

Citation for published version:

J. E. Rhodes, N. D. O'Neill, and P. W. Nel, 'Psychosis and sexual abuse: An interpretative phenomenological analysis', *Clinical Psychology & Psychotherapy*, March 2018.

DOI:

<https://doi.org/10.1002/cpp.2189>

Document Version:

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Psychosis and sexual abuse: an interpretative phenomenological analysis

Journal:	<i>Clinical Psychology & Psychotherapy</i>
Manuscript ID	CPP-1648.R1
Wiley - Manuscript type:	Research Article
Date Submitted by the Author:	n/a
Complete List of Authors:	Rhodes, John; East London NHS Foundation Trust, Early Intervention Service; University of Hertfordshire, Clinical Psychology o'Neill, Nathan; University of Hertfordshire Nel, Pieter; University of Hertfordshire, Clinical Psychology
Keywords:	Psychosis, Sexual, abuse, Interpretative, phenomenological, analysis

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Psychosis and sexual abuse: an interpretative phenomenological analysis

Abstract

Objectives

To investigate the first-person perspective of psychosis sufferers who survived childhood sexual abuse.

Methods

Interpretative phenomenological analysis was employed to explore the experiences of seven women with a history of sexual abuse and psychosis.

Results

Analysis generated six themes: 1) *degradation of self*; interlinking shame, guilt, and sometimes disgust. 2) *body-self entrapment*; experiencing bodily constraint and distortion 3) *a sense of being different to others*; involving interpersonal problems 4) *unending struggle and depression*; a pervasive sense of defeat 5) *psychotic condemnations and abuse*; describing psychotic phenomena related to harm, and sexual abuse. 6) *perception of links to the past*; the links made from past abuse to current functioning.

Conclusion

Participants suffered extreme psychological, physical, and interpersonal difficulties past and present. Psychotic experiences reported exhibited themes of condemnation by external entities and reflected the topic of sexual abuse. Participants did not generally link psychosis to their past abusive experiences.

Practitioner points

- Participants suffering such extreme self degradation might profit from therapies that focus on emotion, compassion, or on working with extreme negative self schemas.
- Therapists need to be aware that themes of self degradation and condemnation might relate to sexual abuse.
- Participants, however, are unlikely to see a connection between what has happened to them in childhood and their adult psychotic symptoms or themes. They might even reject any connection, but could see connections to non-psychotic forms of suffering, such as depression.
- Participants are likely to have profound mistrust of others (including their therapist) and difficulties with relationships: working with these needs to be an important focus of the therapeutic process.

Key Words

Psychosis, sexual abuse, interpretative phenomenological analysis,

Psychosis with sexual abuse: an interpretative phenomenological analysis

Introduction

Considerable research now shows that child sexual abuse (CSA) has a wide range of damaging consequences in the lives of adult survivors. A review presented by Cashmore and Shackel (2013) highlights the increased incidence of several psychiatric diagnoses amongst this population, including alcohol dependence, social anxiety, PTSD and forms of psychosis. They also note evidence of increased suicide attempts, sexual behaviours involving risk, difficulties in relationships, and potential re-victimisation. In reviewing the methodologies used, they note improvements in recent work where longitudinal approaches have been employed (for example, Trickett, Noll and Putnam, 2011). Cashmore and Shackel (2013) conclude that the weight of evidence points to a causal relationship, albeit complex and involving many variables. Research has now also begun to map the effects of abuse on how the brain develops. In a review of neurological findings, considering all types of abuse, Teicher and Samson (2016) suggest that there is strong evidence of long-term neurological changes in those who have suffered abuse, including specific effects due to types of abuse. Heim, Mayberg, Mletzko, Nemeroff and Pruessner (2013) looked at the specific influence of child sexual abuse on brain development and noted changes in areas of the cortex that would be involved in sexual bodily experience. In contrast, some reviewers such as Hermans (1992) and Sanderson (2006) have drawn on descriptions of clinical work and have underlined issues of feeling shame, disconnection from others, lack of trust and self loathing as common features.

Some research has specifically investigated the association between CSA and psychosis. Bebbington and Dunn (2005), on the basis of their research, argued for a causal link. The meta-studies of Varese et al. (2012) and Matheson, Shepherd, Pinchbeck, Laurns and Carr (2012) both examined the possible associations of a range of abuses but include the specific suggestion that CSA in itself might play a causal role. Other research has looked at a range of features in adult survivors who have both psychosis and a history of abuse. Sitko, Bentall, Shevlin, O'Sullivan and Sellwood (2014) examined types of abuse and specific symptoms noting a strong association of CSA with hallucination, depression, and difficulties in attachment. Reiff, Castille, Muenzenmaier and Link (2011) generated themes to capture the meaning found in delusions and hallucinations of abused participants and then used content analysis to see if similar themes were prevalent in the non-abused. Results strongly suggested that themes relating to abuse were far more prevalent in the abused, for example, themes of threat or sexuality, and such themes differentiated the two groups. Mason, Brett, Collinge, Cur and Rhodes (2009) also looked at themes of delusions and hallucinations noting the prevalence of a theme of 'defective self' associated with higher levels of abuse. Lysaker et al. (2001) noted difficulties in areas of intimacy and poor social role functioning. Skehan, Larkin and Read (2012) described a range of negative features such as increased use of psychiatric services, and more homelessness.

There has been very little qualitative research into the experiences of adults survivors of abuse with psychosis. Strand and Tidefors (2012), using thematic analysis, focused on adult memories of childhood experience. Participants spoke of abuse, tension, one passive parent, and developing types of avoidance, of becoming almost 'invisible'. Some work has looked at specific types of abuse. For example, Rhodes and Healy (2016) employed Interpretive Phenomenological Analysis (IPA) (Smith and Osborne, 2003) to examine the adult

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2
3 experience of those with childhood physical abuse (and not sexual abuse). The participants’
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5 lives were dominated by fears of extreme violence both in everyday life and via the content
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7 of delusions and voices. Rhodes, Parrett and Mason (2015) used IPA to look at the
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9 experiences of refugees who had fled violence and were later diagnosed as psychotic: they
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11 were marked by a sense of ‘bleak agitated immobility’, the ‘attraction of death’, and missing
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13 their past lives. Voices related to witnessed violence, but there were also themes of the
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15 ‘spirits’ of the dead calling to the person.
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20 Given the importance of CSA in relation to psychosis, there is a need to fully describe and
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22 understand the experiences of such survivors; that is, to illustrate the first-person perspective
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24 and grasp what meanings and issues are predominant. To understand ‘how things are’ for a
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26 service user is essential for service planning and good clinical work. In this article we aim to
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28 focus on exploring how service users report their concerns, difficulties and possible
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30 symptoms, and further to explore how these cohere. We also wish to examine if they see
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32 connections of any type between CSA and their suffering in adulthood. To answer such
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34 questions requires qualitative methodologies. Additionally, for exploring this area where so
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36 little is known, we chose IPA to allow an in-depth study of a small number of participants
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38 and to invite reflection on the meaning as articulated by the participants.
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44 The research we present here cannot answer causal questions nor can it prove whether any
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46 themes, ideas, symbols are in some way connected or correspond to experiences in childhood.
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48 Our work, furthermore, cannot yield generalizations concerning prevalence of any features.
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50 Other methods would be required to answer such questions. We believe, however, that before
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52 such questions can be resolved one task is to find out what is actually occurring: What are
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54 service users experiencing? What kind of topics, patterns, or meanings emerge from
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analysing how participants talk about their lived experiences? This is the task we wish to pursue in this paper.

In conclusion, we wish to explore the first person perspective of adult survivors of CSA focusing on the immediate experience of participants. The work is exploratory and given the unknown nature of these issues we have chosen to use IPA, a qualitative research method suitable for such investigations. We are not testing a hypothesis or trying to prove a 'link', but making an attempt to find out what types or kinds of phenomena and meaning are occurring, and what these are like. This type of understanding is crucially hermeneutic and requires a meaning based approach.

Methodology

Participants

Following approval from the local Ethics Committee (reference 03/188), seven female participants with an age range of 32-48 (see Table 1) agreed to be interviewed out of a possible ten who were approached. Another participant agreed but turned out not to fit the abuse criteria. All participants' names were removed and replaced with pseudonyms in this paper. Initially we attempted to recruit both male and female participants, but over several months only women were referred to us. To avoid a great imbalance of numbers, we then decided to focus exclusively on the experiences of women.

Participants were identified in two ways: first, by information presented in their clinical notes and secondly by scores on the Child Trauma Questionnaire (CTQ) (Bernstein and Fink, 1998). The CTQ defines CSA as "sexual contact or conduct between a child and older

person; explicit coercion is a frequent but not essential feature” (Bernstein and Fink, 1998). All abuse reported here was carried out by a family member. The assessment of trauma was a routine part of the assessment for the psychology service in which the study took place. For this research, we only included participants who met the criteria suggested by the CTQ for sexual abuse (rated as ‘severe to extreme’) and not physical abuse which ruled out two further potential participants. All participants had experienced a form of psychosis, as recorded in their clinical notes. We assumed, as suggested in the literature on abuse (Cawson, Wattam, Brooker and Kelly, 2000), that CSA would involve aspects of emotional abuse. The participants were stable in terms of their psychotic condition although suffering from residual and fluctuating symptoms: they were not currently under a Mental Health Act Section). One potential participant remained too unwell and was therefore not asked to participate. The Consultant Clinical Psychologist involved kept contact with the participants and was on hand to manage any stress or difficulties that might have arisen from the research process.

[Table 1 about here]

Procedure

Potential participants were asked by members of the Clinical Psychology Service whether they would be interested to participate. Three potential participants declined at this stage. Participants who had shown interest were phoned and sent an information sheet to consider. Interviews were then arranged at an outpatient setting familiar to them. On meeting the participants the study information was discussed again, consent forms were given, and they were reminded they could withdraw at any point without it affecting their treatment. Throughout the recruitment and initial phase of the interviews terms such as psychosis, delusions and hallucinations were minimized to avoid assumptions in how symptoms and

other problems were conceptualized or described. A semi-structured interview (available on request to the corresponding author) using an IPA framework was constructed (Smith and Osborn, 2003). The participants were asked about the perceived effects (not the concrete or specific details) of their CSA as well as their psychosis in adulthood. The interview focused on the following three main areas: 1) what problems or difficulties the person saw themselves as having over their lives, 2) what problems in their lives might in some way relate to the abuse they suffered, including whether they felt the abuse linked to their experience of psychosis, 3) what effects the abuse had in general on their lives as children and when the abuse began and ended (these are not reported in this paper). We did not ask about details of the abuse.

The participants were interviewed alone, although it was made clear in each case that they could bring a family member, friend or carer (but not an original abuser). They were offered travel expenses but not any payment. The interviews lasted approximately 60 to 90 minutes and were audio recorded. None of the participants reported any ill effects from the interviews in their subsequent clinical follow-up. The recordings were later transcribed by the second author, prior to analysis and later deleting them.

Analytic process

All names, places and other identifying information were altered to preserve anonymity. The transcripts were then analysed using IPA (Smith and Osborne, 2003). IPA is an 'idiographic' methodology, examining in detail an individual case, then moving on to another, building up a rich, novel and detailed understanding of a small sample. The first transcript was read a number of times. At each reading the transcript was annotated, moving from initial thoughts and ideas found in the text to more detailed interpretative and structured coding. Several

steps to reduce bias and remain close to the data were followed. Interpretative comments and researcher thoughts were re-checked with the text, allowing the emergence of specific themes for the first participant. This process was repeated for the remaining participants and cross checked among the authors. The process of referral back to each of the individual texts allowed the interpretations to stay close to the verbatim data. Themes were kept in the analysis according to prevalence within and across the transcripts. The whole process of theme generation and checking was carried out twice: once by the second author and again by the first author. The two versions were then combined and unified following detailed discussion. The themes were also discussed with the third author.

We employed certain criteria outlined by Elliot, Fischer and Rennie (1999) for evaluating the trustworthiness of qualitative research. The analysis was carried out independently by the first two authors, and then the themes with examples were compared and discussed between all three authors until agreement reached. By using several analysts we hoped to strengthen our findings. To situate the sample a description of relevant characteristics of the participants is given in the tables. We have provided detailed extracts from participant accounts to illustrate themes and allow evaluation. Due to limitations of space, however, only illustrative extracts are given from selected participants for the majority of themes.

Finally, In order to counter any undue subjective influence or bias, we sought to be aware of our own knowledge, beliefs and assumptions in so far as we were able, in order to make sure we stayed open to exploring experiences being researched (Smith and Osborn, 2003). In this study, the principal investigator achieved this by keeping a reflective diary, the three

investigators openly discussing their personal thoughts and feelings about the emerging themes with each other, and reflecting on their respective roles and positions within the research more generally.

Results

We will discuss six main themes that emerged from the analysis of the data: 1) Degradation of self, 2) body-self entrapment, 3) a sense of being different, 4) unending struggle and depression, 5) psychotic condemnations and abuse, and 6) perception of links to the past.

Degradation of self

It was striking that four of the participants specifically described a feeling of being 'dirty'.

I get nervous around people. I'm shy, I still feel dirty, no matter how many times I have a bath and that. I still feel that dirty feeling. (Jackie)

...coz they're always looking at, not all of them, but some men look at me in a way that makes me feel dirty. (Hasina)

The feeling of being 'dirty' appears to be felt in the body, given she suggests attempting actual bathing. What is it to feel 'dirty'? Perhaps an attenuated form could occur in daily life when, for example, we have not been able to wash or, we have dirt on our clothes and others might see. When severe, our reaction can be of shame or disgust, of wanting to cover up or hide. The experience of participants, however, is extreme and unending, something they somehow cannot change or ever 'wash off'. Hasina (above), directly links the experience to a sexual gaze of others, in particular men. This experience seems specific to a situation,

whereas for Jackie it seemed to be about people in general. The following participant expressed similar ideas concerning dirt:

At the time I felt like I was a piece of crap basically. I must have been an evil bitch for this nasty thing to have happened to me. (Irene)

She added a further extreme comment:

I've said to other people, if I knew what my life was gonna be like, I would have strangled myself with the umbilical cord. And I'm not joking... (Irene)

The comments interconnect dirt, self blame, and then the attitude that one's life should not have been lived. Perhaps to emphasize the suffering she feels, Irene presents an extreme and impossible scenario of the destruction of self involving going back in time. Whether this act is one of hate, or in fact, aims to prevent suffering, is left unstated.

Toni stated that she did not hate herself, yet said:

I don't see why I should be treated like something that comes off of somebody's shoe. I don't see why I should be treated that way. I don't deserve it. (Toni)

Here she is probably referring to excrement, though it could be anything dirty. This is a metaphor of not only excrement or dirt, but something from the floor, and found on shoes. She is therefore seeing herself as below others, in a position of extreme inferiority and something rejected, for which others have disgust. It is outside our normal life, yet here it has been attached to the person by getting stuck on a shoe.

Three participants had less extreme expressions. Zoe said of herself:

I'm feeling redundant and quite useless (Zoe)

,and feared being made to feel 'humiliated', while two stated that they had engaged in blaming themselves for their pasts:

And so it's my fault, and so you blame yourself, and so for years and years and years of blaming yourself. (Clare)

And another:

My self-esteem just went lower and lower over the years... I was feeling that maybe I was partly to blame even though I never instigated anything. Erm, I felt, I felt guilty, everything sort of like rolled up into one. (Sue)

The 'blame' here might be understood as a less extreme experience of self-degradation. 'Blame' suggests an action carried out and is not so completely focused on the very core being of the person. Many feelings and thoughts, perhaps in contradiction, are 'rolled up', somehow all together in her.

In sum, all the participants experienced a sort of degradation, with degrees of self judgment, which for most involved a feeling centred in the body. There is a cluster of overlapping experiences suggesting shame, guilt, and disgust.

Body-self entrapment

One participant gave a vivid account of a bodily experience in childhood that was also experienced as an adult. She stated ‘the way I was abused was quite crippling’, then went on to say:

Yeh, I was saying it was crippling...That feeling I had as a child. Of being crippled. Sort of downtrodden. I’ve had that in mental illness. But I’ve had it in sort of both extremes. I’ve had it like when I’ve felt totally uncrippled, you know? So that I actually own the whole world. And then I’ve had it so that literally my body is crippled. Where I can’t walk properly. Or I can’t see, or eh, hear things properly. Em, it’s sort of similar to being in that situation as a child. It feels, my body feels like it’s...sort of shut down. Like there’s nothing there, like it’s all gone... It’s like, when I’m ill, my, my legs totally change, my feet my feet do all sorts of things, em, like clench up, and my big toe, toes all push out, and I can’t walk properly. (Clare)

She links feeling ‘crippled’ now as an adult directly to the feeling she had as a child. The feeling of being ‘crippled’, as an adult, occurs both in periods of psychosis and non-psychosis. When psychotic and feeling the opposite of ‘crippled’, she owns the ‘whole world’, suggesting power and freedom. At other times her body loses its ability to move freely. It is as if she shows in her body that she is not free, that she cannot even walk. For Clare there is often a feeling of being ‘crippled’ but when not well she begins to experience the feeling as a real and concrete state.

Jackie spoke of time when she was ‘spiralling out of control’ and added:

I mean I have a sense in my head of this sense of being trapped... (Jackie)

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3 She went on to say that now that she is looking after her father, that is, the abuser:
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7 I feel trapped again...I feel all a bit trapped again. But I feel I'm in control this time more.
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9 (Jackie)
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13 Here the idea of 'control' is explicitly mentioned. Perhaps for this participant being 'trapped'
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15 links to not having control over what happened to her. She emphasized her 'head' which
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17 might be the part of the body or self that should be in control. Zoe also had a sense of
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19 somehow being constricted:
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24 It's sort of em, a mixture really, of thoughts and probably sen, strange bodily sensations. Sort
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26 of like, it's as if I'm cut off, around, like relating to my body...Strange, it all seems to be
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28 related around my stomach... like I'm constricted. It's tight and it's sort of em, eh, very
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30 uncomfortable, very uncomfortable. (Zoe)
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34 She added later:
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38 ...it's all in my body. It's peculiar, it's sort of like a numb feeling. (Zoe)
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42 The experience combines disparate elements, 'thoughts', 'sensation', 'cut off', 'numb'. It is
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44 not clear how these cohere and in fact, perhaps they don't. Rather, it is a disturbing
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46 experience of fragmentation, and central to it is being 'constricted'. It seems a form of
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48 suffering experienced directly in the body itself but also involves thoughts and feelings.
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51 Toni described the following:
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When I was a child, I didn't feel dead inside, but when I went into teenage years I began gradually to feel dead inside...I feel as if I have no emotions. I can't express my anger. I have to keep my anger under control. (Toni)

In spite of feeling 'dead' she suggested there was also:

...hatred and bitterness, that's intertwined. (Toni)

Here being 'dead' seems related to the suppression of terrible feelings such as hate and 'bitterness'. We might think of these feelings as 'constricted', held back in the person. She is dead yet has these extreme feelings which cannot be expressed

The four accounts all suggest that somehow, in the body of the person, there is an experience of not being free, of not being able to express what might be powerful emotions and feelings. Two clearly relate the feeling to beginning in childhood, and a third as emerging as a teenager. One participant was able to describe how a feeling from childhood is transformed in adult psychosis.

A sense of being different

In discussing their adult lives, most of the participants articulated a sense that they were different to others and found themselves isolated and cut off. Linked to this was a perception that others were not to be trusted, and some mentioned the difficulty of intimate sexual relations. Zoe stated:

I feel like I stand out, sort of stand out like a sore thumb sometimes, you know, sort of like I'm the odd one out. (Zoe)

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5 The following were similar comments made by others:
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9 No, most of the time I feel the odd one out. (Jackie)
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13 Like I see it, like I'm on the outside looking in, and I don't like what I see. (Irene)
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17 Experience has taught me that fitting in doesn't work. (Toni)
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21 Six of the participants made such comments: a common image is that one is apart from the
22 others. Clare did not make an explicit comment but did emphasize that during a long period
23 she had 'isolated' herself and that, concerning her family:
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29 They find it difficult to understand where I'm coming from. And so I find it difficult to trust
30 them. (Clare)
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36 A picture emerged of participants seeing themselves as isolated and different. They do not fit
37 into what they construe as the everyday world. Whether the imagined world of others is good
38 or otherwise is sometimes left open, but at other times the other is depicted as untrustworthy.
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42 That participants could not trust others was mentioned explicitly by five. Toni stated:
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46 Well, I've come to the stage I can't trust anybody because you put your trust in someone only
47 for them to betray your trust. They, they, I mean, nobody, nobody knows what goes on in the
48 mind. Coz it might be legit, but they might have ulterior motives. (Toni)
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Others present a surface behind which are ulterior motives. Six of the participants explicitly mentioned intimate relationships and all reported great difficulties. Sue stated:

I just find it difficult to establish relationships because there will always be ulterior motives.
(Sue)

Hasina had had one long relation, but mentioned this difficulty:

...even when I was with the person that I loved. The boyfriend. I'll watch the way that he'll do things. The way he's got my clothes. If before we got intimate, my clothes will be on the bed. And he'll just chuck it, he'll fling it off. I used to get angry...it used to make me think, you're flinging off me. (Hasina)

During intimacy she felt he was mistreating her, and in her distress, she sees herself and her clothes as equivalent, in fact her clothes are her. As if the situation so disturbed her that the boundaries of what exists have broken down, and he therefore has really shown hostility or indifference to her. Clearly being close was fraught with extreme difficulties such that the boundaries of the self were metamorphosed. Zoe stated:

And the dreadful loneliness and isolation and at the same time finding it difficult to get close to people. (Zoe)

Being the 'odd one out' was experienced alongside great loneliness.

In sum, the participants felt they themselves were different, and this was in a world where others could not be trusted and often had other, usually negative, motives.

Unending struggle and depression

All the participants mentioned a great number of problems including with relationships, work, and daily life:

Basically, I haven't been able to live a normal life. I've been very depressed, sad and depressed, and couldn't see any way through it. I could never see a way through it (Clare)

And Jackie stated:

Just you can't seem to feel happy in yourself at all. You're just down all the time and everything is a struggle. That's about it really. (Jackie)

In a similar vein, Sue mentioned depression and then said:

I'm more quiet, more withdrawn, and sometimes I feel like I've got the whole world on my shoulder...like even though I know other people have problems but I feel like my one's a big problem. (Sue)

Not only are the participants feeling depressed, and also list several negative emotions such as feeling down, sad, worried, and at the same time there is a sense of being overwhelmed by things and having no hope for change. The state seems constant for some, as Jackie says above, while for others there is some variability:

I get times when I'm really really down. I get, I feel confusion, forgetfulness, forget things. Em, I'm constantly worried about my looks deteriorating (Zoe)

And in one sweeping comment, Toni stated when asked about her life:

Broken, spiritually, mentally, emotionally. (Toni)

The participants had a multitude of both practical and emotional problems in their daily lives. In addition, there is a sense of unending difficulties, that life is a complete struggle. Whether the struggles ‘cause’ or contribute to the misery, or in fact, that repeated depression has lead to difficulties (or both simultaneously) was not clarified.

Psychotic condemnations and abuse

All the participants spoke openly of ‘voices’ or times in their lives when they regarded themselves as ‘paranoid’. These were the actual words of the participants: whether a voice or delusional situation was real or a product of the person’s mind (that is, according to the participants themselves) was very variable and often unclear. Our aim is however not to settle such issues but to focus on the content as given.

The most common overarching theme was of some sort of condemnation combined with threats: the condemnation in all cases seemed to originate from people or entities external to the person. The condemnation concerned something wrong with the person, for example, that the person was evil. Some condemnation focused on issues of sexual abuse activity while other condemnations were vague. We will first focus on more general condemnation linked with harm, then later condemnation linked with specific ideas of sexual abuse.

Five of the participants mentioned ideas relating to condemnation and harm. Clare heard voices:

And then the voices were 'She doesn't even feel guilty about what she's done.' You know 'Look at her, she totally doesn't care about what she's done' and eh, I'm 'Well I would care if I knew what it was.' You know? And so the conversation goes on. And the whole time the conversation is going on, you're having all these thoughts. And, and to the point where, erm. Where, where you're actually now thinking 'well, if I'm that evil, I must, I must just kill myself now' you know because I can't be evil. (Clare)

There seems to be a tortured conversation going on internally with herself. She seems first to overhear a conversation between voices that note her lack of guilt at what she has done. There follows a sort of question and answer within the person: she wonders what she could have done, but then reaches a sort of conclusion, that she must be evil and so must take action. Toni stated without elaboration:

I have intrusive suicidal thoughts. (Toni)

And about others:

I still think everyone is out to get me...humiliate, degrade me. (Toni)

While three participants had ideas of suicide, for three others the issue was of more general harm:

...they just laugh at me, and they say to me they want me to hurt myself...and if I don't do it they'll keep going on at me, going on at me, and when I start screaming or banging my head on the wall they're laughing louder and louder. (Hasina)

What might happen to Sue was vague but suggested something negative done against her:

...the voices are telling me there's repercussions to follow afterwards. (Sue)

In the following themes self harm and explicit sexual abuse related topics are combined.

Jackie had almost killed herself as she listened to voices:

I thought that I was a paedophile, and that everybody knew what I was. And they thought. No I didn't think I was a paedophile, I thought everybody thought I was...And I thought I was gonna go to prison, and that I should hang myself or put myself under a train or...and the voices were telling me I should do that. But it was me, and my self-belief 'but I'm not', that stopped me from doing that. (Jackie)

Reading the passage suggests that the main issue for Jackie was, did others believe she is a paedophile? Yet the fact she first says she thought she was one could be taken to show the sort of confusion she might have experienced at the time. The theme of sexual abuse is clearly present in the issue of being a 'pedophile' but here the person, the one who had been a victim of abuse, is lead to believe she is the abuser. In this episode, it seems that for a while she experienced herself as having a new identity, that of being an abuser. Facing up to this conviction, she wanted to kill herself, but her 'self belief' stopped it. These comments suggest turmoil, a great struggle within the person. Another participant recounted a recurring incident:

...there is a neighbour next door, and I thought he called me a paedophile. (Zoe)

Again, the abused person is now called the abuser. Sue was subject to endless and terrible insults by voices:

...you're a fool, oh, and you're a dirty bitch. (Sue)

When asked if she meant the abuse, she confirmed this. She also stated:

...it's like, I imagine whatever I've done, other people will follow, will know what I've done.

So that's how the voices come about, come from. (Sue)

Irene was an exception in that her psychotic content did not seem focused on condemnation, however, there were issues of abuse. She recounted an extraordinary incident in which she heard the voice of the abuser, but also felt his presence:

...my grandfather came to me and said he did what he did, he sexually abused me because he was sexually abused himself...(Irene)

This was followed by:

It came into, he came into me. (Irene)

When asked how she had felt she stated:

It was frightening, but it also felt,..Em, it felt, healing, not in the sense that I had him there, but for him to explain why he was a bastard basically. (Irene)

And later others saw his presence:

And they said ‘look, there’s the grandfather, you can see the grandfather in her’. And he was.
I don’t know how many years he was dead... They could see his presence in me. (Irene)

For Irene, these experiences had great significance: she was clear she thought it had really occurred but realised that others would see it as imagined. In psychotic episodes the relation to abuse is not a simple one of recollecting episodes, as the case here with Irene, where her psychotic experiences in a sense are an addition to what happened in the past, a sort of continuation and alteration of the narrative. The range of possibilities seems open, that is, being the abused, the abuser, and so on. Whatever the permutation, the topic of abuse returns transformed.

In sum, experiences which the participants themselves described as voices, or sometimes paranoid thinking, concentrated on themes of condemnation, sometimes relating to sexual abuse (four participants), sometimes condemnation with more general threats (six participants). The way they relate to the topic of abuse is however complex and open. Condemnation involved insulting contempt, or degrees of usually self harm. For several participants the topic of abuse, or the attacking conversation of voices, activates the person to have sequences of disturbed thinking or a sort of dialogue within the self.

Perception of links to the past

All the participants considered that, in a variety of ways, the past had had a major influence on their adult suffering. In contrast, however, most did not suggest that the abuse lead to psychosis or, to be more precise, that the abuse had created the voices or paranoid situations

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3 (or what we from the outside might see as the delusional situation). Discussing how she had
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5 suffered types of eating disorder, Irene stated:
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9 When I went into psychiatric care is because of my past. It's got everything to do with my
10
11 past. I was anorexic, because I had no control of my life. Em, I wasn't believed with what
12
13 was happening when I was younger. (Irene)
14
15

16
17 Hasina was able to link to several problems:
18
19

20
21 I think it's mainly my stammer, and my cleansing-ness and my thoughts. (Hasina)
22
23

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25 However, when specifically asked about the 'spirits' said she did not know if this linked to
26
27 the abuse, but then went on to mention that she thought her mother had been put under a
28
29 curse.
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32
33 Jackie also saw connections with adult suffering and abuse. She described how she drank
34
35 excessive alcohol:
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39 I think just to blank things out. Make things feel happy, in myself and blank out the night
40
41 times. I used to drink until I could fall asleep with no problems... (Jackie)
42
43
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47 Jackie was the only participant to consider explicitly whether abuse had created her
48
49 psychosis, but even here, she prevaricated:
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51

52
53 I've got a feeling they've got a link. It's either that or it's genetic. But I should think, I think
54
55 there's a link. And my partner thinks there's a link between that as well.
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57

It would therefore seem that the idea came from someone else. She knew a sibling and a relative who had psychosis, and this might have led her to consider genetic factors.

In sum, all could see links between abuse and suffering, but the psychosis itself was not included in that explanatory frame. Sometimes the ‘spirits’ or voices reacted to the abuse, or knew about it but they had not been created by it.

Discussion

Our study of adult women survivors of child sexual abuse who experienced psychosis suggests they suffer from long-term feelings of ‘degradation’, sometimes accompanied by feelings of self blame, sometimes of being ‘dirty’; of feeling that their bodies are trapped or ‘crippled’, as if disconnected but also feeling held back or restricted. They see themselves as ‘different’ to others and feel isolated: intimate relationships are rare or difficult. They experience many symptoms and a wide range of social and practical difficulties cumulating in a sense that life is full of depression and struggle. The experiences participants described as ‘voices’ or paranoia’, were marked by a general theme of condemnation expressed in two subordinate themes. The first subordinate theme involved a reference to sexual abusive activities, though not as a reliving of past experiences. The second subordinate theme was of harm with condemnation, sometimes with an imperative to commit self-harm, including suicide. Finally, the participants saw their life-problems as linked to their abusive pasts, but did not in general see this as relevant to voices or paranoia.

Comparison with sexual abuse survivors

In the introduction we listed a range of negative features suffered by adult survivors of sexual abuse, including cognitive, emotional and social difficulties (Cashmore and Shackel, 2013).

The participants described in this paper either shared or had a version of several of the difficulties experienced by those who are not psychotic. Sanderson (2006) in her review describes profound experiences of 'shame' and of extreme difficulties with relationships and trust: these were conspicuous in our findings. She also describes a 'lack of embodiment' which is similar to our theme of body-self entrapment. Like non-psychotic SA survivors, our participants might well fit a description of having complex PTSD as outlined by Herman (1992) and lists features such as alterations in affect regulation and consciousness, self perceptions of shame, social isolation, hopelessness, and 'preoccupation with relationships with perpetrator'.

Comparison to survivors of physical abuse and with psychosis

Rhodes and Healey (2016) carried out an IPA study with adult survivors of CPA. There is some overlap between these two groups, particularly lack of trust and having a wide range of difficulties, but a striking difference is the fact that those with CPA are preoccupied by ideas of violence and attack, while those with CSA do not have the latter themes, but rather have themes of body-self entrapment and degradation. Another area of difference was in the content of psychotic experience. Those with CPA had ideas that they would be violently killed and destroyed by something or by others. In stark contrast, those with CSA spoke of condemnation and several in fact spoke of harming or killing themselves. They were being induced to self harm, while in CPA the destroying murderous forces came from outside.

Meanings of voices and delusional ideas in relation to abuse

Several researchers have investigated whether early trauma or events might contribute to the meanings found in the content of voices and other psychotic symptoms. The work of Hardy et al. (2005) suggested that details of exactly what had happened in a trauma were rarely reproduced in later voices, but that quite often similar themes were found. In the results described in this paper there appear to be themes which might relate to events in childhood, in particular, there were themes of abuse (for example, the topic of being a paedophile). There were also indirect themes such as being condemned for having carried out some actions, though what was left vague. Our results, in conjunction with those of Rhodes and Healy (2016) who found strong psychotic themes of violence and murder in the physically abused, suggest that major processes occurring in life such as repeated abuse over extended time can lead to long-term effects on the meanings found in adult psychotic experience. Our results do not prove a causal mechanism, nor do they prove a statistical association, but do strongly suggest, *prima facie*, that such patterns might exist and that evidence can be found for these if we find an appropriate method of investigating such complex fluid phenomena and if we locate participants who have specific traumas and not mixtures of trauma.

Given that extended abuse is likely to leave its traces on multiple aspects of a person, for example, in expectations or even neuropsychological functioning (Heim et al., 2013), then it seems reasonable to hypothesize that in an adult with psychosis these early experience will somehow influence the generation of attitudes, emotions, and meaning.

Parts of the self and psychotic transformations

Several theories have suggested that over time the same person can manifest very different global states of personality and that sometimes these can fluctuate quite rapidly. Young, Klosko and Weishaar (2003) suggest that a person can experience diverse states such as

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2
3 'vulnerable child' (that is, to feel now how one did as a child), or in contrast, to experience
4 the 'mode' state of 'punitive parent' (that is, to attack oneself verbally as a parent might have
5 done). Different theories have different ways of conceptualising these states: for example,
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7 Herman and Dimaggio (2004) talk of the self in dialogue with itself and that the person takes
8
9 up different 'I-positions', whereas Schwartz (1995) suggests that the self has parts which
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11 almost act as autonomous personalities. Rowan (2010) outlines a long history of theorising
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13 concerning 'parts' of the self.
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20 In Rhodes and Healy (2016) two participants reported that during psychotic breakdowns for a
21
22 time they had actually believed themselves to have become children. Rhodes and Healy
23
24 speculate that, if as Schema Therapy (Arntz and Jacob, 2013) suggests, most service users
25
26 have modes, and further, that those who were traumatised in childhood will have more
27
28 extreme types and expressions of modes, then it seems possible that abused psychotic service
29
30 users will have ordinary modes but that on occasions these modes might become transformed
31
32 by the processes of psychosis.
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37 One of our participants reported a feeling of being 'crippled' as a child and as an adult when
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39 not psychotic. However, she noted that the same feeling was also manifest when in psychosis:
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41 in particular, that she became 'crippled' and could not walk in her normal way and could not
42
43 see. It was also the case that on occasions she felt free from being crippled and seemed to
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45 move into an opposite state where she felt powerful and free. In Schema Therapy (Arntz and
46
47 Jacob, 2013) the latter would be seen as an over compensating mode.
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52 It was very striking that six of the participants described someone or some entities that
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54 engaged in ferocious criticisms of the person. The service users seem in fact oppressed by
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2
3 someone who accused them of doing something terrible, and continued to insult the person
4 ('dirty bitch'). We wish to speculate that such an entity could be seen as a 'mode' or 'part',
5
6 however in our participants the attacking mode was experienced as an entity outside
7
8 themselves transformed by psychotic processes into 'voices', 'spirits' and critical others. That
9
10 is, in psychosis, some participants were not doing what non-psychotic service users do, which
11
12 is to become the mode, to feel critical or angry and attack themselves (our participants
13
14 however also did that at other times, but not in the psychotic content itself).
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20 It was also striking that that service users were preoccupied by the identity of being a
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22 paedophile: this may not be an issue of modes as such, but perhaps more generally one of the
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24 breakdowns of 'identity' and the representation of others. Perhaps here we have examples of
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26 images of something dreaded and that, at a time of increased psychosis, these fears intensify
27
28 about who one is or what one might become such that a coherent sense of identity is lost.
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33 **Limitations**

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35 The work relies on a process of interpretation and therefore is open to the potential bias, for
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37 example, of culture or professional orientation. We note, in particular, that all three
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39 researchers shared an interest in phenomenological approaches to clinical psychology.
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41 Further limitations were that the sample number was small, from one urban area, and relied
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43 on the participants' testimony. Our research only concerns women: clearly it is important to
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45 carry out similar research looking at the experience of men (see below).
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49

50 **Future research**

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52 Given there might be typical patterns of meaning found in those with sexual abuse histories,
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54 and other types of abuse, then a next stage of investigation could compare larger numbers of
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participants with diverse types of abuse and simultaneously compare such findings to those without abuse. Larger samples would not be able to prove causation, but would lead to greater confidence in describing a distribution of patterns.

A key issue, however, is how one might carry out such an investigation on a larger scale. We suggest that standard questionnaires are unlikely to be sufficiently flexible or sensitive enough to pinpoint relevant manifestations of meaning. Each person has many narrations and might only mention relevant themes when diverse areas of experience are discussed. This tends to occur in interviews or clinical work and not in short questionnaires. One solution therefore might be to integrate research with clinical practice, and carry out surveys using qualitative data, thematic analysis and the use of systematic matrices for comparison: for example, it might be possible to carry out more than one interview over time, and in addition to collect relevant material concerning meaning from clinical notes. This might also further elucidate what it is that is occurring for participants as they work to survive and recover.

As discussed, most referrals to us were of women. Clearly research is needed that looks at the experience of men, particularly given that it might present in different ways with different pathways (Cashmore, and Shackel, 2013). Future research in such an area might need to consider how recruitment could be developed: for example, using several sites or service wide collaborations.

Finally, given the possible relevance of schema modes, then it would be interesting in future research to examine the relationship between schema modes, abuse histories, and the presentation of symptoms using both qualitative and quantitative approaches.

Clinical implications

The key themes we described in our results might be important areas to explore with service users. The prevalence of disturbing ideas and feelings of ‘being dirty’ or having shame or guilt point to the relevance of working with emotions, compassion and the importance of adapting ideas from therapies which have been used for these areas such as Schema Therapy (Arntz and Jacob, 2013). If there are narratives of self blame, then our research suggests that these would need to be challenged and alternative narrations of self and the past constructed (Rhodes and Jakes, 2009). Trust of others was a major issue therefore it is likely that this would extend to the therapeutic relation and may need addressing and monitoring. Furthermore, if abused service users are suffering both psychotic and non psychotic modes states, then this suggests that it might be useful to explore how using modes or parts of the self in therapy might be adapted for this group.

While our findings point to the importance of working with the general effects of abuse in the life of the survivor, the fact that participants saw no connection between past abuse and present symptoms, as well as experiencing significant levels of shame and distrust of others, suggests that attempting to link abuse to features such as voices or paranoia, at least at first, might be seen as irrelevant or invalidating by clients and be rejected. Initially, the collaboration and co-construction of narratives of recovery from painful life experiences may be more helpful and of direct concern to service users than approaches aimed at increasing ‘insight’ into the ‘psychotic’ nature of certain experiences.

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Table One: Participant characteristics

Participant	Age at Interview	Ethnicity	Age at onset of abuse	Approx. Duration of abuse	Diagnoses	Age of psychosis onset
Clare	35	White/English	8	7-8 years	Borderline Personality Disorder / Schizophrenia	Mid twenties
Jackie	35	Mixed race / English	13	3-4 years	Bipolar Affective Disorder	Mid Twenties
Irene	32	White / European	9	3-4 years	Anorexia - Schizoaffective Disorder Schizophrenia	19
Zoe	48	White / English	7	unknown	Schizophrenia	Mid thirties
Toni	37	Black British	Below 8yrs	4 to 8 years	Depression with psychotic features	Mid twenties
Sue	38	Black British	14 yrs and late teens	2 years	Schizophrenia	Early twenties
Hasina	26	Asian/British	12 yrs	2 years	Schizophrenia	Early twenties