "to think." Laurie stated that she thought "about him and what he did." Laurie expressed that a child could give hope to herself by saying "I am sexual assault, why not others." For Sarah, it was "not thinking about it (the abuse)." Sarah told herself "I want my hope back" or "I want some more hope." For Krystal, it was telling herself "I don't have to think about it (the abuse)."

This active decision to hope was also a finding in Danielsen's study (1995). Children living with cancer also made a choice to hope and were intentional about it. These

children also had their own, individual way to make that effort. In this study, one child reported that hope "comes in your body usually when you think of it." Another stated she had to think of her hope and explained "just like I thought in my mind and it happened." Her way of finding hope was thinking of happy thoughts like a sunny day or going to the beach. Actively choosing to hope was also reported by adolescents in a study carried out by Hinds (1984). In this research, hope was defined as "the degree to which an adolescent believes that a personal tomorrow exists." Part of this belief included a "forced effort: the degree to which an adolescent tries to artificially take on a more positive view" (p. 360).

The choice to hope can be best seen in the writings of Frankl (1963) who describes the horrible circumstances of a concentration camp. Frankl writes that even under such circumstances where there is such an enormous immediate threat to one's existence, a person has the choice to hope. Frankl wrote that "the prisoner who had lost faith in the future -his future- was doomed. With his loss of belief in the future, he also lost his spiritual hold; he let himself decline and became subject to mental and physical decay" (p. 117). Frankl also stated that this "sudden loss of hope and courage can have a deadly effect" (p. 120). A similar view was held by Marcel (1962) who expresses that "at the root of hope, there is something that is offered to us: but we can refuse hope just as we can refuse love. Moreover, we can no doubt deny hope, just as we can deny or degrade our love."

The children in this study made the choice and the effort to keep on hoping. They seemed to have said "yes" to hope and were conscious about keeping it alive. As Jevne and Miller (1999) write hoping requires some effort. Hoping is saying "yes" to life, accepting whatever has happened and looking for ways to handle it. Hoping is saying "life can still be good."

Hope has daughters

Laurie's play and writings seem to reflect that in her experience, hope and anger are closely related. As Laurie's hope appeared to have grow, she had repeated expressions of anger through her artwork and sand pictures. She had two main sand pictures in which David was eaten alive by wild animals. The second one of these pictures was actually created as a hope picture. In addition to Laurie's powerful writing, other major indicators of Laurie's deep anger were her repeated statement of "I want to pierce his penis!" and repeated sessions of throwing clay bombs at David's picture. The circularity of the relationship between hope and anger was clear in Laurie's statement that hoping helped her get angry and her anger made her hope bigger. For Laurie hoping was "turning my hurt into anger...my anger made me wanna be brave...so instead of feeling hurt and sad, I would read stories and turn my fears into anger and I would get angry at him..." What gave Laurie most hope in therapy was clearly one thing, "throwing bombs" at David's drawing. Laurie's hope symbol, a man with a machine gun, also suggests the intricate relationship between hope and anger in Laurie's experience. This relationship was also observed in Krystal's play, who created a sand picture reflecting a jungle and the defeat of

evil. This picture contained the energy and power of her anger and the victory that followed the fight.

Courage also seemed to be related to hoping. This was most highlighted by Sarah who, with the growth of her hope, started to represent herself as a warrior in her play. Sarah was fascinated by the heroism of Gabriel, the female warrior and seemed to identify with her as she showed progress in therapy. When we look at all of the hope symbols that are chosen by the children, we can notice the fearlessness and power in them. The hope symbol that Sarah chose was a Gabriel figurine, which seemed to be associated with strength and bravery for her. Laurie chose a man with a machine gun who appeared very powerful and ready to shoot. Krystal also chose a powerful image who appeared "strong, funny and colourful" to her. Given that these children have experienced victimization, their hope to remain strong and brave makes sense. The relationship between hope, anger and courage may be best summarized by St. Augustine who wrote "Hope has two beautiful daughters. Their names are anger and courage: Anger at the way things are and courage to see that they do not remain the way they are."

Hope is having people who care

While the children in this study clearly showed their ability to hope by themselves, their sand pictures and verbal statements also indicated that they needed other people to help with hoping. It was mostly family, especially mothers who were identified as a major source of hope. Laurie, Sarah and Krystal seemed to rely on their families for hope at

different levels. Mothers or parents gave hope in several different ways such as saying "you are pretty, it is not your fault" and "giving love and support" (Laurie), "telling that she loves me" (Sarah) or "saying don't have a tough time thinking about it (Krystal).

Krystal appears to have the strongest link between hope and a loved person. This was most evident when she said "my grandma is my hope. If my mother dies, I am stuck. My grandma is there to save me. She takes care of me...she feeds me so well." Krystal's hope is literally embodied in her grandmother who provides a safe and nurturing environment to her. This is also visible in the two same pictures showing grandma's home and her garden.

Laurie also relied on others to hope. Laurie's initial hope picture, which reflects her wedding ceremony, includes several people who contributed to her hope. In this picture, Laurie includes her mother who supported and strengthened her during hard times. We can see that her father is not included in this picture or in any other pictures to follow. This may possibly be due to the fact that Laurie's father was overwhelmed with the memories of his own abuse and was not available to comfort or support Laurie.

Sarah identified her mother as her primary source of hope. Even though Sarah's mother had taken hope from Sarah in her rejecting and blaming style, (during the course of therapy, I clearly observed this) she still was supportive and loving as a parent. Sarah also included her family in her pictures. In her first hope picture, we see "people getting

along" and giving each other gifts rather than fighting. In her farm picture, we also see Sarah feeling happy as she goes horseback riding with her family.

In addition to family members, the children also identified professionals as people giving hope. In Laurie's first hope picture, we see professionals involved in Laurie's life after her abuse disclosure. A policewoman, a doctor, her therapist and her interpreter are among the guests of the wedding. These people seem to have given her hope in different ways through this difficult experience. "We went out, we talked...she makes me laugh...she is funny" are Laurie's words describing how the interpreter gave her hope. We can see a several professionals in Laurie's last hope picture as well. Similarly, Krystal also stated that counsellors, police, teachers, doctors gave her hope and "patted her on the back."

These results are consistent with the writings of Jevne (1991) who writes that hope is given and received through human relationships. Similarly, Erikson (1963) and Lynch's (1965) writings show us that hope grows out of trusting relationships initially experienced with the maternal caregiver. As children grow up, the consistency, predictability and reliability of the caregiver creates the feeling of trust. It is from this trust that hope emerges. A similar result was also seen in Danielsen's study (1995) with children living with cancer. These children also reported that they relied on others for hoping. In this study, mothers were the main source of hope as they provided comfort, safety, security and love during the hardships of this life-threatening illness.

Wishing helps you hope.

In this study, I did not directly explore the relationship of concepts like hoping and wishing. This appeared too abstract and unrelated to our therapeutic purposes. However, the relationship between hoping and wishing seemed to come up by itself when we look at some of the hope pictures. As we can see, there were times when hoping and wishing were used as synonyms and there were times their difference was highlighted.

A noticeable confusion over hoping and wishing is highlighted in Laurie's two sand pictures of David being eaten by wild animals. Following the completion of her picture, Laurie stated that what she hoped for was David to be eaten by wild animals. In addition to several hopes (like David going to jail, getting married etc.) that contain a reality base, this hope clearly lacks a reality base and appears more as a desire or wishful thought. In a later hope picture, similarly, Laurie is showing herself going to Disneyland and having pets. As Laurie was informed by her parents many times, these are also things that are not realistically possible for her as a result of several reasons such as her allergies and her family's financial difficulties. A lack of reality base is also evident in Krystal's last hope picture which depicts a jungle where "harmful animals are not harmful." This may also suggest the wishfulness in Krystal's world and lack of reality considerations.

Sarah's first first hope picture seems to show her ability to differentiate between hoping and wishing. In her first hope picture, Sarah's expressed her hopes of getting rid of her nightmares and relational difficulties. Through her play and intentionally working on

them, Sarah was able to improve her relationships with her siblings and get rid of bad dreams. Yet, the garden that is a part of her hope is not realistically possible and Sarah seems to know that. The wiseman who grants the garden announces "Here is the garden you wished for!"

Writers such as Farran, Herth and Popovich, (1995) agree that wishing is a common term which may be confused with hoping. We can "wish on a star" or "wish luck" to each other. They state that the difference between hoping and wishing seems to lie in goals and the probability of the desired outcome. In wishing the goals are more specific and the probability of the desired for outcome actually happening is limited (I wish I were a millionaire). The wishing person does not engage in behaviours that work toward obtaining the wished for outcome. The wishing person only thinks in positive terms and is more closed to the painful feelings (wishing happy birthday). On the other hand, hoping involves goal attainment (Snyder, 1997; Stotland, 1969) of what is realistically possible (Dufault & Martocchio 1985) or in the realm of the possible (Lynch, 1965).

Wright and Shontz (1968), write that the distinction between hopes and wishes reflects the degree to which the person believes that a desired outcome could actually take place (I wish I could be young again, I wish I were a millionaire). Wishes seem to reflect a low level of probability and when a wish comes true it leads to surprise. Wright and Shontz state that "the impressive difference between children and adults is in the degree to which reality considerations are brought into the hoping process" (p. 324). They comment on

the maturational aspect of hoping and state that it seems to progress through several stages. The most primitive hopes may be expected to be equivalent to desires that are neither time, nor reality dependent. With further maturation, the hopes of young children become future oriented. The reality issue however does not yet enter. As the child matures, the main component of the hoping process reality surveillance also grows.

Korner (1970) writes that "hoping must be differentiated from wishing. Wishing is an intrapsychic activity, a set of feelings regarding desirable events. A wish is something which might happen, but the person does not organize his behaviour with the expectation that it must happen in order to avoid undesirable and disagreeable dreaded outcomes. In hope, however, it is exactly this quality of personal dependance on outcome which is its central characteristic. A hope specifies that a future event will solve problems, give gratification, and provide solutions. The individual feels that hoped-for events must occur for the sake of his well being. He may or may not be committed to his wishes, but invariably is committed to his hopes" (p. 135). Korner also states that hoping is always associated with a wish, which in turn is associated with an unmet need. Hope permits the partial fulfillment of the need by permitting the gratification in wishful thinking under the disguise of "it may be a reality one day." (p. 136). Similarly Lynch writes "when I begin to discover what my wishes are, I am well on the way towards hope." (p. 21).

Danielsen (1995) also found that the relationship between hoping and wishing was complex for children living with cancer. Even though it appeared difficult, these children

demonstrated the ability to distinguish some difference between hoping and wishing. When asked, these children were able to identify the fantasy aspect of wishing and appeared to "understand that wishing to genies won't really happen, but they firmly believe that their hope to get better or make it through cancer is real and possible" (p. 79). Danielsen states that contrary to the writings of Wright and Shontz (1968) who state that children can hope without needing to be concerned about the outcome probabilities, children living with cancer were highly concerned about the outcome of their hopes. These children seemed to understand the seriousness of their situation and that it called for hope.

Hope is seeing bad people punished

At different points in therapy, all three children created artwork or sand pictures suggesting that they hoped for justice to take place and that their offenders would pay for the suffering and pain they had caused. This hope is repeatedly expressed in Laurie's artwork and sand pictures. Starting with Laurie's early sand pictures, her hope for David to go to jail was evident. In every picture, Laurie took her time to create David's jail and filled it with snakes, bugs and skulls. It appears as though Laurie needed to see David experiencing fear and helplessness like she did. Many times, I witnessed Laurie cheering as made snakes or bugs crawl on David. She repeatedly created pictures of David behind bars and it appears like this created an emotional shift. Laurie's hope seemed to pull her out of a passive and fearful state to a place where she was active, angry, and courageous. When her parents were highly concerned about the possibility of their daughter testifying

at court, Laurie was adamant that she would go to stand. She wanted to tell the truth and make sure that justice took place.

Laurie's hopefulness was most visible in her determination and mental energy to make sure that she attained her goal. This seems consistent with the writings of Snyder (1994) who states that willpower and the sense of mental energy are key components of hope and propel the person toward the goal. He writes that willpower taps our perception that we can initiate and sustain actions directed at a desired goal. The other key component of hope, according to Snyder, is waypower which is the person's mental plans and road maps to reach the desired goal. This was most obvious in Laurie's efforts to learn about the courtroom, the roles of lawyers or the judge etc. She visited the courtroom twice to familiarize herself with the environment. Laurie prepared herself for possible questions and how she would answer them. Her hope seemed to have given Laurie a mental spark to change her from a clingy and fearful girl to a determined and focused one.

Similarly, Sarah also drew and created sand pictures reflecting her hope for justice. Starting with her second hope picture, Sarah placed "evil things" behind bars and positioned guards "to make sure that the bad things don't keep coming back." Her hope drawing just before the termination of therapy shows Tommy in jail and looking sad and miserable, while Sarah is free and has a victorious smile on her face. Sarah's last sand picture, also reflects her hope for justice to take place and Tommy to pay for what he had done to her. In this sand picture, Sarah bravely fought off all "the bad guys", took all

their weapons and sent them to jail. At the end of her play, Sarah loudly announced "the bad guys lose...they get arrested...they go to jail....all the Tommys got arrested!" As Sarah's therapy was terminated before the legal process was completed, Sarah left therapy with this hope. Sarah was invited back to therapy if she had to go to stand to testify. Sarah's hope for justice was further evident in her happy facial expression when she stated that her grandfather "kicked Tommy out and kicked grandma out."

For Krsytal justice was served. Krystal's offender had already pleaded guilty and was punished for the crime he had committed. However, he was released on parole after an imprisonment of several years. When her offender was once again incarcerated, Krystal was filled with joy. It was a big celebration. It was "a big party." Krystal stated "he is in jail, I am happy." This in and of itself seemed to bring hope and healing to Krystal. Therefore Krystal's hope seems to be that justice remains exercised.

We can see evidences of the relationship between hope and justice in our daily lives. Injustice can erode our hope. Hope maintained in the face of injustice, evokes our deep respect. Nelson Mandela symbolizes this phenomenon.

Hope is a wise person

It was amazing to see that all three children used the wise old person symbol in their hope pictures and identified it as what gave hope. Sarah's first hope picture contains a wise person that "had a glow...a sparkly glow to give." Similarly, in Laurie's last hope picture,

the wise person figurine is used and Laurie explained that "he gives her hope...it is all different hopes and he gives everything hope." Krystal's last hope picture also contains the wise person symbol holding a treasure and Krystal explained that the treasure, "that was hope..." The treasure was what gave hope. These children may be showing us that an inner wisdom, a voice that is knowing and comforting has something to do with hoping. They may be saying that the treasure of wisdom inside us gives hope. In Krystal's war picture, there is again a wise person figurine who is trying to stop the war. As Krystal explained the wise person was trying to comfort and ease the pain. The wise person was expressing "I better help some people, calm this war down or something."

These children may be expressing that our inner wisdom may be the calming voice that gives us hope and shows us solutions beyond the visible when we experience difficulty. Our inner wisdom may be what is comforting and strengthening our ability to survive hardships. As Jevne and Miller (1999) write "hope sets our sail in difficult seas or becomes the anchor as we wait out a storm. When the winds of fate blows us off course, we are not entirely lost"(p. 11).

In their stories, the children also show us that hope is there in every action and is a vital part of life. Laurie and Krystal's words "he (the wise person) built all that...he made it work", "He pictures everything in it...then becomes" suggest that these children see hope as an essential ingredient to sustain life.

Hope is magical

At different points in therapy, all three children referred to hope as being "magical." An example of this took place after Laurie created her final hope picture. One of the central figures in the picture was a wise person holding a jewel. Laurie stated that the wise old person or the wizard gave "magic hope". Similarly, in Sarah's second hope picture, her hope was that "the evil things" would not come back. Sarah placed a magic wand among flowers and thought that if evil things were to come back, magic could help her with her hopes. She also thought that shiny pearls had "something magical" and could make people strong. Krystal also included magic in her sand pictures. In her picture of wonderland, we see a magic wand that is placed to help Krystal with her needs. Krystal stated that she would use the magic wand to get "more protection...more jewels, more happy things...more food..."

For children in this study, hope and magic seem to be related. They appear to think that what they hope for can magically take place. This is consistent with Piaget's ideas (1927) who emphasized that children's thinking involves "magical causality" (p. 140).

According to Piaget, the concept of magical causality includes the characteristic in children's thinking that gestures, thoughts or objects are charged with efficacy. Piaget writes that children may establish a causal link between their thoughts, gestures or objects and the environment around them. In other words, they may think that a certain object will protect them from danger or a thought will magically bring about what they want.

Reviewing the findings of this study, we can see that all three children thought that magic could help them attain what they hoped for.

Hope helps with worry and hurt...gets you "up and excited"

Sarah's play suggested that her feelings of hurt decreased as she became more hopeful. Her sand picture reflecting "no hope" is also "a picture of hurt." This picture shows us "what Tommy did to her." As therapy progressed, Sarah stated that as her hope got "bigger and bigger," the "hurt inside got smaller." A similar connection was made by Laurie who explained that for her hoping was "turning my hurt into anger..." Anger seemed to be closely linked to hoping for Laurie. Hoping seemed to help both Laurie and Sarah's hurt inside.

For Krystal, hope helped with worries. When she hoped, Krystal did not worry as much. Also Krystal's hopes would grow "by not worrying too much." When asked what hope felt like, Krystal responded "think of things that would keep you up and excited" (as she made body movement like she was running). Krystal also used the word "joy" related to how hope felt. Hope felt like things that get us "up and excited" or "joyful" such as swimming and playing in the park.

The children show us that hope has something to do with the quality of life after their sexual abuse. Hope has an impact on their way of feeling and experiencing life. Kast (1991) writes that hope is "the basis for inspiration, creativity and joy because it contains

the dimension of basic trust" (p. 153). She writes that the present moment of joy contains the seed of the future. In hope the future blooms to occupy a central place. "As joy multiplies, it opens doors to inspiration and hope" (p. 160).

God gives hope

The link to a spiritual aspect hope also surfaced during our hope explorations. There were many moments in therapy when Laurie talked about going to church regularly with her family and how this gave her hope. Laurie had strong religious beliefs and when asked how her beliefs helped her, Laurie simply responded "it is in my heart." "Reading the Bible" helped Laurie's hope more than anything else.

Religion also gave Krystal some hope. What gave Krystal hope was "the songs that they sing and how they talk when I go there...candle sticks...the cross and the candles...and the priest with the bible and the long cape with a cross on it..." Krystal explained that she used to go to church when she was little. " ..I don't go now...but I am starting to go...I want to go." Showing us that her spirituality helped Krystal.

A similar finding was also included in Danielsen's study (1995) with children who live with cancer. These children also reported that believing in God, praying and others' prayers for them gave them hope. This is consistent with the writings of Lamm, (1995) Marcel (1962) and Miller (1983) who express that the basis of hope is faith.

What reminds me of hope...

All three children identified several objects or sensations that they linked to hope. These appear like symbols or associations connected to hoping. The children identified these as "what gives or what reminds me of hope..."

Some of these will be listed here:

Flowers (Sarah), perfume (Krystal and Sarah)

Smell of food (Krystal), smell of hamburgers, French fries and KFC (Laurie)

Bath (Laurie)

Piano, violin, popular music (Krystal)

Movies (Krystal)

Popcorn, chips, pop, candy, cookies (Krystal)

Bubble gum (Laurie)

Cesear salad, ice cream (Krystal)

These seem to remind children of hope in their daily lives. A similar list of "hope helpers" was also identified by children living with cancer in Danielsen's study (p. 83).

This list also contains many associations to hope like pets, stuffed animals, candy, herbal medicine, vitamins, statements like "this won't hurt" or "you will be OK. "

Someone can help you get to hope.

"Without hope, I would still have the stuff in me...bad stuff" are Sarah's words communicating to us that hope was essential in her healing. This study not only indicates

that children can hope and be intentional about it, but also hope plays a significant role in their recovery from sexual abuse. This was most strikingly highlighted when the children and I reviewed the sand pictures at the end of our journey. All three children expressed that they would not have felt better if they had not hoped and that their hope "got bigger and bigger" (Sarah) in therapy. Both Laurie and Sarah stated that the first picture they made in the sand had the least amount of hope and the last picture they made had the most hope (for Krystal the first picture was a hope picture).

At the end of this first experience with hope exploration in therapy, without hesitation, I can say that presenting a hope focus helped these children in therapy. The hope pictures that were created were powerful and spoke to the very essence of these children's hopes. It was fascinating to witness the power of those pictures and the feelings that accompanied them. It was breathtaking to be present as those creations took place. The hope pictures vividly communicate to us about the goals, feelings and needs of these children. Hope pictures helped us get focused and use our time and energy in an efficient manner. Each hope picture gave direction to the therapeutic efforts.

At the end of our journey, I also asked the children what gave them hope in therapy. Each child had a unique response. For Laurie, it was mainly "throwing bombs" at David. Laurie thought that "the bubbles...the breathing...and thinking of the safe place" gave her hope. Blowing bubbles, deep breathing and thinking about a safe place gave hope to Sarah as well. Sarah thought that "playing, talking and painting" also helped her hope.

For Krystal what gave hope was "the pictures that we made in the sand...and what we talked about." Laurie thought therapy "made it fun" to work on painful things.

All three children came to therapy after having endured several experiences that had made it hard to hope. When children are at a point of hopelessness, they need assistance from the adults around them. In therapy, hope explorations seemed to give children the space and freedom to reclaim and express their hopes. The free and protected space (Kallf, 1980) fostered in the therapeutic relationship appeared to strengthen and encourage the creation of these hopes. In therapy, hope seemed to grow out of a trusting, warm and accepting relationship consistent with the writings of Erikson (1963) who described the development of hope. Sarah seemed to be child whose hope was most strengthened by our therapeutic relationship, especially at times when her mother was rejecting towards her. Laurie also seemed to find hope in our therapeutic alliance. The nickname she gave me was initially "Glitter", later she changed it to "Sunshine" and taught me how to sign the word sunshine.

Given the therapy process of these children, we can consider the value of having the adults around them responding to their hopes and maintaining their hopefulness. Parents or caregivers need to be informed about children's hopes, develop an awareness of hope indicators, and continue responding to hope in their home environment. The parents may need to be given direction on how children have their unique way of connecting to hope. Some may connect to hope by thinking of a safe place, others through eating a certain

kind of food, others through praying. Caregivers can strengthen children's ability to reach for their dreams and live hopefully.

Therapist's hopes

For me, conducting this study led to the awareness of several things. It made me appreciate the power of hope as a clinical construct. I now believe that hope is a key component in change. I had the fascinating experience of witnessing children's ability to express their hopes and use it in their healing in therapy. This research also taught me about being in touch with my own hopes and using them therapeutically. While observing children's play, or talking to them, I usually try to monitor my own feelings. I try to hear the feelings under each character in the play. I try to use my feelings as a tool to understand what my client may be feeling. Now I feel more attuned with my hopes about each client. My increasing awareness of the level of hope I experience about a certain client, at a certain point in therapy, taught me to take action more quickly. I believe that the amount of hope we have for each client's change will have an impact on her success in therapy. Our hope for the client's change will have an impact on how much we struggle to help that client as well. If we as therapists think that there is little possibility for a client's change, how passionately can we try to assist that person in her journey?

Finally I would like to express that my hope for my clients is that they do not get abused again. I hope that they have learned from their painful experiences and become even

stronger by them. I hope that they have learned to trust and follow their instincts and stand up for themselves all their lives. I am thankful to these children for sharing their realities so generously. Their sincerity is invaluable to witness.

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