Women and Trauma:
Transformation of Self Through Mask Making
and Action-Based Mask Work

by
June Elizabeth Birch
B.A. (Psychology), University of Alberta, 2007

THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS

in the
Counselling Psychology Program
Faculty of Education

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SIMON FRASER UNIVERSITY
Fall 2011

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Approval

Name: June Elizabeth Birch
Degree: Master of Arts (Counselling Psychology)
Title of Thesis: Women and Trauma: Transformation of Self Through Mask Making and Action-Based Mask Work

Examination Committee:

Chair: Sharalyn Jordan, Assistant Professor

Patrice Keats
Associate Professor
Senior Supervisor

Nadia Gill
Assistant Professor
Supervisor

Marla Buchanan
Associate Professor, Department of Educational & Counselling Psychology, and Special Education
University of British Columbia
External Examiner

Date Defended/Approved: ________________________________
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Abstract

This secondary analysis study examined the stories of six women who were impacted by trauma. These women attended a ten-week counselling group in which they participated in the construction of masks and in action-based mask work as a means of expressing and working through their trauma experiences. Based on a constructivist approach, the methodology employed in this study was a narrative inquiry centred on the work of Lieblich, Tuval-Mashiach, and Zilber (1998). The data were generated from open-ended questions during pre- and post-group interviews. Utilizing a narrative content analysis, a transformative process of self became evident along a timeline of before, during, and after the counselling group. The transformation of self shifted from a complex, hidden self to an emerging self, and finally to a new appreciation of self. Understanding this process and the catalysts for change, offers new insight to counsellors for supporting and working with trauma survivors.

Keywords: secondary data; women and trauma; mask making; action-based mask work; group counselling; narrative inquiry
Dedication

Throughout this thesis journey, I have been deeply moved by the courage shown by the six women who participated in this study. Even though I did not have the opportunity to meet these women, their stories touched my heart and soul. I only wish that I had one ounce of the courage they possessed in stepping into an emotionally painful process of reclaiming themselves. Baring one’s soul as a trauma survivor to one other person is a vulnerable undertaking. Baring one’s soul as a trauma survivor to a group of strangers is yet another vulnerable endeavour. But willingly baring one’s soul as a trauma survivor to the world of research is amazingly brave and deserving of much gratitude. As my most highly respected mentor stated, research participants were those “who gave the gift of their experience” (P. A. Keats, personal communication, January 13, 2011).

Thank you to the participants for offering their stories as they are, indeed, received as gifts.
Acknowledgements

First and foremost, I extend much gratitude to my trusted mentor and supervisor, Dr. Patrice Keats who has been instrumental in my development as a graduate student. She has generously imparted her wisdom and offered me many gems of knowledge both as a clinician and as a researcher. Thank you for your support and for all of the amazing opportunities you have given to me.

I thank Dr. Nadia Gill, my committee member for her help and support with my thesis project. I thank Dr. Marla Buchanan for her time and energy to be my external examiner.

I am especially grateful to my family and many friends for always being there for me. Your positive encouragement helped me to make it to the finish line. A big thank you goes to the two most important women in my life, my daughter, Jennifer and my mom, Peggy, both of whom have demonstrated, with many generations apart, what it means to be strong and confident women. Your love and undying support has carried me along my journey in life. I am thankful for Fabian for without his belief in me I would not have began this educational journey nine years ago. Finally, I want to thank Paul for coming into my life at the perfect time, for his unbelievable patience and understanding, and for taking care of me with such a warm and kind heart.
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Chapter 1: Introduction

One reason why research is so important is precisely that it can surprise you and tell you that your subjective convictions were wrong. If research always found what we expected, there wouldn’t be much point in doing research.  

(Gendlin, 1981, p. 5)

Introduction and Background

This present research project examined the narratives of six participants who had one or more past trauma experiences and who attended a ten-week counselling group which involved expressive therapeutic work. I was interested in understanding how each of the participants experienced self, in relation to their trauma histories, before, during, and after the counselling group.

The current study used secondary data which originated from a larger study. Dr. Patrice Keats was the Principal Investigator of the larger study titled: Rebuilding the Self Using Masks: A Group for Women which had as its goal to explore the participants’ trauma experiences through the construction of masks and action-based mask work. A fellow graduate student was named as Co-investigator of the larger study and collected data—subsequently used in my study—as a branch of the larger study. She interviewed the participants before and after the group and planned to examine posttraumatic growth in women through group counselling but was unable to complete the project. As a result, Dr. Keats provided me with the opportunity and permission to use the data, collected by this fellow graduate student, for my thesis research project.

It is important at this point that I reveal my connection to the larger study. As part of a research team approach, I worked with Dr. Keats as a research assistant and was involved in verifying the transcripts as well as analyzing and coding the data.
Study in Context

In order for the current study to be fully understood, it is critical that I provide an explanation of the context of the larger study conducted by Dr. Keats. In this section, I offer an overview of the larger research project based on information provided to me.

The participants of the larger study joined a ten-week counselling group and were given the opportunity to construct and work with masks as a means of expressing their past trauma experiences. The counselling group study was held at a community agency in Metro Vancouver.

The masks used in this study represented a metaphor for how the study participants lived in and moved through their intrapersonal and interpersonal worlds. The mask making process offered these participants an opportunity to become more self-aware of how their trauma experiences influenced their place in the world and ultimately, an opportunity to decide what parts of their self expression they wanted to keep, what parts they wanted to shed, and to what parts they wanted to give new life. Use of visualizations, journal writing, and Therapeutic Enactment were other therapeutic elements included in the counselling group work. However, for the purpose of my research goal, I focus only on the mask making and action-based mask work.

Throughout the course of the 10 weeks of group sessions, participants constructed four face masks (neutral, persona, counter, and life). The first three masks were made with paper and the fourth mask was a plaster cast of each participant’s face. Participants were invited to take photographs of their masks; for those participants who chose to photograph their masks they received a photograph to keep and another copy was given to the researcher. I offer an overview of the four different face masks and the action-based work that was involved with each of the masks.

The neutral-mask was the first mask that the participants created and worked with. The purpose of the neutral-mask, which was a simple design with openings for the eyes and nose, was to represent a sense of neutrality—neutrality in emotions and personal history. Keats and Arvay (2004) in their paper on masks and Therapeutic Enactment emphasized that “neutrality is a release from the shame and judgement about being a trauma victim” (p. 169). The absence of a mouth assisted the women in
setting aside any inner critical voice. While working with this particular mask, the women practiced breathing as a means to stay grounded and present in the here and now. The breath work associated with the neutral-mask was breath retraining to help the women to connect to their center and to a safe place within their being. Establishing safety in the therapeutic environment is of utmost importance, especially when working with trauma survivors (Fisher, 1999; Herman, 2001). The centering and safe place could then be accessed when, or if, the women became emotionally activated in the group process. This action-based work with the neutral-mask created a foundation for working with the other three masks. Ultimately, creating a neutral-mask allowed the women to be introduced to the mask making process without undo emotional arousal and to establish a means of grounding and emotional regulation.

The second mask introduced to the group was the persona-mask. The women created this mask as a representation of how they presented themselves to the world. The persona-mask also symbolized a reflection of expectations of self, expectations from others, and/or expectations based upon social conventions. In other words, the persona-mask mirrored the personality that each participant used to deal with the context of their outer world. When fully engaged in wearing the persona-mask in life, the focus tends to be on the external world and can blind one from what is happening in one’s inner world.

At this point in the group counselling process, the women engaged in action-based work. First, the women wore their own mask while physically moving around the room. This movement allowed the women to examine, be with, and become more familiar with the attitudes and physical attributes that the persona-mask carried. This exercise assisted the women to find self in the mask. Moving around the room while wearing the masks also meant that the women were more fully seen by others. The second aspect of this work included the women wearing the masks of other women. The women provided instructions to the wearer of their mask on how to walk and act. Consequently, the participants faced seeing themselves from an external vantage point which deepened their understanding of self. All of these movements offered the women the opportunity to more fully understand how they present themselves to the world. The fundamental purpose of these action-based movements was to promote an increased awareness of self.
The third mask that the women worked with was the *counter-mask*. Unlike the persona-mask, the counter-mask mimics one’s inner experience. The counter-mask represents more of the truth of who one is, what one actually feels, and what one actually wants and desires based on the foundation of self.

The *persona-mask* and *counter-mask* can often be in conflict and this conflict can be occurring at a conscious or an unconscious level. If one has been occupied with the experiences outside of oneself, knowing the inner experiences may be challenging and unfamiliar. Bringing light to the difference in the two states of being gives rise to a new awareness and consequently, an opportunity to reflect on what one wants to be and show to the world. In order to consolidate this difference, the action-based mask work involved the women switching back and forth between the two masks. The women donned the persona-mask and then removed it before donning the counter-mask. The women had time to experience what each mask represented before switching the masks. The women were also instructed to think about the differences and to consider what parts of themselves they would like to take forward with them for the next mask making project.

The fourth and final mask involved creating a *life-mask*. This mask represented the future, ideal self and was the culmination of self-awareness generated as a result of working with the other three masks. At this point in the process, participants, with a better understanding of their internal and external expressions of self, could decide what their life-mask would entail; in other words, participants decided what parts of themselves they wanted to hold onto, what parts they wanted to let go of, and what parts they wanted to transform.

At this stage of the counselling group, the women held the life-mask up in front of their face for the purpose of practicing being the new self. They were given the opportunity to experience and integrate the parts of themselves that they decided to keep as a result of new insights they gained from their work with the other masks. In addition, they also switched between holding the life-mask and the persona-mask up to their face in order to feel the difference between the two selves. Once again, the
rationale for switching between the two masks was to consolidate the choice of the new way of being in the world—the new self.

Aside from the mask making and action-based mask work described above, another aspect of the study was a Therapeutic Enactment component. All of the participants were given the option to engage in an enactment as an additional means to work through their trauma experiences. As the Therapeutic Enactment portion of the group was not the focus of my current study I refer the reader to literature on the topic (see Keats, 2003; Keats & Arvay, 2004; Westwood & Wilensky, 2005).

**Relevance of Current Study**

The study of trauma varies in its scope and is diverse in its findings. Researchers who investigate trauma are interested in the various aspects of trauma such as mental health effects (e.g., post-traumatic stress disorder, depression, substance use, relational issues), treatment options (e.g., cognitive behavioral therapy, Eye Movement Desensitization and Reintegration, sensorimotor approaches, expressive therapies), and treatment outcomes. There is a continuing interest for researchers to study treatment options. For instance, many different modalities to address the impact of trauma have been found to be effective, including expressive therapy techniques. This current study examined trauma survivors’ experience of self as a result of engaging in expressive therapy in a group counselling context. The expressive therapy included the construction of masks and action-based mask work as a means for which the participants could express and work through their trauma experiences.

This study is important as it examined the efficacy of expressive therapeutic techniques within the context of group work with trauma survivors. Research looking at group work with trauma survivors has been shown to benefit the trauma survivors in different ways from that of individual therapy alone. Group work offers trauma survivors a space to publicly talk about their stories of trauma with other group members (Westwood & Wilensky, 2005). The benefit of having others bear witness to one’s traumatic past shifts the story from being a personal and internal understanding of self in relation to the world to being a shared social understanding of self in relation to the
world. The story then resides outside of self and is given a new context to make sense of self in relation to the trauma. As a result of hearing other group members’ response to a trauma survivor’s story, the trauma survivor is provided an opportunity to feel validated and to gain new perspectives on her experience. In addition, trauma survivors can benefit from hearing other trauma survivors’ stories. When trauma survivors hear other trauma survivors’ stories they can easily be moved to feeling compassion for the other which oftentimes is difficult for the trauma survivor to feel about self. Feeling compassion for someone who has a similar trauma story opens the door for feeling compassion for self.

The intent of this study was to also examine trauma recovery in the context of group work, specifically with women. Understanding what, if any, unique outcomes can be attributed to group work for and with women offers researchers and clinicians more information on how to work with women who are trauma survivors.

The interest in group work, in this particular study, versus individual therapy for trauma survivors is not to minimize or make a comparison with the effectiveness of individual therapy. In fact, group counselling and individual therapy for trauma survivors go hand-in-hand. In other words, for group work to be successful for trauma survivors, individual therapeutic work is required before engagement in group work. Herman (2001) highly recommends that trauma survivors be at a specific stage of recovery before entering group counselling. Otherwise, she cautions that engaging in group work prior to important initial work in individual therapy may be harmful to the trauma survivor. Therefore, the interest in group work is to further explore how group work can positively impact trauma survivors’ recovery process and the specific nuances of group work that aid in the recovery process.

**Narrative Inquiry and the Study of Self**

As a narrative researcher, steeped in a constructivist framework, I am interested in studying how people tell their stories and subsequently, make sense of themselves and the world in which they live. Therefore, this study examining women’s sense of self
is a perfect match with conducting a narrative inquiry. My aim was to understand how the participants made sense of self in relation to their traumatic past.

Bamberg (2006) suggested that narrative researchers “study talk” and through this process both the researcher and over time, the participant are able to piece together the participant’s sense of self (p. 144). This sense of self is associated with how the participant views self within a social context—the world and more specifically, in relationship to others within their world. As such this study explored the participants’ sense of self in relation to their traumatic experiences which was a part of the social context of their world and which included their relationships to others. Through the analysis of the narratives—stories told by the participants—a new sense of self was revealed.

**Research Questions and Objectives**

In this section, I provide information on both the original research goal for this branch of the study as well as my research goal in using the secondary data. Acknowledging the original research goal is imperative as it shaped the way in which the study was designed and consequently, the means in which the data was collected.

The original research goal was to explore posttraumatic growth in women who were affected by trauma and who attended group counselling. The methodology employed was a narrative inquiry and the objective was to gather information from each of the participants on a traumatic event they experienced in the past, how this event impacted the participant, and how the group counselling changed, if at all, participants’ experiences of themselves in relation to their past trauma experiences.

The purpose of my study, in examining and analysing the data, was to explore women’s sense of self based on their traumatic experiences, as well as their sense of self as a result of their experiences in group counselling, particularly through mask making and action-based mask work. One of my goals was to understand each of the participants’ experience of self in three contexts: (a) before group counselling, (b) during group counselling, and (c) after group counselling. More specifically, I was interested in what, if any impact expressive therapeutic techniques in a group context had on women
who had experienced trauma in the past. Based on what the participants talked about in the post-group interviews, I focused primarily on the persona- and counter-mask work, as the process of working with these two masks provided rich data with respect to reflections on, and subsequently, the transformation of self. I analyzed the data using a constructivist stance and employed narrative analysis with the trauma survivors’ narratives.

Although the research goals differed, the interview transcripts—participants’ stories—were rich with information related to the participants’ sense of self. I believe that the questions asked in both the pre- and post-group interviews solicited stories that were applicable to my research goal. For instance, the following two questions are examples of eliciting information from participants about their sense of self related to their trauma experience and about their sense of self related to the group counselling experience: (a) how do you make sense of your trauma experience?, and (b) what, if any, positive things have come out of your experience with the group? These open-ended questions guided the women to reflect on and speak to their sense of self in relation to both their trauma and group experiences.

Before reporting the results of this study, I provide an overview of the relevant literature related to the focus of this study as well as the methodology used to collect and analyse the data. This information is important to discuss in order to understand the final two chapters—results and discussion—within the context of this current investigation.
Chapter 2: Literature Review

This chapter provides an overview of the research literature relevant to my current study. I have divided this chapter into three sections—theory of self, trauma and its impact, and trauma recovery—which speak to, and correspond with my thesis findings.

Theory of Self

Even though self is a commonly used word in the English language, there is much discussion and interest in the literature about what is meant by self and whether it can be succinctly defined. Polkinghorne (1988) notes that, “self, then, is not a static thing or a substance, but a configuring of personal events into an historical unity which includes not only what one has been but also anticipation of what one will be” (p. 150). I understand this to mean that self is unified and yet, dynamic in nature. The self, in this context, is cohesively joined together by past experiences and future possibilities and is in a constant movement towards something new and different.

Martin and Sugarman (1999) reflect on a deeper, more philosophical understanding of self in the world. They take a stand that humans are existentially driven to act with the intention of moving forward. This human agency is then influenced by the social and cultural contexts and relations with others, which have the ability to support or limit this human drive towards growth and development. Their view of self is consistent with a constructivist view of the world. Constructivists understand that meaning is made—of self and of all else—based on the contextual factors to which one is exposed (Arvay, 2002).
Self and the Change Process

Martin and Sugarman (1999) contend that self is constantly in a state of change, “enabled and constrained by human existence and experience” (p. 30). Based on a narrative perspective, Arvay (2002) suggests that the change becomes possible as a result of telling and re-telling one’s story which can naturally lead to a reconstruction of self. When the story is told and re-told with others as witnesses then transformation of self is more promising. I contend that this understanding of self and the change process makes sense in relation to this study. Working within a narrative framework, this study offers an opening for trauma survivors to reconstruct the meaning of their story and consequently, to reach a new understanding and meaning of self.

Trauma and Its Impact

My objective in this section is to provide information on and a context for understanding the impact of trauma. Thus, I cover the following topics: (a) an historical account of the interest in the study of trauma, (b) two current diagnoses related to trauma, (c) a discussion related specifically to women and trauma, (d) an overview of the mental health effects of trauma, and finally, (e) common factors that influence disclosure of trauma events.

Historical Roots of Trauma

The initial academic interest in trauma can be traced back to the First World War (Scott, 1990). At that time, British military physicians coined the term “shell shock” to describe “the dazed, disoriented state” that they noticed in some soldiers (p. 296). They attributed shell shock to underlying physiological problems as a result of the “exploding artillery shells” (p. 296). Unfortunately, those soldiers were seen as weak and unable to handle the conditions of war. Sigmund Freud entered into a debate about the origin of the effects of war on soldiers. He contended that the symptoms noticed in some soldiers were, in fact, psychologically based not due to physiological injuries. Around the time of the Second World War, there was recognition that war veterans experienced mental health problems post-war. Consequently, there were a number of psychiatrists who advocated for and were successful in the inclusion of a separate classification—gross
stress reaction—in the inaugural *Diagnostic and Statistical Manual of Mental Disorders (DSM-I)*, published in 1952. Interestingly, the American Psychiatric Association decided to remove this classification from the *DSM-II*, which was published in 1968. From this point on, there were ongoing debates about adding a new classification system to the *DSM* to address trauma effects. Finally, in 1980 the *DSM-III* was published including a new diagnosis called “post traumatic stress disorder” (p. 307). Since that time, the American Psychiatric Association has included post-traumatic stress disorder (PTSD) in the manual’s nomenclature.

To this day, many researchers are interested in studying the impact of trauma. While the historical interest in trauma was related to the effects of war, the current interest in trauma expands far and wide in its scope. Trauma survivors, especially as a result of childhood experiences, often meet the criteria for a number of different diagnoses such as PTSD, depression, substance abuse, and generalized anxiety disorder (Korn & Leeds, 2002). These multiple diagnoses speak to the complexity of symptomatology as well as to the attention needed to ensure that the best treatment practices are available for trauma survivors. One study identified the complexity of trauma outcomes in that traumatic events can affect the physiology of the body as well as cognitive and behavioural functioning of the trauma survivor (Solomon & Heide, 2005). Further, some studies found that individuals are differentially impacted by traumatic experiences (Levine, 2005; Tedeschi & Calhoun, 1995). The effects of trauma can be complex and therefore, researchers and clinicians are called upon to increase knowledge and understanding related to the impact of trauma and to effective treatment practices.

**Diagnoses of Trauma**

**Post-traumatic Stress Disorder**

Post-traumatic stress disorder (PTSD) was first introduced in response to the trauma impact noted with Vietnam War veterans (van der Kolk, 2001), and subsequently included in the *Diagnostic and Statistical Manual of Mental Disorder-III*. The diagnostic criteria for post-traumatic stress disorder, according to the *DSM-IV-TR* (American Psychiatric Association, 2000) text revision, is a person who “has been exposed to a traumatic event in which both of the following were present: (1) the person experienced,
witnesses, or was confronted with an event or events that involved actual or threatened
death or serious injury, or a threat to the physical integrity of self or others,” and “(2) the
person’s response involved intense fear, helplessness, or horror” (p. 467). Traumatic
events for the purpose of PTSD diagnosis are extreme in nature and may include, but
are not limited to, violent assault, automobile accidents, diagnosis of a life-threatening
disease, witnessing death, or learning about serious injury or death of another.

Although not included in the diagnostic criteria for PTSD, there is some
discussion amongst scholars whether dissociation, (or as Rothschild (2000) denoted, a
splitting in awareness) should be included as a symptom. As Rothschild suggested
further research in the area of dissociation needs to be conducted in order to determine
if, or how, it is related to PTSD. Understanding the role of dissociation in the lives of
trauma survivors is important as “the presence of dissociative symptoms is complicating
the patient’s recovery from Complex PTSD” (Fisher, 2001). Fisher (2001) goes on to
say that very few, if any, trauma survivors do not dissociate. Therefore, dissociation is a
critical component for clinicians to be aware of, to watch for, and to understand the role it
plays in the recovery process for trauma survivors. For instance, trauma survivors in this
current study describe a type of dissociation (e.g., feelings of being frozen, dead inside,
living with a stranger) that needs to be considered as an impact of their trauma
experiences and consequently, how it then affects the recovery process. I suggest that
the omission of dissociation as a symptom of PTSD is amiss and therefore, worthy of
scholarly attention.

Dissociation in the context of this current study using masks is important to note.
Working with masks was found in one study to create a type of dissociation for some of
the participants (Turner, 1981). Therefore, both clinicians and researchers need to be
knowledgeable in all of the potential aspects of the impacts of trauma, including
dissociation as one of the criteria associated with complex PTSD.

Complex PTSD

Complex PTSD, while not an official diagnostic name, was included for the first
time, in the DSM-IV under the category of Disorders of Extreme Stress Not Otherwise
Specified (DESNOS). Complex PTSD is in recognition of the complexity of symptoms
that are associated with prolonged interpersonal abuse and neglect (Herman, 2001; van
der Kolk, 2001). Herman (2001) suggested that complex PTSD involves a “spectrum of conditions” rather than a single disorder (p. 119). Complex PTSD alters functioning in areas such as affect regulation, self-perception, relations with others, and systems of meaning (Herman, 2001). Considering that complex PTSD has a different set of diagnostic criteria than PTSD brings to attention that the impact of trauma is complex and needs to be handled therapeutically as such. The criteria for complex PTSD “involves persistent alterations in seven aspects of self-regulation and psychosocial functioning following exposure to traumatic stress: (a) affect and impulse regulation (i.e., persistent distress, risky behavior or self-harm), (b) biological self-regulation (i.e., somatization—pain or physical symptoms or impairments that cannot be fully medically explained), (c) attention or consciousness (i.e., dissociation), (d) perception of perpetrator or perpetrators (e.g., idealization, preoccupation with revenge), (e) self-perception (e.g., self as damaged or ineffective, profound shame or guilt), (f) relationships (e.g., inability to trust, revictimization, avoidance of sexuality), and (g) systems of meaning or sustaining beliefs (e.g., hopelessness, loss of faith)” (Ford, Stockton, Kaltman, and Green, 2006, pp. 1400-1401). One study found that mental health effects are higher for those who have experiences sexual abuse at multiple times over their lifespan than for those who have a single experience of sexual abuse (Banyard, Williams, & Siegel, 2001).

Given that complex PTSD is associated with interpersonal trauma in early childhood and with prolonged trauma, it is important to talk about in relation to my study. All of the participants of this study reported that their traumatic experiences were not a single event but were multi-layered. Trauma survivors who meet the criteria for complex PTSD have been impacted by the trauma on various levels, including their relationship with self and others.

**Self Impacted by Trauma**

As has been suggested, self is dynamic in nature and is influenced by various contextual factors (Martin & Sugarman, 1999; Polkinghorne 1988). According to this understanding of self, trauma experiences, which are embedded in the social and cultural contexts of human existence, impact human development and the sense of self. As the literature suggests, trauma negatively impacts human growth and development.
In some cases, the self is not only hindered by the traumatic events but it can go into a state of being immobilized or ‘paralyzed’ by the trauma. Therefore, self is unable to move forward and is stuck in limbo.

The literature on trauma survivors reveals that there is often a disconnection within the person; for example, a trauma survivor may feel a disconnection between body and mind, a disconnection between bodily reactions and feelings, or a disconnection between what people want in life and what they create for their lives (Rothschild, 2000). In other words, sense of self is not always clear and not based, necessarily, on the truth of who one is. Many times, the damage created by the trauma obscures the trauma survivor from understanding the foundation of self. Most trauma therapies aim to assist trauma survivors to become more attuned with self while trying to separate the effects of the trauma experiences from the person. In this process, the hope is that there will be a new awareness and subsequent acceptance of self as a result of understanding the impact of trauma on self.

**Women and Trauma**

Gender studies on trauma reveal that some trauma effects manifest in slightly different ways between men and women and as a result, trauma therapy needs to be matched accordingly. One such study on women and childhood sexual abuse revealed that the way in which women perceive power and control in the counselling context affects the outcome (Koehn, 2007). The findings in this particular study indicated that the counselling process is more beneficial when women perceive a sense of shared power with the counsellor and when women feel autonomy with the choices related to their therapy. Similarly, Herman (2001) reported that it is crucial in the recovery process to help trauma survivors restore a sense of power and control in their lives, which in turn, creates a sense of safety. Safety in the group counselling context, as in my study, is a critical component to consider when working with trauma survivors.

Another study examined gender differences in the relationship between trauma experiences and drug or alcohol relapse in alcohol-dependent adults; the researchers found that relapse in women, not men, was associated with the history and symptoms of trauma, specifically “severity of childhood trauma; number of lifetime events evoking
fear, helplessness, or horror; and current trauma symptoms” (Heffner, Blom, & Antenelli, 2011, p. 307). These findings indicate that assessment of trauma history and symptoms is particularly important for matching treatment to this population of women. When working with women who have a trauma history, being knowledgeable about substance use issues will help the clinician to educate the trauma survivors on what specific elements of the trauma could lead to relapse.

In a study examining gender differences in suicide-related thoughts or behaviour amongst military women and men with a history of trauma, the researchers found that there was a significant difference in reporting trauma events in that women reported more incidences of trauma than that of men (Cox et al., 2011). In addition, gender differences were noted in one study that looked at how men and women appraise their trauma experience, which in turn affected trauma recovery (Simmons, 2010). It has been claimed that women are at a higher risk than men for developing mental health effects, especially PTSD, following a traumatic event (Simmons, 2010). All of these gender differences highlight the fact that assessment and treatment of trauma survivors may need to take different courses for men and women.

Other studies have examined trauma and women alone with a focus on shame and self-blame. Shame has been found to be an outcome of childhood sexual abuse in women (Bennett, Sullivan, & Lewis, 2005; Straker, Watson, & Robinson, 2002); in addition, shame has a rippling effect as it has been associated with other variables such as distress (Ginzburg et al., 2006), problems with relationship intimacy (Feinauer, 2003), depressive symptoms (Harper & Arias, 2004), revictimization (Filipas & Ullman, 2006) and recovery (Feiring & Taska, 2005). The findings from a study on sexual assault history of women indicated that self-blame for past trauma experiences affects recovery and as well, being sexually victimized in both childhood and adulthood impacts their sense of self-worth (Ullman, 1997). Shame and self-blame are addressed again, in the next section, relating to how they impact disclosure of trauma.

Ford et al. (2006) found that some women who experienced trauma as children or adolescents and met the criteria for Disorders of Extreme Stress Not Otherwise Specified (DESNOS) were associated with the type and severity of the trauma
experience. They also note that additional outcomes of past trauma, dependent on other variables, include problems with self-regulation, dissociation, and PTSD.

Many studies have examined the relationship between trauma and the ensuing mental health effects. As noted in the above section, there have been many studies that have specifically studied women and mental health effects related to trauma. The mental health effects reported below are not gender-specific.

Fragmentation of self is a common mental health effect of trauma (Keats & Arvay, 2004; Straker et al., 2002). Similarly, a loss of connection to self, to others, and to the world is another outcome of trauma history (Levine, 2005). Dissociation, which has elements of fragmentation, has been noted as an initial coping mechanism for enduring a traumatic event; however, over time, dissociation can develop into maladaptive coping (Banyard, Williams, & Siegel, 2001). Judith Herman (2001) is well known in the field of trauma and offered her knowledge on symptoms and feelings associated with trauma histories, namely feelings of helplessness, shame, doubt, and isolation as well as hyperarousal, intrusive thoughts, and constriction.

Acknowledgement of the various mental health effects of trauma provides a basis for understanding how the trauma survivors in this current study talk about their experiences related to trauma. Although the participants in this study may not name the symptoms they have experienced in clinical terms, the language they use to describe the symptoms can make sense when the reader is aware of the possible mental health effects. In addition, mental health effects such as shame, doubt, and isolation can impact how, when, or if trauma survivors decide to disclose.

**Disclosure of Trauma**

This current study is reliant upon trauma survivors disclosing their past traumatic experiences. Therefore, discussing and understanding what conditions impact disclosure is important and relevant to my study.

Disclosure of past traumatic experiences is thought to be a process, not a single event (Alaggia, 2004). In other words, there are many variables—internal, external, and relational—that impact the course that disclosure takes. Most trauma survivors are
reluctant to disclose their stories of trauma for a variety of reasons, including, but not limited to, lack of safety (Herman, 2001), shame (Westwood & Wilensky, 2005), fear of not being believed (Alaggia, 2005), and worry with hurting or burdening others (Alaggia, 2005). Herman (2001) cautions therapists to be aware of some clients who want to rush into telling their story as prematurely exploring the past trauma could exacerbate the current symptoms of trauma. Therefore, therapists are delegated with the important job of ensuring safety is at the forefront of the therapeutic work at all times. An analysis of gender differences for disclosing child sexual abuse revealed that there are different variables that affect disclosure similarly for both men and women: “delaying disclosure, attempting to tell in indirect ways, feelings of shame and blame, and fear of negative consequences for disclosing” (Alaggia, 2005, p. 464). This author goes on to provide sage advice to clinicians about the various dynamics at play with disclosure. For instance, many trauma survivors of childhood sexual abuse disclose in adulthood but initially present with other problems, such as eating disorders, relational problems, and substance use problems before they will disclose the trauma to the clinician. Disclosure of past traumatic events is a vulnerable undertaking and in most cases, will unlikely occur unless the client feels safe.

Safety

Feeling unsafe with others and unsafe with self is a common experience for individuals who have experienced trauma (Herman, 2001). Therefore, creating a sense of safety for trauma survivors is the first and the most important therapeutic goal and is considered an essential component when working with this population (Briere & Scott, 2006; Herman, 2001). Knowledge of the therapeutic window for trauma work enhances the therapist’s ability to create a safe environment (Briere & Scott, 2006; Ogden, Minton, & Pain, 2006). The therapeutic window is an imaginary representation of the range of activation—over-activation at the top and under-activation at the bottom—that helps therapists in containing clients’ activation levels in trauma therapy. In other words, the hypothetical therapeutic window offers the clinician a sense of where the client is best situated in effectively working through the past trauma experiences. Hyperarousal or too much activation creates difficulties in being able to process information, and hypoarousal or too little activation may preclude the client from effective therapeutic work. Rothschild (2000) also speaks to paying attention to and helping clients in maintaining a level of
arousal that supports therapeutic work. Based on a theory of interpersonal protection, Thomas (2005) proposed that development of internal working models of protection, based on attachment theory, may mitigate the effects of childhood abuse. Due to the lack of external protection in childhood abuse cases, an internal template for protection is lacking and thereby, leaves the individual without a sense of safety in the world or with self. The development of internal working models of protection involves clients visualizing a real or imaginary protector. Then when the trauma survivor revisits the traumatic event in the minds eye, the clinician invites the client to imagine the protector at the event and that the protector stops the abuse. The visualized re-enactment of the traumatic event with the addition of the protector provides a renewed sense of safety in the world. Clients can then call upon this protector in other situations in which clients feel unsafe or are emotionally activated.

**Shame**

Shame can often hold back a trauma survivor from disclosing past traumatic events to others. Shame has been named as one of the mental health effects of traumatic experiences (Alaggia, 2005; Bennett et al., 2005; Straker et al., 2002). Hirakata and Buchanan-Arvay (2005) discussed the importance of illuminating the experience of shame to lift the veil of secrecy surrounding shame. The reason for the secrecy is explained by Westwood and Wilensky (2005). They point out that those living with a sense of shame fear most that their shame will be seen by others. If the shame is exposed, then others may then become aware of the trauma survivor’s victimization. Shame is often kept tightly concealed by the trauma survivor.

Shame is important to understand for two reasons in this current study. First, shame on a personal level can interfere with the disclosure process. Second, shame can be easily activated in the group counselling context (Westwood and Wilensky, 2005). Group leaders need to be skilled and sensitive to how group members interact with each other and with how the leaders interact with group members. As Westwood and Wilensky claim the arousal of shame, if not handled well, can be devastating for group members and group work.
**Not Being Believed**

Alaggia’s (2005) study on gender differences found that women’s fear of being blamed or not believed affected their decision to avoid disclosure of trauma experiences. Another study that examined disclosure discussed the risk of potential harm that could be caused if disclosure is made and the trauma survivor is not believed (Sinclair & Gold, 1997). Therefore, some trauma survivors are cautious with disclosing because the fear of not being believed outweighs the potential of being believed.

**Hurting or Burdening Others**

Some trauma survivors are reluctant to disclose for fear of hurting or burdening others. However, making meaning of one’s traumatic past sometimes involves the need to tell and re-tell the story (Levine, 2005). Consequently, what some trauma survivors face in telling and re-telling their story to someone they know is their inability to bear witness to the hurt or pain it causes to others when they hear about it (Tedeschi & Calhoun, 1995). In one study examining gender differences in disclosure, women revealed that their hesitancy to disclose was related to concerns over how the disclosure would impact others (Alaggia, 2005).

**Trauma Recovery**

The process of recovering from trauma has been the topic of interest for many clinicians and researchers. For instance, there is a large organization, the International Society for Traumatic Stress Studies (based in the United States of America) that is solely dedicated to trauma research and practice. In conjunction with the plethora of research that has been conducted and reported by members of this organization, there are various treatment options available for trauma survivors (see Foa, Keane, & Friedman, 2000). However, this vast selection creates a dilemma for clients and clinicians alike. What treatment option, out of all of the evidence-based treatments, would a trauma survivor or clinician choose to work with? Each treatment option offers hope for recovery to trauma survivors that through these specific techniques, the effects of traumatic experiences will be decreased. The question remains as to whether some treatment options are more effective than others and whether some trauma survivors are
better suited to specific types of treatment. As a result, choosing the best treatment modality to address traumatic experiences is not necessarily a science but may be left to the trauma survivor to randomly choose between the treatment options available, recommended, or in vogue. In this regard, my view is that the stages of trauma recovery as developed by Judith Herman (2001) as a foundation, and group counselling using expressive techniques appears to be an effective option for the trauma survivors in this study.

**Stages of Trauma Recovery**

In this section, I highlight Judith Herman’s (2001) work on stages of recovery for trauma survivors. I believe that her stages of trauma recovery are fundamental in nature and could, therefore, be applied to various therapy techniques. She suggested that there are three distinct stages of trauma recovery: safety, remembrance and mourning, and reconnection. I provide a brief overview of each of these stages.

**Safety**

First and foremost in the recovery process for trauma survivors, creating a safe therapeutic environment is paramount. Herman (2001) suggests that safety can be achieved in two separate but essential ways through naming the problem, and restoration of power and control. Clarity around the problem at hand is an ethical practice before embarking on a therapeutic course of action. In other words, the therapist needs to complete a thorough assessment to determine the diagnosis and the related symptoms associated with the diagnosis. Once the therapist has diagnosed the client or names the problem then the diagnosis and related symptoms are clearly communicated with the client. Herman asserts that once the suffering has been named then the client can begin to take steps towards change. The second suggestion for creating safety is to help clients achieve a sense of power and control in their lives. Assisting clients to establish a sense of power and control with their thoughts, feelings, and bodily reactions is crucial. This may include relaxation exercises or suggestions for the development of improved eating and sleeping habits. In addition, ensuring that clients feel safe in their immediate environment is also another important factor for creating a general sense of safety. This may include crisis intervention in which decisions need to be made and perhaps actions need to be taken to ensure clients feel...
safe at home, at work, or in the community. All of this work provides clients with a sense of stabilization and autonomy in their lives. Herman warned that this step may take a considerable amount of time to accomplish depending on the issues presented in these two areas. Again, developing safety, both internally and externally, is the crucial first step before any of the following stages can be attempted. Consequently, this stage should not be rushed by either the therapist or the client.

**Remembrance and Mourning**

This stage of the recovery process needs to be taken slowly and with much care. Herman (2001) suggests that ground work needs to take place before the client engages in remembering and mourning. As such the client needs to be prepared for this emotionally difficult process. The first preparatory step is for the therapist to provide clients with reassurance that, at all times they are in control of the process and that they have a choice as to how much and when to reveal their story. The second preparatory step is to have a dialogue about the potential pain that may arise as a result of remembering and mourning the past trauma experiences. Along with this recognition, therapists can help clients to consider how this emotional process may impact their day-to-day functioning and how they will take care of themselves through this process. The final preparatory step is to create a safe space for clients to be able to communicate their feelings, especially with respect to feelings of safety, throughout the therapeutic work. Once the preparatory phase has been completed, then the work with remembrance and mourning can begin.

The first part of the process of remembrance and mourning is to assist clients in reconstructing their stories of trauma beginning with a recollection of the trauma survivor’s life before the trauma, and then followed by the events leading up to the trauma experience. The therapist would then encourage the client to tell about the traumatic event, remaining as true as possible to the facts. The final part of reconstructing the story is to offer space for clients to talk about the meaning that the traumatic event had on themselves and others in their lives. The next step in this stage is to relive the trauma through such techniques as psychodrama or exposure. Psychodrama is an expressive therapy tool that is used in group counselling settings (Gladding, 2006). The client receives support from group members in acting out a
scenario that reflects what the client is trying to work through. Exposure is yet another therapeutic technique in which the client is systematically exposed to a type of reliving of the traumatic experience. In exposure therapy, the client is taught relaxation exercises for the purpose of affect regulation.

The goal of this step—reliving the trauma—is to transform the traumatic memory so that it becomes integrated into the client’s current existence (Herman, 2001). The last step in this stage involves mourning; a mourning of all of the losses incurred as a result of the trauma. The hope is that with mourning the losses associated with the trauma that the telling of the trauma history will lose some of its emotional power over clients.

**Reconnection**

The final stage in Herman’s stages of trauma recovery includes clients’ reconnecting to themselves and to the world around them with a new sense of power and control. Self-care and the redevelopment of a positive foundation of selfhood are key components during this stage. With all of the previous work accomplished, clients can begin to feel compassion and respect for themselves, as well as a new level of trust in themselves and in others. For trauma survivors, self-care, feeling a sense of power and control, reconnecting with, compassion for and trust in themselves and others gives a whole new perspective of their place in the world. This way of being offers a sense of safety and security that trauma survivors may not have experienced since they were impacted by the traumatic events in their lives.

**Group Counselling**

Group therapy requires group leaders to be theoretically sound in the therapeutic techniques employed in group counselling (Brown, 1996). Corey and Corey (2006) call upon group leaders to be skilled in setting up groups processes and subsequently, leading groups. They cautioned that group-work can be a powerful agent in helping clients to work through their problems but if not run well group-work can also do damage to clients. Groups can provide clients with “a sense of community” (Corey & Corey, 2006, p. 5). Similarly, Keats and Arvay (2004) highlighted that working through trauma experiences with others as witnesses “moves the trauma story from the individual to the
When a trauma survivor senses a communal response to their story, integration of self is possible (Westwood & Wilensky, 2005). This integration of self involves trauma survivors, within the context of the group counselling, to make sense of self in relation to the trauma experiences. Making sense of self may include understanding that the trauma survivor was not responsible for the suffering, that the means in which the trauma survivor coped with the trauma was a healthy response to the trauma, and ultimately, that the pieces of self that were fragmented due to the traumatic event(s) can be understood from a different perspective. Listening to others’ stories in a counselling group offers the trauma survivor the sense that they are not alone and that they can reflect on their own experiences when hearing another’s story. In conclusion, having others witness one’s trauma story is thought to be a necessary component of the recovery process (Westwood & Wilensky, 2005).

Group counselling can be run using different theoretical perspectives such as Gestalt therapy, cognitive-behavioral therapy, existential group therapy. Expressive therapy is yet another modality that can be used in group counselling.

**Expressive Therapy**

Expressive therapy provides a different means of therapeutic work from that of other therapies. It utilizes such things as art and other creative means, as a medium for expression of thoughts and feelings (Brown, 1996; Lusebrink, 2010). Expressive therapy has been described as a way to provide space to make meaning out of complex problems (Kossak, 2009) and to bring a new awareness to inner processes that may have been previously hidden (Brown, 1996). Nonverbal communication—one component of expressive therapy—provides an in-depth understanding of both interpersonal and intrapersonal relationships (Brown, 1996). As a result of expressing oneself creatively, clients become more grounded and present in the here and now. Being grounded and present in the here and now provides the opening for clients to engage in a more effective therapeutic process (Kossak, 2009). Trauma survivors often experience a disconnection between the mind and body (Rothschild, 2000). Expressive therapy involves a mind-body connection (Kossak, 2009; Levine, 2005) and for those who have a traumatic history this type of therapy serves to reconnect the mind and body. Kossak (2009) referred to the creative flow that occurs as a result of "therapeutic
“attunement” in expressive arts therapy (p. 17). Therapeutic attunement occurs when one is connected to and listening to oneself at a deep level that may transcend time and space. In these moments, Kossak (2009) suggested that “there are no mistakes, only new possibilities. . . . This tuning-in process can prove to be useful for new growth and change to occur” (p. 17). Gladding (2006) suggests that using artistic or expressive forms of therapy assists clients to “become integrated and more aware of themselves” and to “establish a new sense of self” (pp. 8-9).

Within the expressive therapy realm of counselling, there are a number of different creative processes (psychodrama, dance and movement, art therapy, music therapy) that can be used (Gladding, 2006). This current study utilized mask making and action-based mask work as the medium for the expressive therapy within the group counselling context.

**Mask Making and Action-Based Mask Work**

Historically, masks have been worn and used in societies for a variety of ritualistic purposes and have been associated with societal transformational periods (Halpin, 1983; Napier, 1986). Masks can be seen as a metaphor for how people interact in their world and what and how they choose to present themselves in a social context (Leitch, 2010). Therefore, mask work is an effective tool used by clinicians to assist clients in gaining insight and ultimately, as a catalyst for transformation of self. Mask work offers clients the opportunity to explore the embodied self, symbolically and non-verbally (Leitch, 2010).

Keats (2003) recommends that the masks for therapeutic purposes can be used as “the mask-as-object—where the client is a maker-observer—and the mask as an object-in-motion, where client or group member is the wearer” (p. 116). The mask-as-object is a creative process in which the client constructs the mask out of materials provided by the clinician. Keats suggests using paper to construct the masks in group therapy. In a group counselling scenario, using the mask as an object-in-motion can involve the client wearing the mask and in addition, having another wear the mask.

Group leaders need to be skilled at “guiding and supporting clients in exploring and constructing the meaning of their experiences, dealing with the active energy of their
emotional responses, attempting to try out or express new ways of being, and working out the tensions between the familiar and novel aspects that arise in the masking process” (Keats, 2003, p. 117). Therapists need to take time in introducing this process and to ensure that the clients have been taught techniques necessary for emotional regulation such as centering exercises. Both the mask making and the action-based mask work for trauma survivors are for the purpose of helping clients to process their trauma experiences. The creative process in making masks and in action-based mask work can be a profound experience for clients and therefore, there are some precautions related to screening clients for this type of therapy. For instance, Turner (1981) found in his study that wearing a mask in front of others creates different experiences including a type of dissociation—“body parts becoming heavy, moving in and out of awareness, or of disappearing altogether” (p. 39). As dissociation has been a noted symptom of trauma, group leaders have an ethical responsibility to ensure that the mask making and action-based mask work is set up in a way that provides a safe therapeutic environment for working with trauma survivors.
Chapter 3: Methodology

As a means of understanding the rationale for using narrative inquiry as the method for this study, I begin this chapter by providing the epistemological underpinnings of narrative inquiry, namely constructivism. Due to this study using secondary data, I offer limited information on participants as well as data collection. I provide enough information to allow for a more well-rounded understanding of the overall research endeavour. I conclude the chapter with a description of the data analysis.

Rationale for Research Design

Constructivism

The goal of discovering and imparting knowledge is implicitly embedded in the field of research. Constructivism, at its foundation, instils an understanding that knowledge comes about as a result of constructions of meaning influenced by experience, interaction, and context (Crotty, 1998). Crotty (1998) posited that constructivism involves both realism and relativism. Realism, from a constructivist point of view, means that knowledge is based on constructions of meaning which goes beyond the idea that what is real comes simply as a result of what resides in the mind. Relativism, as a part of this epistemological stance, means that research does not profess to find one truth but multiple truths, understanding that a phenomena can be known based on the interpretation and the context in which the phenomena is studied. Crotty asserts that “all reality, as meaningful reality, is socially constructed. There is no exception” (p. 54). Geertz (as cited in Clandinin & Connelly, 2000) provided an apt description of how knowing is constructed, based on interpretation and context, when he metaphorically compares research to a parade; he notes “we know what we know because of how we are positioned. If we shift our position in the parade, our knowing shifts” (p.16). In other words, knowing is temporal and needs to be understood as such.
In the research world, what is learned today about a phenomenon may change, may be enhanced, or may be refuted tomorrow. The ideology of constructivism is not to minimize the findings of such research, such as with this study, but to understand that there are many truths and a socially constructed component in any research. The findings in this research are what the participants and researcher(s) have co-constructed in this particular research context.

**Narrative Inquiry**

The problem, after all, is not the voices that speak but with the ears that do not hear (Casey, 1995–1996, p. 223).

Within a constructivist framework, the methodology employed in this study is narrative inquiry centred on the work of Lieblich, Tuval-Mashiach, and Zilber (1998). Narrative inquiry is a method used in qualitative research to understand how people make sense of their lives and the world in which they live (Riley & Hawe, 2005) and is appropriate for studies with a small number of participants and when the research goal is to gain a deeper understanding of phenomena (Lieblich et al., 1998). Story telling is one method of data collection used in narrative research (Lieblich et al., 1998). Through story telling participants can begin to make sense of their own experiences (Keats & Arvay, 2004). As Casey (1995-1996) poignantly emphasized, “story telling is the way to put shards of experience together, to (re)construct identity, community, and tradition, if only temporarily” (p. 216). In a research context, listening to people’s stories provides opportunities for participants to give voice to their experiences. As Riley and Hawe (2005) states, “the researcher’s role is to interpret the stories in order to analyze the underlying narrative that the storytellers may not be able to give voice to themselves” (p. 227). However, as denoted by the quote at the beginning of this section, Casey pointed out that listening requires the researcher to be skilled at listening. In other words, providing a space for participants to give voice to their story is only as good as the ears that receive their account.

When participants tell their story, they are engaging in a process of making sense of their experiences. When they are telling their story with the researcher present, there is a joint effort in how the story is constructed. In other words, the story being told
involves a co-construction of the participant’s biographical history. Four aspects affect how a research story is constructed: (a) how the researcher frames the questions, (b) what the researcher hears and takes notice of, (c) how the participant hears the questions, and (d) what the participant chooses to tell. Co-construction is, therefore, a given condition with narrative inquiry. Both the researcher and the participant, separately and together, influence the process and the data that is collected. Frank (2000) refers to a “storytelling relation” where the story is the result of the relational aspect between the story teller, the listener, and the context in which the story is told (p. 361). He goes on to say “the storyteller can only invite someone to come inside for the duration of the story” (p. 361).

During this co-construction of the participant’s story, the researcher engages in an interpretative process in listening to and later analyzing the story. It is therefore critical for the researcher to reveal her place in the research process (Ramanathan, 2005). Clandinin and Connelly (2000) noted the importance of researchers to “see ourselves as in the middle of a nested set of stories-ours and theirs” (p. 63). Within the context of this study, my own personal history with trauma has to be taken into consideration with respect to the interpretive process of this narrative inquiry. My place in the research process involved two lenses to read and interpret the stories, attend or not attend to aspects, and decide on the themes that would inform the results of this research project. The first lens reflected my role as researcher. In this role, I was keenly interested in the stories of trauma, the way in which the women experienced themselves and others, and the language they used in their stories. The second lens reflected my personal experience with trauma and the recovery process. As such, what I chose to notice in the participants’ narratives was, in part, connected to my own relationship with trauma. As a result of my experiences as a client as well as a counsellor, I noticed that I was struck by the impact of the process of mask making and action-based mask work as well as the courage and determination of the women to bear the pain in pursuit of recovery. Through my journey of recovery, I have been fascinated by the different modalities that can be used to work through traumatic experiences. While I did not engage in mask work, I did engage in expressive art therapy that was truly invaluable to my recovery process. I understand firsthand as a trauma survivor that I could not have recovered in the same way through the spoken word alone. The use of
expressive therapy techniques opened up my inner self to express and work through the pain of the trauma. I was also intrigued by what appears to be a constant striving towards understanding and accepting self regardless of the intense pain that may be encountered along the way. And perhaps this desire to understand and accept self is a longing for inner peace and harmony.

Participants

The information I received on participants was limited due to this study utilizing secondary data. Participants chose a pseudonym to be used for the purpose of this study and as such, all identifiers of participants were removed from the interview transcripts that I obtained from Dr. Keats. Therefore, participants’ anonymity was maintained in this study.

Sampling

This study used a purposeful sample which is characteristic for qualitative research. Purposeful, also known as purposive, sampling means that the researcher targets a specific population from which the sample will be taken from (Schwandt, 2007). The specific population is chosen as a way to render in-depth information on a particular phenomenon of interest (Onwuegbuzie & Leech, 2007). The sample chosen for this study were women who had a history of trauma, were over the age of 19 years of age (ages ranged between 25 and 58), and who participated in a 10-week counselling group process using mask-making.

Recruitment

The participants for this present study were recruited from Dr. Keats’ main study, “Rebuilding the Self Using Masks: A Group for Women.” A call for participants in Dr. Keats’ study was sent to agencies in the Metro Vancouver area. The participants of Dr. Keats’ study were given the option of being interviewed before and after the ten-week counselling group as a branch of study conducted by my fellow graduate student. All six women in the larger study agreed to also participate in the pre- and post-group interviews. However, only five of the six women participated in both interviews. One
woman took part in the pre-group interview only as she did not complete the ten-week counselling group.

**Data Collection**

Although I was not involved in data collection, I provide an overview of the interview protocol and the interview procedure as a means of offering background information on the original research project. The following information was given to me from the Principal Investigator of the larger study.

**Interview Protocol**

Pre- and post-group interviews were conducted with the women in the study. The pre-group interviews included open-ended questions intended to elicit: (a) a brief description of a trauma experience that each participant wanted to focus on throughout the course of the group counselling, (b) how the trauma experience influenced the participant's life, (c) how each participant made sense of the her trauma experience, and (d) how each participant coped with the trauma in the past. The post-group interview questions focused on: (a) each participant's personal experience with the counselling group, (b) changes that participants noticed within themselves as a result of the group counselling experience, (c) aspects of the group counselling that were instrumental in making those changes, (d) challenges that each participant experienced as a result of the group work, and (e) how each participant made sense of her traumatic experience post-group. The interviews were audio-taped and subsequently transcribed by a professional transcription company in order to preserve the accuracy of the participants' narratives.

**Interview Procedure**

Prior to the first session of the group counselling study, all six participants of the larger study met with the interviewer to answer the questions notes above after signing a consent form for this branch of the study. Post-group interviews were held with five of the six participants. Both pre- and post-group interviews ranged from 30 to 60 minutes
in length and consisted of semi-structured, open-ended questions. All interviews were audio-taped for the purpose of gathering the participant stories verbatim.

Data Analysis

Secondary Data Analysis

This study employed the use of secondary data as the data. I was provided with interview transcripts from all interviews directed at this branch of the study. The data was received by me void of identifiers; in other words, I did not have access to information that identified the original participants in any way.

When conducting secondary data analysis, a fit between the data available and the current study’s research goals and objectives needs to be considered (Pienta, O’Rourke, & Franks, 2011; Szabo & Strang, 1997). For instance, one must consider whether the original data set is in a format that matches the present study’s methodological approach. With respect to this study, the data was collected in the format of interviews which is agreeable with my interest in narrative inquiry. In addition, the original research question generated a rich source of material for my interest in exploring the sense of self for women who were impacted by trauma and who participated in group counselling. The questions asked in the pre- and post-group interviews were for the purpose of exploring posttraumatic growth; however, the questions were general in nature and promoted the participants to talk about their sense of self in relation to their trauma history and in relation to the group counselling experience.

Narrative Content Analysis

Upon receiving the transcriptions of the interviews, I wrote narratives based on the story told by each participant. The narratives integrated the participant’s story along with the questions asked by the researcher. In this process, I remained true to the story; however, I removed filler words, such as “um” and “you know” in order to enhance the comprehension and reading of the text.
Research, of course, entails an analysis component and therefore is part of the equation for any research project. However, analyzing and re-telling someone else’s story is a serious undertaking and needs to be handled with care and respect. Frank (2000) suggested that researchers take caution in having an attitude that someone else’s story can be analyzed and told. In other words, the story belongs to the storyteller and the way in which the researcher works with the story is a serious responsibility bestowed upon the researcher. Others have also questioned authorship when working with personal narratives and have highlighted the development of participants’ life stories as the outcome of a relationship between the participant and the researcher (Personal Narratives Group, 1989). With this in mind, my intent throughout the analytic process was to maintain the integrity of the story as best as possible.

Lieblich et al. (1998) proposed four different ways to read, analyze, and interpret narrative text. I chose to use the categorical-content approach, also referred to as content analysis. Categorical-content analysis is best suited for examining a “phenomenon shared by a group of people” (Lieblich et al., 1998, p. 12). The categorical aspect suggests that the stories told by the participants are analyzed in sections or parts (i.e., words or phrases used) rather than analyzed as whole stories. The content aspect suggests the focus is on the who, what, why, where and so on that is either explicitly or implicitly revealed in the story, rather than focusing on the form or structure of the story.

As the first step in the analysis process, I imported the participants’ narratives into a computer software program called MAX QDA (VERBI GmbH, 1995-2010), which is a specific program designed for qualitative data analysis. Using a computer software program “enable[s] narrative material to be organised, sorted and rearranged in different ways” (Merrill & West, 2009). Richards and Richards (1994) in their paper on the use of computer software packages in qualitative research note that computers can be helpful in the management of and in working with complex data. I, subsequently, worked in this program for codifying, categorizing, and themeing the narratives based on the work of Saldana (2009).

**Codifying**

Codifying data, as part of the analytic process, is an exploratory means in which to select and arrange elements of participants’ stories for the eventual purpose of
recognizing patterns in the data (Saldana, 2009). A code consists of words or phrases that capture the essence of participants' responses. Saldana (2009) proposed a variety of coding methods in what he terms, “First Cycle coding methods” (p. 45). The coding method used for this study is narrative coding which Saldana (2009) claimed is “appropriate for exploring intrapersonal and interpersonal participant experiences and actions to understand the human condition through story, which is justified in and of itself as a legitimate way of knowing” (p. 109). When codifying the narratives, I attempted to use in vivo codes as much as possible. In vivo coding involves using the participants’ actual words as the codes. I also used descriptive coding, a descriptive word or partial sentence to capture what the participants were saying.

**Analytic Memo Writing**

Saldana (2009) recommended that codifying data can be augmented through analytic memo writing. Memo writing allows the researcher to engage interactively with the data, ultimately adding another layer to the analytic process. Through memo writing, the researcher reflects on the codes chosen, which provides the opportunity to add richness to the data. Memo writing, as a reflexive practice, is especially important when the researcher has a personal connection with the phenomenon being studied.

As such, I engaged in analytic memo writing both as an intellectual process of documenting ideas that surfaced while working with the narratives but also to acknowledge my own personal experiences with the data. First, if I was lacking an understanding of what the participant was meaning or if the language the participant used jumped out at me, I would make note of this in a memo. In addition, I paid attention to my reactions to the participants’ stories. When I sensed that I was moved or affected by the story being told, I engaged in a reflective process to understand what I was experiencing at an internal level in that moment. Therefore, memo writing offered me the opportunity to write about my thoughts, questions, or ideas based on the narratives as well as my reactions to what I was reading and in some cases, how my reaction related to my own personal story. The challenge for any researcher when engaging in a narrative inquiry is to understand, as best as possible, how one’s personal history affects the research process.
When I entered into the analytic process of coding and themeing, I read and reflected upon the memos that I had written. These memos provided me with reminders as to what stood out for me in particular sections of the narratives or with specific codes that I had generated. This process of referring to my memos either validated, or challenged me to think differently about my interpretations of the data and, consequently, were integrated into the results.

**Categorizing**

The next step involved with narrative content analysis is the categorization of the codes (Saldana, 2009). This process involves grouping similar codes together to assist the researcher in becoming aware of emerging patterns in the data. As a part of categorizing the codes, I selectively chose a word or phrase in an attempt to characterize the family of codes grouped together.

**Themeing**

As Saldana (2009) states, “a theme is an outcome of coding, categorization, and analytic reflection” (p. 13). Themeing, as the final stage of data analysis may be considered the most exciting and at the same time, the most chaotic part of the process for researchers. Themes are broader, abstract ideas that take time to emerge from contemplating the coded and categorized data. In this study, I reflected on the codes, categories, memos, and participant quotes, as well as discussed my ideas with colleagues as a way to work with the data at this point of the analysis. I worked and re-worked with the emerging themes until I was satisfied with the three dominant themes that, in the end, I chose as representative of the participants’ narratives.

**Trustworthiness**

Criteria for determining the integrity of findings in qualitative research is fundamentally different than that used for quantitative research. Guba and Lincoln (1989) coined the term trustworthiness to describe the standard to determine the integrity of the findings of qualitative research. They recommend member checking as one way to determine trustworthiness. Member checking involves the researcher
seeking feedback from participants at various points in the research process to determine if the researcher’s interpretations and findings are capturing the meaning intended by the participants. As I did not have contact with the participants, member checking was not possible. However, I use participant direct quotes to support the interpretations that I made with the data.

I also engaged in peer debriefing which Guba and Lincoln (1989) suggest as another way in which to determine the trustworthiness of qualitative research findings. I consulted three peers throughout the process of my examination and analysis of the data. My peers, all of whom are Registered Clinical Counsellors, have research experience at a graduate level. From their objective stance, they were able to ask questions and offer different perspectives into my interpretation of the data. For instance, two peers, at two different stages of my analysis, challenged my thinking with respect to the transformative process of self that was constructed out of the data.
Chapter 4: Results

In this chapter I report the participants’ experiences of self before, during, and after the ten-week counselling group. In an attempt to convey the transformative process of self that took place for participants, I outline this process along a timeline in the first three sections: before the group, during the group, and after the group (see Figure 1). Along this timeline, I provide a description of the transformation of self that corresponds with the three sections—from a complex, hidden self, to an emerging self, and finally, to a new appreciation of self. In addition to outlining the transformative process, I end the first two sections with the catalyst for change. I saw the catalyst for change for participants before the group was their hopes for self, and the catalyst for change for participants during the group was their engagement in group counselling and their mask making and action-based mask work.

Further, I felt compelled to end this chapter with the participants’ reflections on the group experience. As a researcher, I have a responsibility to report the participants’ insights into what worked for them and what did not work for them with respect to their participation in the group counselling process. Consequently, I highlight the participants’ acknowledgement of the importance of safety as a critical element of the group process as well as other general learning from the participants.

In order to further emphasize and highlight the importance and meaning of the work that the participants engaged in, I begin some sections with relevant poems or quotes. This additional literature offers the reader time to reflect on a more universal meaning of the women’s experiences of themselves in their trauma recovery process.
Figure 1.  
Transformation of Self

- Before the Group: *Complex, Hidden Self*
  - Trauma as Multi-layered
  - Reluctance to Disclose
  - Sense of Non-existence

- During the Group: *Emerging Self*
  - Exposing Self
  - Facing Self

- After the Group: *New Appreciation of Self*
  - Acceptance of Self
  - Compassion and Care for Self
  - Imagining a Future Self

Catalyst for Change:
- Group Counselling
- Mask Making and Action-based Mask Work
- Hopes for Self

Transformed Self
Before reporting the results of my study, I want to remind the reader that the language used by trauma survivors is important to take note of. When the opportunity for sharing is presented, trauma survivors do not typically offer specific details about their trauma experiences and the reasons for the lack of details are multifaceted and complex. Consequently, paying attention to the language the participants use to describe any aspects related to the trauma story provides insight into the impact of the trauma. The participants’ language describing their various states of being (e.g., a “frozen mass”) offers much richness and ultimately a better understanding of the impact of their trauma experiences. Their depth of pain and, in the end, their hope for the future can be gleaned through their language as they describe the transformation of a trauma survivor’s sense of self.

**Before the Group**

For the purpose of understanding the process that unfolded over the course of the ten week counselling group, I begin by providing a general sense of what these women were encountering before they entered into the group counselling experience and how their sense of self was influenced by these experiences. I propose that the women experienced themselves as a complex, hidden self that influenced them at both an interpersonal and intrapersonal level. In addition, I suggest that the women’s courage to enter this group process—a catalyst for change—was fuelled by their desire for something different for themselves. They expressed their hopes for self in relation to how they might experience themselves differently and ultimately, have a new understanding of self.

It is important to know that most participants revealed in the pre-group interview that they had not experienced or considered group counselling as an option for recovering from the past traumas. Accordingly, the majority of the women did not have a fully developed understanding of the process they were about to embark upon as a result of a lack of group therapy experience.
**Complex, Hidden Self**

In this section, I provide an understanding of the complex, hidden self as described by the participants in the pre-group interview. First, I offer the women’s experiences of a complex self related to trauma as multi-layered. Second, I report how the women describe a hidden self in their reluctance to disclose and in their sense of non-existence.

**Trauma as Multi-layered**

Trauma can arise as a result of one single experience or as a result of multiple experiences. The latter infers complex post-traumatic stress disorder (PTSD). A survivor of multiple traumas may develop complex PTSD, which presents a unique set of symptoms that is critical to understand in order for therapy to effectively address the trauma survivor’s experiences.

The first question in the pre-group interview asked the women to describe one traumatic experience they wanted to focus on during the course of group counselling. All six of the women struggled to talk about one traumatic experience as they described their trauma as being multi-layered. As one participant revealed:

> My experience is all layered . . . . it is not just one incident in life. It is a combination . . . . There is so many of them . . . . It is just that I am all mixed up these days. Everything is connected. It is all mixed up . . . . There is lots and lots. You go through life and there is multiple things that happened . . . . With me there hasn’t been me with one incident that took place. It is just a combination of a lot of stuff. A lot . . . . I have other traumas from different relationships . . . . for me there is more than just one.

The participant described a sense of confusion due to the multiple traumas that occurred. The complexity thickened as she talked about the multiple traumas occurring in various contexts and with a variety of relationships. In situations such as this, recovery from the trauma also becomes more complex as it is difficult to distinguish how the trauma survivor is impacted differently or the same by each of the trauma events. In this regard, the sense of self is muddled.
Similarly, another participant expressed her difficulty to talk about only one traumatic event in her life:

It is difficult to narrow it down to one traumatic experience that I would really like to focus on in the course of group counselling. Because the thing is that I have experienced a lot of trauma and I can't quite grasp it cognitively . . . . I have multiple traumas and they are at different levels. And some of the traumas I have more access too that are a little bit more superficial now but there is also deeper stuff. Most of my trauma for me started at a very young age . . . . I did not realize how much trauma was integrated in so many aspects of my life.

This woman struggled to make sense of her trauma. Likewise, the multiple “incidences” of trauma that she described as being “buried” left her without a full understanding of how the trauma has impacted her. In fact, she had recently realized that her father was abusive towards her. When encountering many abusive situations the tolerance for abuse increases and it is difficult to know what life would be like without the abuse. For example, the participant stated, “I think also that the beginning changed my tolerance for trauma. I started not realizing how messed up a lot of this stuff is and my acceptance for it was a little higher. Like you don’t like it but you get accustomed to it.” In other words, abuse or trauma events can skew one’s way of looking at self and at the world.

As another participant indicated, multiple traumas are difficult to separate as they overlap with one another. She noted, “I have got a multi-layering of traumas and tragedies and different abuses and each one tends to overlap the other because it is a continual thing.” For her, there were multiple traumas that were not only in the past but also in the present; this experience adds another element of complexity to working with trauma survivors. One of the difficulties for this trauma survivor, who has experienced multiple traumas, is distinguishing how each traumatic experience impacted her. Likewise, she was unable to coherently talk about it so that it made sense to her or to others. She further emphasized the complexity of the multiple traumas as they were related to each other:

One traumatic experience that I would like to focus on in the course of the group counselling, which is the result of another one, is the total family falling apart, completely falling apart as a result of two other traumas, major traumas.
As is evident by this participant, multiple traumatic events become intertwined and complicated. Focusing on one traumatic event was not possible for her when other traumatic events were connected to the one initial event.

Another participant talked about various traumatic experiences in her past. She revealed that her father abandoning the family was the first traumatic event in her life. She then attributed her choice to being in unhealthy, intimate relationships beginning at the age of 15 years to the early abandonment by her father. She described being physically, emotionally, and mentally abused in her first intimate relationship. Multiple traumas for a single person cannot be easily and neatly disentangled with respect to treatment and recovery processes. Thus, when trauma is multi-layered and complex, survivors often have difficulties in talking about their traumatic past. Consequently, many trauma survivors keep this part of themselves as a secret.

**Reluctance to Disclose**

Five out of the six participants in the pre-group interviews described a reluctance to talk about their trauma histories with others; yet, the traumatic events played a significant role in defining these women. Therefore, those women who refrain from disclosing past traumatic events may be hiding an important part of self from others. Further, for three of the women in this study, past trauma experiences remained untold to the people in their close relationships. The reasons behind this reluctance to disclose their stories varied amongst the women; yet, while the women expressed their desire to remain private, they also expressed their underlying yearning to be heard.

In this study, being silenced, fear of sharing, fear of not being believed, doubting themselves, and not having someone who would listen were some of the reasons given for their reluctance to expose trauma histories. For example, the participant below expressed a sense of being silenced as the reason for not disclosing her traumatic past. She noted that “the abuse and the molestation and abandonment and the beatings . . . you were never allowed to talk about it. It had to be squished right down.” For this participant the abuse had to remain a secret as she received the message from those around her that it was not okay to talk about it. The implicit or explicit message that abuse has to remain a secret is a common experience for trauma survivors, especially
for those who were sexually abused as children (Herman, 2001; Hirakata & Arvay, 2005; Westwood & Wilensky, 2005).

In this instance, another participant was compelled to tell the secret but it was her fear of not being believed that had held her back from sharing her experience earlier:

One of the pivotal points was when I got to the point where I was so upset that I told my secret for the first time . . . . that was the first day I believed myself enough to say something because I knew I didn’t want to die with this secret . . . . but at the same time I didn’t want to. I was afraid that I would wake up one day and find out that it wasn’t real, like it didn’t actually happen and people wouldn’t believe me. I have always had that fear.

Many trauma survivors, especially those who have experienced childhood trauma, have described a similar fear of not being believed (Alaggia, 2005; Sinclair & Gold, 1997); not disclosing a secret could be associated with not being believed. Her fear of not being believed by others seemed to be deeply embedded within herself to a point where she questioned herself on whether the abuse even happened. Similarly, another aspect that seemed to come with not being believed was doubts about one’s self. The participant below noted this:

I doubted myself so much. Like there are certain things that I knew happened and it was so many years before I even told someone because what if I found out it was something I just dreamed up even though I knew in my gut. It is pretty complex.

Again, this participant questioned her own knowing of what happened to her. When trauma survivors question themselves about the traumatic events that have happened, revealing the trauma to someone else can be a risky undertaking. For this participant, there was fear in finding out that the trauma she thought identified her for years did not actually occur.

Feeling alone and without someone to talk to was given as another reason for not disclosing. In situations where the trauma survivor has the responsibility of taking care of others there is often no one to turn to; the trauma survivor has to withhold talking about her own experience of trauma. This participant expressed this exact sentiment:
The thing is I have never really had anyone to talk to . . . because I was the only one that had to look after everybody. And there was never anyone to talk to. So everything was just inside. Inside, inside, inside. And I suppose that is why I became sick, physically sick. Everybody was looking to me for strength too . . . But then the health problems started getting worse and worse when eventually at one point I was having trouble walking. I could barely get out of bed.

Due to not being able to talk about the trauma, she made a connection between holding everything inside and becoming physically ill. Mental and emotional distress can manifest itself in the physical form. For trauma survivors, as was shown with war veterans (Scott, 1990), the symptoms of trauma can appear in the physical form but, in actuality, was caused by the emotional impact of the trauma.

Revealing one’s story can also be hindered by the people who may be on the receiving end of the story. One woman talked about her desire to divulge her trauma experiences with others in her personal life but that there seemed to be reluctance to hearing about the ordeal or her suffering:

You tell someone and they edit it out. They don’t want to ask too many questions. They think you are uncomfortable and I am trying to talk about it in a neutral way . . . But even my best friend, she doesn’t really remember what has happened and she doesn’t really want to ask the questions again. But I don’t mind to talk about it because you process when you talk about it and you have new insight . . . It is an interesting topic . . . You can’t really say ‘casually’ in conversation, ‘Yeah, I was molested as a kid’. . . . It’s not commonplace and I would like to not feel like I am sticking my neck out there to talk about it more . . . it would be nice that it becomes more open in conversation.

In this instance, the participant was not even able to tell her story to her best friend. She wanted to talk about it but she also needed to know that others could handle her story. In addition, she understood that revealing her story involved a level of risk when she said, “so I am slowly speaking to more and more people about it. I am not trying to overexpose myself because you risk that as well . . . . And the acceptance is new to me.” Here, the participant was aware of the danger to herself in talking about her past traumatic experiences. As a result, she understood the importance of taking care in how she proceeded in disclosing.
Another participant expressed how her reluctance to tell had to do with worrying about hurting others in the process, which was a concern she carried with her from her past. She explained it as follows:

I always called them the panel of judges. And they play all the old tapes that people used to tell me. And I think that part of it too is that I learned early on that if I shared my struggles that—that hurts other people . . . . the fact that I did say less but the other part of it was definitely fear . . . . but I definitely found that I did not want other people to be upset.

She held back from telling her story in an attempt to protect others. Growing up in an environment where a child may feel responsible for others’ emotions might impact how the child interacts with and responds to others. This feeling of responsibility for others is then carried over into adulthood and in this participant’s case, the fear of upsetting or hurting others prevented her from talking about her own pain. In a similar vein, another participant held back from telling her story as a way to protect herself from her own emotions:

The thing that I found the most challenging . . . . was to try to speak and present myself clearly. The most challenging thing I found was to actually be raw and to not fall into that, ‘I’m cool, calm and collected and on top of my shit.’ Like to actually be honest with myself because everyone else was being honest. Well not that you could go through this process and fake it but being honest in a way so that you are more real. I walked around my life with my walls up.

The participant was aware of her usual way of coping with her past—putting up a wall. The wall she described appears to be a means of dealing with and containing her pain. Consequently, the wall may have also prevented others from knowing who she was and what she was truly experiencing at an emotional level.

Growing up as a child in an abusive household skews a child’s understanding of what is healthy or not healthy (Herman, 2001). Women who thought about their situation as simply the norm, may not have realized that they had experienced an unusually traumatic family situation. This was another explanation for not sharing their experiences, which was demonstrated by this woman’s narrative:
I didn’t even know I had trauma as a little girl or a teenager. Then when my mother died, then I got involved with some issues with some situations which were incredibly traumatic. I always thought it was just the norm growing up because you had things you didn’t talk about it. What you say and what was behind closed doors was . . . . When I look back, if I take myself out and I stand here and see what went on as a little girl it is pretty horrific stuff. But as a child, you grow up thinking that is the way it is . . . . Part of me being private, I don’t like to share especially about my mother’s death. There are very few people I share that with because I witnessed that and I know what it felt like.

As this woman described, she was not able to realize that what happened to her was wrong until she could see it through her adult eyes. In light of what she suffered, it is also important to note how looking back on her experiences brought a sense of compassion for herself.

Lack of trust and no sense of safety may also create an environment that lessens the likelihood that trauma survivors will talk about their experiences. For instance, one participant stated:

I was too afraid to trust. I think that--that is one of the negative things—is it totally affected my trust for the world and I felt like every time I tried to reach out, it got breeched. But I think also I didn’t really know where I was safe too. And I think because I had been through some trauma, I didn’t know how to look for safe people because I had been so integrated with people who weren’t safe.

This woman described an overall feeling of distrust that included distrust for others and distrust for the world. When there is a lack of trust and seemingly no one to turn to, trauma survivors live a more isolated and lonely life (Herman, 2001; Westwood & Wilensky, 2005). As time passes, it becomes even more difficult to confide in others as it is a vulnerable undertaking.

The reluctance to talk about traumatic experiences can be complex for an individual, who may have many reasons for not disclosing past abuse. This participant’s story offered a clear example of the complexity involved in talking about a past traumatic experience:

And I remember him saying, ‘You can’t tell anyone.’ And I don’t remember if he threatened me. But I remember he said ‘you can’t tell anyone.’ And I had been raised to be a good girl and to do what I was
told and being trusting . . . . And at the time, my mom was having a hard
time with my dad. And I remember consciously not wanting to tell her my
feelings because it seemed like she had enough on her plate already. . . .
I didn’t tell her for a really long time . . . . I did try to tell a neighbour once
but she totally didn’t get what was going on . . . . I never really got to
explain to [my mom] consciously until I was 19 . . . . but at that time she
didn’t really understand. And then it is a bit confusing for me as well
because she had an aneurism in the early ‘90s, so her memory is gone.

This story demonstrates a multitude of challenges with disclosing past abusive
experiences: being told by the abuser to not tell, being the ‘good girl’, not wanting to
burden a parent, and not being understood. Through this experience, this participant
learned that it was not okay to talk about what happened to her and therefore, the
trauma and pain became buried inside.

Even though there is a longing to be heard and ultimately, fully understood as a
whole person, telling a secret can be challenging, as told by this woman:

And so I wouldn’t speak out . . . . I used to never tell anyone anything . . . .
I had so many secrets I was forced to keep for so long . . . . I didn’t want
to die with them . . . . I felt if I didn’t tell people I was lying because it was
such a huge part of me.

As this participant noted, the trauma she endured was an important part of who she was
and, at the same time, concealing this part of her from others felt like she was lying
about herself. She wanted others to know the truth about who she was and that
included her traumatic past. Another participant also had a yearning for others to know
her when she stated, “I want people to know me today whereas before I didn’t want
people to know me and I didn’t want them to get too close.” These two stories
demonstrate an internal battle for these women; a battle between wanting to talk about
their trauma histories so that they are known by others, and the difficulties in speaking
about their past. Hiding oneself from others for these participants involved a decision to
not disclose the past trauma to others; however, there was another aspect of being
hidden that stemmed, not from a choice but from the internal impact resulting from their
traumatic experiences.
Sense of Non-existence

The dark night of the soul
comes just before revelation.

When everything is lost,
and all seems darkness,
then comes the new life
and all that is needed.
(Joseph Campbell as cited in Osbon, 1991, p. 39)

One major theme constructed out of the data was a sense of non-existence. Participants used explicitly descriptive language to speak to the depth of pain associated with their trauma experiences. The intensity of the pain resulted in a life of being hidden from the world. Not being a part of this normal human experience appeared to serve as a means of coping with who they were as a result of the trauma. Interestingly, coping through non-existence perhaps meant that they were not only hidden from others, but in some cases they were hidden from themselves. A life of non-existence may have prevented them from facing themselves and their inner pain.

One participant used the metaphor of being “frozen” with respect to the impact of the trauma she experienced when she was younger; and consequently, she described the process of recovery as thawing out. However, she expressed that the recovery process was still in progress and that there was much yet to be “unthawed.” She explained:

As far as the here and now, I am only a little bit frozen. But as far as the layover and the old stuff, I am totally frozen still. The first layer is defrosted but there is still so much under there that I don’t even know. I feel like I live with a stranger sometimes because I know who I am. I know traits about myself. I know what I pride myself on, like reliability and trustworthiness. But as far as my younger years, it is a mystery. I have no idea who I was or what happened with a lot of it . . . . But I think part of me wanted to rip it open, like candy. But I think that was a destructive part of me too because I felt so far away from my pain. I felt inhibited by my pain but I couldn’t actually feel it . . . . sometimes I wanted to just get in there because I wanted the mystery to be over.

The description of her experience of herself, “I feel like I live with a stranger” exemplified the fact that she, herself, was unknown to her and as a result left her disconnected from her own pain. However, she also expressed her desire to uncover the parts of herself
that remained a “mystery.” Interestingly, another participant applied the same metaphor of feeling frozen:

I was frozen . . . my whole body was frozen. It wasn’t functioning anymore. And my kids and husband said to me they thought I was slowly dying . . . . My body was so heavy. It really wasn’t depression. Something was holding me down so hard. It was horrible. And that wasn’t me. I just wanted to get moving. I was a frozen mass.

The somatic feelings, such as a bodily sensation of being frozen or feeling heavy as described by this participant, can be immobilizing for trauma survivors (Ogden et al., 2006). It is important that trauma survivors receive psychoeducation on what these sensations mean in relation to trauma. Otherwise, the trauma survivor may be confused with these bodily responses due to a lack of understanding. Another participant also talked about feeling immobilized, “Sometimes I feel immobilized. . . . I shut myself off from a lot of people.” For this participant, feeling immobilized and shutting herself off from others creates an image of loneliness and isolation.

This participant described numbing as a coping mechanism she used to deal with the pain:

I know that I had some pretty negative coping skills when I was younger to kind of numb enough . . . . But I sincerely know that if I hadn’t had those coping skills, I wouldn’t be here today because I had to numb myself out just to tolerate.

Feeling numb was another common description among five of the trauma survivors in this study. Numbing oneself may be a typical means of surviving the pain, both in the past and in the present, created as a result of trauma. It is important to highlight to trauma survivors, just as this survivor acknowledged, that coping with the pain by numbing is a survival technique and needs to be celebrated (Westwood & Wilensky, 2005).

Another participant also described a similar sense of numbing— from the world and from herself. The language she used to describe her experience in the world was quite profound:
I didn’t want to walk around dead inside . . . it definitely broke my spirit . . . I lost faith in everything . . . I was walking around dead inside for so long . . . it totally broke my spirit and I couldn’t believe in anything . . . It totally ate up my life . . . so many years of my life just disappeared. I had no idea who that little girl was and I am still trying to find her . . . I lived without myself for so long. I used to feel like I was trapped in my body all the time. But actually I was trapped in my head. And it’s been this slow process of thawing out and actually, it was like my body was totally separate from me . . . I felt that I have been a prisoner for so long . . . trying to free myself . . . I have a lot of history of hiding. I don’t want to be afraid all the time. I don’t want to be driven by my fear . . . kept me trapped. I don’t want to feel trapped all the time.

Feeling dead, having a broken spirit, being eaten up, life disappearing, living without oneself, feeling trapped, feeling separate from one’s body, being a prisoner, and hiding are exceptionally powerful images and definitely represent a sense of non-existence in this world for this participant. She wanted to find herself in amongst the suffering that has defined her for many years. Another participant also depicted her experience with a powerful and thought provoking image, “When things happen in my life today, when they are stressful and when they get too much for me, I abandon myself.” Abandoning oneself creates a disheartening mental representation. For instance, if one was to think about abandoning a building, this thought creates an image of someone leaving a building never to return, with no effort or regard for the protection of the building. Similarly, abandoning self creates an image of a person leaving with no care for self or for safety. This next participant did not abandon self but disappeared instead: “It was such a traumatic relationship. And the way I broke free from it was I just disappeared. I left [the city].” Making a physical move can be another way of coping with traumatic experiences and in this particular situation, the move meant that she freed herself from an abusive relationship in order to create a sense of safety.

A common theme trauma survivors talk about is not being connected to their body (Westwood & Wilensky, 2005). This participant reported various sides of herself in relation to the disconnection from her body:

I have a hard time breathing . . . . Breathing for me is challenging and I think the biggest challenge is trusting that my body can take care of itself. The fact that I catch myself holding my breath all the time and that I tense all the time is shocking to me. If I love and care about myself then my unconscious brain would be taking care of those things, reminding me to
breathe. But I find that situations will happen and I will retreat within myself and not breathe. So that kind of retreating is intense day to day . . . . It's the breathing and the inability to express myself and not living in my body.

It is kind of trying to figure out how to get breathing room inside because normally I am swimming in fear that I have no water or no air . . . . I am always feeling like I am treading water trying to get that last bit of air. And then it is a struggle and then there is this intensity.

The way she described her distrust about her body being able to sustain her life is a powerful indicator of the impact of trauma. She explained that not only has she not lived within her body at times, but she went on to say that sometimes she felt that she had not “really been living;” and in addition, she needed to learn about how to live from watching others:

I find because of the sexual experience that my perception about what is going on has always been painted by this experience to some degree. Like it has been a filter . . . . There are certain things I am trying to understand about how other people operate in life . . . . my life has been askew because I don't know what has been appropriate and what hasn't been appropriate. And I have been trying to learn that from my friends and family and films and trying to read things. But it is really about life experience as this is where you gain a lot of that . . . . I feel like my life has been a cliche up until now . . . . I feel like I have been living like a recipe or I have been living these clichés and I haven't really been living . . . . I don’t want the cliche. Like I feel like a mediocre ‘Gap’ girl, like a cookie cut-out.

This participant compared herself to a cliche. A cliche is defined as “a hackneyed phrase, opinion, or thing” (Oxford University Press, 2001, p. 266). This description of self reflected this participant’s sense of not truly being a part of this normal world she perceived outside of herself. Rather, she portrayed herself as living an unreal, fictional existence with no personal importance or substance.

The disconnection between the body and mind is further emphasized in this participant’s story:

I am trying to let myself mourn because I never used to be able to cry and let anything out. It was always so locked up and I want to be forthright. I wasn’t to know when something hurts me because it used to be if someone asked me how I felt about something, I would tell them it was
fine because I thought it was fine. But I had no idea, really, how I felt about it. So someone could have beaten the crap out of me and I wouldn’t have known it hurt me emotionally. I would have just felt nothing. And so it has taken a long time to open myself up and to figure out how do I actually feel about these things. And if I tell someone something is okay, is that actually how I feel? I never used to have a reaction and then it turned into a delayed reaction. And now, I am getting more in tune and I can kind of figure out and assess how I feel about things.

The participant talked about her process of being unaware of what she felt to beginning to be attuned with her feelings after the fact to being able to more immediately connect with her feelings. Being disconnected from feelings can be an adaptive coping strategy for trauma survivors to deal with the pain and suffering. Likewise, another participant talked about her mind and body disconnection:

I lived without myself for so long. I used to feel like I was trapped in my body all the time. But actually I was trapped in my head. And it has been like a slow process of thawing out and actually it was like my body was totally separate from me.

This participant, as with the previous participant, seemed to be learning about herself and how her body has responded to the trauma. Understanding the impact of trauma and how it manifested itself within the body and mind can potentially open the door for her to experience herself in a different way. With a better knowing of self, change may then be possible.

**Catalyst for Change**

**Hopes for Self**

The final question in the pre-group interview asked the women to talk about their hopes for their group counselling experience. In general, the participants had hopes for a new sense of self. This desire substantiates the point made earlier that perhaps traumatized women have a strong drive towards understanding and accepting themselves despite their experiences of trauma, shame, or humiliation. The participants in this study had a desire for something different for themselves. I would suggest that this desire for a new sense of self was the catalyst that moved these women into action.
Making the decision to join and participate in the counselling group speaks to their internal drive to change.

One participant talked about how she wanted to finish the group counselling experience with a new sense of identity, “I am hoping that I will find my own identity. I will find my own self-worth and self-respect and self esteem.” The way in which this participant described what she was looking for—her identity, self worth, self-respect, and self esteem—was very profound. The image of this woman without these parts of self intact speaks to an internal strength that is moving her towards personal growth and development. The courage to join a group counselling venture to find these fundamental elements of self is courageous and admirable.

One participant hoped that the work that she engaged in within the group counselling process would assist her to gain more understanding:

In terms of what I want to explore in this workshop would be hoping that something, the light bulb goes off in my head and it takes me to the next level so that I can know and have more clarity.

Although she did not explain exactly what she wanted to know, she hoped for new information to understand herself better. With respect to trauma survivors, gaining a deeper understanding of self in relation to trauma may be helpful to externalize the trauma and thereby, provide a new perspective on self. The use of the word, workshop is worth taking note of. There are a couple of possibilities for the use of this word. One possibility was that group counselling was foreign to this participant and because of the lack of lived experience she was unsure as to what group counselling entailed. Another possibility is that “workshop” might imply that the participants will be listeners and not doers and this may be based upon her past experience with workshops. The idea of listening instead of doing suggests a less threatening environment for the participant. In addition, perhaps her past educational experiences, such as workshops, may have meant that she did not have a say in what would take place for her in that context.

In the pre-group interview, one participant expressed her hopes for taking charge of her life and living more authentically:
I want to choose my own mantras of what are going to be good for me and what is to come . . . . I want to be the director. I want to be the driver . . . . so I am trying to break the pattern and live outside the box not just live in those clichés . . . . I am being more authentic to who I am.

Taking control of her life rather than letting life circumstances take control might provide a sense of autonomy for her and may be an important component to recovery. Herman (2001) emphasizes that feeling empowered is a critical element when working with individuals who have experienced trauma.

This woman expressed her desire to free herself from the feeling of being trapped and hidden:

I don’t want to hide anymore. And I have a lot of history of hiding. And I want to be stronger and I don’t want to be afraid all the time. I don’t want to be driven by my fear. I think that it is pretty human to be like that but it is also something that has kind of kept me trapped . . . . I just don’t want to feel trapped all that time.

The participant conveyed her hopes for herself: to release herself from the fear that she has experienced and to find her internal strength. These two changes would help her to live in freedom and no longer be burdened by her suffering and pain.

Another participant talked about what she needed in order to actually exist in this world:

I am just now starting to get back into the game of life . . . . I have to see other people again. I have to see other people to keep me grounded. I have to see somebody else to help me see life . . . . I need to have somebody hold my hand for now in life.

Her description of how she could exist and be present in this world was quite moving. Her existence was reliant on others as through seeing their existence she could have existence.

Counselling provides opportunities for clients to talk about and shed themselves of the burden they have carried in their lives. As such, this participant acknowledged her hope for the group counselling process, “I felt that I have been a prisoner for so long and
I don’t want to be that anymore. It is like going to this course is just a little piece of trying to free myself.” This participant used the analogy of herself as a prisoner to her past trauma experiences. Her catalyst for change was her hope that group counselling would help to break free of this confinement. This participant referred to the counselling group as a course, which was similar to how a previous participant referred to it as a workshop. Once again, this term may have reflected her lack of experience with group counselling but may have also reflected her hope for a less threatening situation by being the listener instead of the active participant in a group counselling process.

**During the Group**

During the group counselling sessions, the women experienced themselves in different contexts. First, they reported how *exposing self* (being seen by others) impacted their view of themselves. Second, they explained how *facing self* through the mask making and action-based mask work affected sense of self. The transformation process involved moving from a *complex, hidden self* before the group to an *emerging self* during the group. I propose that the painful but rewarding work, in relation to *group counselling* as well as the *mask making* and *action-based mask work*, was the *catalyst for change* for the women in this study.

**Emerging Self**

In this section, I offer an understanding of the *emerging self* as described by the participants during their participation in the counselling group. The emerging self unfolded as a result of the women’s experiences of *exposing self* and *facing self* in the context of group work and in working with the masks.

**Exposing Self**

I believe the greatest gift I can conceive of having from anyone is to be seen by them, understood and touched by them and the greatest gift I can give is to see, to hear, to understand and to touch another person. When this has been done, I feel contact has been made.

*(Virginia Satir, 1976)*
Participants talked about the challenge of being seen by others. As mentioned in the previous section, five of the women felt hidden from others and hidden from themselves. Consequently, it makes sense that going from a state of feeling hidden to feeling seen by others is quite a big transition. In the case of group counselling, being seen by others is a given and furthermore, it is a given that participants will be seen by a group of strangers in such a context. One participant expressed her discomfort with being seen by other group members: “Well, I felt really, really stupid after. I just pretended the other people weren’t in the room. And it was just the facilitators but I still felt weird.” For trauma survivors, some who experience profound shame, exposing oneself in a group setting is extremely uncomfortable (Westwood & Wilensky, 2005). Much care needs to be taken by the group leaders to ensure safety is maintained throughout the group counselling experience. For this participant, feeling of embarrassment from exposing herself to the group leaders emphasized even more the vulnerability experienced by most trauma survivors when working in a group context.

Another participant reflected on the courage that it took to reveal herself to others:

Just be prepared for sharing feelings you don’t normally share with people and showing those emotions you don’t normally share with people. And being prepared to have the courage to face everyone else . . . it can be quite scary.

She revealed the unfamiliarity of talking about her feelings with others and the fear that was associated with that. Once again, going from a sense of feeling hidden to a sense of feeling seen by other people in the context of exposing oneself and one’s pain often requires bravery on the part of the trauma survivor.

Wanting to remain hidden was a common experience for five of the participants. One participant noted her experience of being seen: “At the beginning it was really hard for me to talk. I felt like I wanted a bag over my head. I don’t like anybody looking at me.” This woman voiced her strong dislike for others to see her. Her metaphor of being under a bag reflected her desire to stay isolated and safe within the group of strangers (the unknown) that created anxiety for her.
Another participant revealed the difficulty in exposing herself to the group. She stated, “the most challenging part of this process was opening up in front of the other women because I am such a private person.” Remaining private may reflect this woman’s desire to not tell her story as she may feel shame or humiliation related to her traumatic past. I find it interesting that this woman and many of the other participants were not used to talking about themselves or their trauma histories to anyone and yet they chose to engage in this group work. This speaks to their desire to create a different experience for themselves.

Being seen and then worrying about how one will be perceived is similarly noted by this particular participant:

I know some people in the group now and I found that they were quite comfortable talking about themselves . . . . But for me it was the opposite because I kept it in. That was a huge challenge just seeing how the others would perceive me.

This woman expressed her concern for not simply being seen but also in how she might be perceived or judged by others. Worrying about being judged by others is often a common reaction of trauma survivors. Some trauma survivors feel ‘damaged’ or ‘flawed’ and are therefore sensitive to how others will see them (McEvoy & Daniluk, 1995). Facing others in a group context was evidently difficult for this participant. Facing self was yet another step in the recovery process.

**Facing Self**

The Guest House

This being human is a guest house.
Every morning a new arrival.

A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.

Welcome and entertain them all!
Even if they’re a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still, treat each guest honorably.
He may be clearing you out for some new delight.

The dark thought, the shame, the malice, meet them at the door laughing, and invite them in.

Be grateful for whoever comes, because each has been sent as a guide from beyond.
(Jelalludin Rumi, trans. 1997)

Although this poem provides hope, facing self can be a terrifying encounter, as one waits for it to “violently sweep your house empty of its furniture” (Rumi, trans. 1997). Facing self can be especially frightening when one has spent a lifetime trying to hide from others and avoid the pain inside oneself. The participants described this process as a gut wrenching and fearful experience that was filled with incredible pain. Making the masks, especially the persona-mask and counter-mask, caused the women to face themselves in a way that they had not had the opportunity before.

As described earlier, one of the group counselling sessions involved the women wearing the masks of other women. This meant that each participant saw something of themselves from a new and different perspective. The women faced a part of themselves when they created the persona- and counter-masks; however, seeing their masks on someone else gave them an externalized view of themselves. This process exposed the women at yet another level. One participant indicated her overwhelming reaction to this part of the process:

The most challenging part of this process was when we did that workshop on changing masks with each other. And my partner wore mine and I wore hers . . . . the intensity of doing that, the energy it takes to be that person and also watching her be me was an eye opener. I wanted to leave that day. I wanted to leave. I did not want to stay there. It was like somebody shows you something you don’t want to see . . . . I just wanted to leave . . . . I really wanted to run from that. It hit me somewhere that if I act like that, no wonder, no wonder people don’t want to get close to me. No wonder people didn’t want to talk to me. No wonder I didn’t have any friends . . . . I can laugh about it today but that day I didn’t really want to do that exercise. I had anxiety and dread in the pit of my stomach like, ‘Am I really going to do this? I don’t want to do this.’ But I stayed . . . . I am glad I went and I will say that to anybody.
She described this experience as unbearable. Seeing herself reflected in the actions of the other woman prompted her to want to escape. However, as painful as facing herself was, she made significant realizations for herself. Through the work with the persona- and counter-masks, she came to understand that she did not want to live with the persona-mask on anymore:

A persona-mask is always wanting to be somebody else . . . . I don’t enjoy the phoney façade anymore, the fakeness, that ‘always happy, nothing’s wrong and I got it all under control’ . . . . facing yourself is a very hard thing to do . . . . I started to realize being phoney and fake wasn’t working for me anymore . . . . And if I can’t be fake there where all these women are being vulnerable then how am I going to take it outside because it takes a lot of energy . . . . It takes a lot of energy to be phoney and fake. And then being faced with the counter mask — not that it was comfortable — I didn’t like it. It made me feel very on edge. I didn’t really like being vulnerable but it was more preferable than being phoney and fake, which is such a contradiction . . . . the biggest thing that stood out for me was that phoney fake doesn’t work. And I guess being exposed to such vulnerability and raw pure emotion really brought that out in you or allowed you and made it okay for you to explore that for yourself.

Having the courage to face herself, this participant became aware of how she presented herself to the world and that the person she presented to the world was not truly who she was inside. As she described, her persona-mask represented being “phoney and fake.” At that point, with this new realization, she made a decision that moved her forward towards looking at herself yet once again in working with the counter-mask.

Another participant also talked about how she came to a new understanding of herself in working with the persona- and counter-masks:

Well I got to see several different masks that I was aware of that I used in my daily world. One of which was the persona-mask that no longer feels comfortable for me. And the counter-mask is kind of where I am at these days. Having the persona-mask, I always had to hold it in and be strong and I don’t want anybody to see how things have affected me, how my father’s absence affected me, how anything affected me. So having to keep that mask up and having it shown to me was detrimental to my emotional well being. I just didn’t feel comfortable with that one.

This woman attempted to keep her pain well hidden inside; however, working with the persona-mask forced her to face the pain she experienced as a child. She described this process as being uncomfortable and also causing her harm.
facing herself through the work with the persona-mask devastated her emotionally. This speaks to the pain that she has held inside for many years and has not wanted to see or experience.

Making and working with the counter-mask was described as a pivotal part of the group work for five of the participants. As the counter-mask was a reflection of who the women truly were on the inside, facing themselves with honesty occurred during this part of the process. Hiding from themselves and the world was no longer possible during the making of the counter-mask. Who they were was laid out in front of them. One participant noted the pain and also, the powerful impact, involved in this process:

I had absolutely no idea how beneficial this was going to be, how much of an impact and how an opening of my eyes and learning about myself . . . . And when I actually did the counter mask I think I was about to have a heart attack that day. And I just fell apart because I had no idea the pain that was within myself . . . . And we don’t spend a lot of time looking at ourself like that. That counter-mask for me was very, very powerful . . . . the counter-mask opened everything up for me . . . . the counter-mask was challenging because I felt sick . . . . everything was going crazy in my head. I just wanted to hit my head against the wall because the flashbacks were driving me insane. And it was just so painful. It was so horrible. And I just wanted to go to sleep or just numb out and chill out . . . So I went home and I had about three drinks actually. And then I wrote down four pages of all the traumas. It just flowed out like that. The fourth page was subtitled into summaries and listed the amount of things under trauma, tragedy, murder, death, abuse. It all happened that day at the counter-mask . . . . It was sweeping me out. It scared me near to death.

This participant was shocked to discover the pain that she held inside. She described the pain as a near-death experience and at the same time, a type of cleansing. The work with the counter-mask opened up a floodgate for this participant to clearly look within herself. The pain that she experienced was truly unbearable to the point that she felt that she was “about to have a heart attack” and that she “wanted to hit my head against the wall.” She also felt physically ill. Her emotional response to the pain within was manifested in her physical body as well. As she noted, the work with the counter-mask was “very, very powerful” and seemingly life altering. Another participant reflected on the power associated with facing oneself:
Because we were given an opportunity where it was okay to look at that mask and to see what that was like. And how often in your day do you do something like that? Do you stop and go this is what I am projecting but this is how I am really feeling? And to really put that out there and to look at it and just the other people moving with it. It is really neat. It is really something, isn’t it? I didn’t like it. I was afraid of it too. I didn’t want to have anything to do with it because it was so incredibly painful.

Even though there was pain and fear in the process of facing self, this participant celebrated the profoundness of doing this work. She described it as an eye-opening experience that she was fortunate to participate in. She indicated that there was a push/pull experience in working with the masks. On one hand, she wanted to look because it was an opportunity to learn about herself and on the other hand, she did not want to look due to her fear and the pain associated with looking at herself. Overall, this experience appeared to provide her with a new understanding of self.

**Catalyst for Change**

**Group Counselling, Mask Making, and Action-Based Mask Work**

The process of facing self through the creation of the persona- and counter-masks was described by five of the women as an intense and emotionally painful experience. However, the mask making experience was also highlighted by the women as a critical turning point in their time with the group. What was evident in the women’s stories was that through working with the masks, they were able to engage in a deep and meaningful reflection of themselves. They came to understand and accept what they presented to the world, as represented in the persona-mask, and what was a truer reflection of themselves, as represented in the counter-mask. As this participant noted:

> The counter-mask opened everything up for me . . . the counter-mask and talking about all these things, sharing with these lovely people started to thaw me out. And my body started to warm up . . . I started to feel like I was getting overheated. My body was overheating. It was almost like literally unthawing . . . the thawing out process.

The work with the counter-mask and the group counselling context was the beginning of the “thawing out process” for this participant. She was not only “thawing out,” she also felt like she was overheating from the experience of connecting to the warmth in her.
The work that she did was allowing her body to respond in a new way. The image of her body warming up conjures up the thought that her body was able to provide warmth and comfort and actively participate in taking care of her. She continued by sharing how the work with the masks brought her to new understanding of who she wanted to be:

My experience and a lot of them talked about how once you had the counter-mask, you didn’t want to wear that persona-mask anymore. It was like you really wanted to be genuine and feel things and look at it. It was really a profound, profound experience for sure. Most people felt that the counter-mask was the turning point for all of them. And I remember just even in that week when we were all sharing in the circle how that was kind of a theme. It was like, I don’t really want to wear it or I don’t feel like this persona-mask anymore. People really tried to identify with the counter-mask.

As this participant stressed, the work with the persona- and counter-masks was the “turning point” which I suggest was the catalyst for change. In the work with these masks, participants were able to look at themselves in a new and different way and make decisions as to what the new self would be like.

**After the Group**

The final part of the transformative process of self occurred after the group and in reflection during the post-group interviews. Participants described a *new appreciation of self* based upon *acceptance of self, compassion and care for self*, and *imagining a future self*.

**New Appreciation of Self**

**Acceptance of Self**

You gain strength, courage and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, ‘I have lived through this horror. I can take the next thing that comes along.’ You must do the thing you think you cannot do.

(Eleanor Roosevelt)
Through the work with the persona- and counter-masks the participants in this study described a new understanding and ultimately, acceptance of self. As Fisher (2001) suggests psychoeducation is a crucial part of work with trauma survivors in that it assists to change the understanding of self in relation to the trauma. Fisher notes that clinicians who provide information on understanding the traumatic past sheds a new and different perspective and allows the trauma survivor to appreciate and accept their strengths and internal resources.

The participant below also noted the impact of the persona- and counter-masks and how that work with the masks allowed her to be more aware of herself and her internal strength:

Today I am willing to show the other side of the persona-mask that I had. I am willing to let people in and share myself with them and trust them enough that I know they won’t hurt me . . . . That counter-mask to me is allowing myself to be vulnerable, allowing myself to be . . . . I am not that person. I am not that child that my parents did not intentionally raise unworthy, unloving, un-noticing, nobody important. I am not that little girl . . . then I could say, ‘Okay. It is them not me.’ And once you get that awareness, you can’t walk around as a wounded person anymore.

Allowing herself ‘to be’ speaks to an acceptance of self. Allowing oneself ‘to be’ provides a stark contrast to a sense of non-existence described earlier. This change in feeling towards self, accepting one’s being, moves one towards recovery from the trauma of the past. In this case, this participant’s awareness of who she was and was not helped her to understand and accept herself. She went from feeling “unworthy, unloving, un-noticing, nobody important” to “allowing myself to be.” Through her words she captured an image of moving from victim to fighter:

I have the awareness that I am a worthy person. I am a worthy woman. I am capable and deserving of love. And I cannot allow my childhood and the things that happened to me growing up dictate who I am today. It is like an excuse. It is a crutch. It is a crutch to go and use alcohol and drugs. It is a crutch to pick emotionally unavailable men. It is a crutch to be irresponsible . . . . the crutch is gone. So now, from this day forward, for whatever happens, I have the awareness to make better choices in my life, the right choices, responsible choices.
This shift towards acceptance of self appeared to be meaningful and significant for someone who had lived most of her life feeling worthless. With a new awareness of her worth—“worthy person,” “worthy woman,” “deserving of love”—this participant has the freedom to experience life in a new way. As she noted, she has the ability to make conscious decisions that would be healthier for herself.

Another participant offered this insight into the changes within herself: “It is like ‘frozen’ at some point in time and living my life in this frozen numb state and then slowly thawing out. And feeling the good for the first time and feeling the bad for the first time.” She aptly described a transition within herself from being in a frozen state to thawing, which allowed her to feel different things for the first time. I am struck by her description of what she was feeling: the good and bad. This indicates that she was feeling neither before having the chance to move between the two within the mask work.

One participant spoke about living more authentically and that authenticity derived, partially, from acceptance of self:

I didn’t want a cookie cutter life. I wanted to know what other people were dealing with so that I could feel a part of it and then choose my own way. And I guess up until now I have been really searching for how other people do it . . . and then choose what I want from it and edit out the good qualities and bring in my own. And it has been a lot for me to admit that I am alternative. My family is alternative. They are alternative artists. I kind of resisted that for a long time. And I think I am learning to accept that more . . . by being more authentic.

This participant’s experience of reclaiming herself in some ways paralleled the mask making and action-based mask work. In other words, she decided what she wanted to keep for herself and what she wanted to shed in order to live a more authentic existence. Her new-found acceptance of herself also meant that she opened herself up to accepting her family. She seemed to understand that who she was in the world was also partly who her family was in the world. For this participant, understanding and accepting more of herself appeared to lead her to understand and accept her roots.

Similarly, this participant related her experience of working with the masks to a place of acceptance of herself:
My experience and a lot of them talked about how once you had the counter-mask, you didn't want to wear that persona-mask anymore. It was like you really wanted to be genuine and feel things and look at it. So it was really a profound, profound experience.

Her experience of working with the persona- and counter-masks moved her to a place of feeling and living a more genuine life. There was a meaningful shift that occurred for her to understand what she wanted for herself. She also made a connection between her experience and other group members’ experiences. This connection may be part of the recovery process as she may feel that she is not alone in dealing with her traumatic past. The communal aspect of knowing others understand can be an important component in trauma recovery.

For another participant, knowing more of the strength of self meant an understanding and acceptance of self:

There is nothing in this world that I cannot face or handle or push past. There is nothing. Nothing. And acknowledge it. See the thing I always did before was that things would happen but I wouldn't feel it. I wouldn't acknowledge it. When my father died, I just carried on, ‘Yeah he died. So what.’ But he was such a big thing in my life that I didn't allow myself to feel that. Setting the bar up high is not hard to do. It is going through motions with that. Like feeling that, acknowledging it and not being so carefree with it. Acknowledging pain, acknowledging the hurt, acknowledging the struggles, just acknowledging them.

This participant recognized that the work that she did in the counselling group was difficult but that it demonstrated to her that she was capable of dealing with any other challenges that she had to face. Through the process of facing her pain, this trauma survivor appeared to begin to understand the inner strength that she had within herself.

Another participant revealed the difficulty in being seen by others but through the process of the group she became more accepting of herself:

But towards the end, I think I opened up more and was less judgemental on myself in terms of how I was looking when I was crying or how I sounded . . . Just seeing how the others would perceive me but maybe letting that go because it doesn’t really matter how the others perceive me.
The group work proved to be effective for lessening the shame and humiliation for this participant. Exposing herself to others allowed her to become more accepting of herself when she experienced acceptance from others. As a result, the same participant continued by talking about the change in her relationship with her boyfriend and how she was more accepting of herself within that relationship as well:

I get pretty aggressive. But lately I have been, ‘Oh well. That is the way you feel.’ My boyfriend has problems with the way I look. He thinks I am overweight, which I am overweight. And I know this may sound trivial . . . . He wants me to be a certain weight . . . . And for whatever reason, right now, this is me . . . . I am more comfortable with myself.

She came to accept her whole being including her body. As she mentioned in both quotes, she was less concerned with how others perceived her--a testament to her acceptance of herself.

Another participant talked about the process of working with the masks as movement towards a new awareness of self:

Well the whole thing was pretty transformative right from the get-go. The concept of wearing the masks and taking them on and off and starting to be aware of what mask I was wearing during the course of the whole process was really eye opening. It really allowed me to understand how many masks I was wearing . . . . just the games that I was playing with myself more or less . . . . Becoming more aware of the inner workings of what was going on with my outer persona or my outer face to the world was very varied. I have never been asked to work with anything outwardly but then begin to observe myself inwardly with the material. I began to realize, ‘Oh well, I am wearing this mask now.’

So for me it was helping me to get in touch with my feelings of what was going on inside me in a different way because I could identify with the masks because it wasn’t me identifying with a word or a feeling. It was more of a mood, a mood of the mask I could feel better instead of having to put it into words. I could sense the colour and sense the feeling behind it. And it was more of a general thing which didn’t make it so intimidating to try to dissect it. A general feeling of how I was feeling.

The participant described her understanding of herself through the process of working with the masks as a life altering event. She became more aware of her internal world and how she presented herself to the outer world. She attributed her new understanding
of self to the non-verbal elements of working with the masks. Her narrative offered a new understanding about the power of using masks rather than verbal interventions in working through trauma. Additionally, this participant continued to talk about her new acceptance of herself and how this led to a sense of peace:

Anything is possible and I am more accepting of my fiery eyes now. It is not so scary. It was really intense to look at when I was making it and it was intense to admit. I like it but I am more at peace with it. Somehow this whole process was about accepting too, a lot of things. And although it was hard at the time going through it with the ladies, I am able to be in a place where it can sit inside me in a better way even the fiery eyes because I dealt with it in group.

This participant professed that the group work with the masks was instrumental for her to come to a place of acceptance and peace—even with parts of herself that were scary or previously unacceptable to her in the process of coming to know herself.

**Compassion and Care for Self**

I am me.
In all the world, there is no one exactly like me.
There are persons who have some parts like me,
but no one adds up exactly like me.

Therefore, everything that comes out of me
is authentically mine because I alone choose it.
I own everything about me
My body including everything it does;
My mind including all its thoughts and ideas;
My eyes including the images of all they behold;
My feelings whatever they may be…
anger, joy, frustration, love, disappointment, excitement
My Mouth and all the words that come out of it
polite, sweet or rough, correct or incorrect;
My Voice loud or soft.
And all my actions, whether they be to others or to myself.

I own my fantasies, my dreams, my hopes, my fears.
I own all my triumphs and successes, all my failures and mistakes.
Because I own all of me I can become intimately acquainted with me.
By doing so I can love me and be friendly with me in all parts.
I can then make it possible for all of me to work in my best interests.

I know there are aspects about myself that puzzle me,
and other aspects that I do not know.
But as long as I am friendly and loving to myself, 
I can courageously and hopefully, look for solutions to the puzzles 
and for ways to find out more about me.

However I look and sound, whatever I say and do, and whatever I think 
and feel at a given moment in time is me. 
This is authentic and represents where I am in that moment in time. 
When I review later how I looked and sounded, what I said and did, and how 
I thought and felt, some parts may turn out to be unfitting. 
I can discard that which is unfitting, and keep that which proved fitting, 
And invent something new for that which I discarded.

I can see, hear, feel, think, say and do. 
I have the tools to survive, to be close to others, to be productive, 
and to make sense and order out of the world of people 
and things outside of me. 
I own me, and therefore I can engineer me.

I am me and I am okay 
(Virginia Satir, 1975)

The transformative process appeared to take a similar path for five of the participants. At the beginning of the process, women described a sense of non-existence depicted as hiding themselves from the world, and their own inner self. The next stage of the process involved being seen by others in the group, which can be appreciated as widely divergent from wanting to hide. Being seen by others seemed exaggerated since group work was a new means of therapy for some participants. Creating the persona-mask exposed the women to other group members in a different way and in turn, to themselves. The persona-mask was a representative of certain aspects of the self the participants showed to the world. Participants used words like “phony,” “fake,” “façade” to describe themselves when they were wearing the persona-mask. Work with the counter-mask appeared to be a major turning point for five of the women as they were able to look at themselves in a different light than with the persona-mask. Finally, the women, after being seen by others and facing themselves, came to a point of accepting self. Acceptance of self seemed to lead naturally into self-compassion. While the process of rediscovering and reclaiming self was incredibly painful for all five of the participants, the resulting compassion for self was equally intense. One participant eloquently summed up her transformative process as a result of the group work using masks:
To now know that I can move on in my life and try and deal with that pain and be a whole person. And to go out in the world and do something for me . . . . There is a future there. A big future there and it looks good. I can feel progress. I can feel a future and I can make plans, financial plans. Before my body was so heavy. It wasn't really depression. Something was holding me down so hard. It was horrible. And that wasn't me. I just wanted to get moving . . . . Now I am going to get my health back and pursue my dreams . . . . There is a good future there. And before the future would be there but it would be taken away and it would be black. I didn't know whether I was going to survive to have a future. I just couldn't see a future. I would try and I would try and make plans but my body was heavy and I couldn't get there. I just couldn't move towards that goal. But now I know I can . . . . And it just blew my socks off . . . . It was awesome. It was really the best thing. I just want to say thank you. I thank you in a very big way to everything and for this amazing opportunity to have a fulfilling future. I think that is a huge gift I have been given and I am very grateful.

For someone who did not feel that she would have a future, her experience in the group was definitely transformative. She also expressed how the group experience helped her to feel a sense of safety with others: “But now I started to feel safe with my friends in my life, that I can tell them things and not be afraid of what they are going to think or say or do.” Feeling safe enough to expose herself to others was a sign of compassion because she felt worthy of being loved and cared for by others.

Even though working with the counter-mask was an uncomfortable experience, this participant managed to continue with the process and came to know that she could face anything:

I stayed and I did it . . . . I am glad I went and I will say that to anybody . . . . there is nothing in this world that I can’t face or handle or push past. There is nothing. Nothing . . . . I would highly recommend if they had another one to any woman that was interested in facing themselves and facing a traumatic event.

Her courage to face herself during the group resulted in her coming to know her own inner strength and how she could deal with other challenges in her life. Facing herself ended up being a profound experience for her.

In this instance, another participant talked about how she was changing her thought processes about herself as a result of being a part of group counselling:
The group was a little lesson in embracing myself more through the work I am doing on the side and just being there. This is what I am. Just trying to get in touch. Since being in the group . . . . I am really working hard not to see myself and not to label myself as damaged because I have had a lot of trauma. I think I am super reliable. I think I am pretty consistent and I think that some people haven’t been through as much trauma . . . . I am just trying to identify it as something different because I am tired of being the sick girl.

Compassion for self can involve the messages one gives to self. This participant shifted her views of herself from being damaged to being worthy. She saw herself in a positive light for the first time. This same participant went on to talk about how she was trying to change the voice in her head to be gentle and loving with self:

I feel like my project in life is to create new neurological pathways. And to get that voice in my head that tells me, ‘It’s okay.’ . . . . I am learning that I don’t need to worry about things that don’t serve me. It is getting that voice in and being, ‘Okay. You are being totally obsessive right now. Just chill out. This is not good for you. I am going to give you the ultimate loving care.’

She used a touching narrative to describe her new awareness, understanding, and compassion for herself in her process of recovery. She was working to shift from a negative to a more positive way of talking to and supporting herself. In this same way, another participant spoke about new-found messages that she began to give to herself:

I am trying to learn to worry less about that and just take care of myself and see myself and stand alone myself and not just me panicking and being ‘You are okay. You are okay.’ But just to be grounded and ‘I am okay.’ And even though I am not okay entirely, I am still okay as far as those roots go down. I may think, ‘Oh I am not doing anything. I am not taking too much on.’ But just like calling it as I see it and really working on just trying to be aware. And as I come across things, it is deal with it to the best of my ability. I have got some tools. They were like disgusting and blunt as hell when I started off life and some of them are getting sharper. And it is just like it is a process. And I do what I can with the tools that I have. And I work on my tools and let my tools do the work. And as I go along, hopefully the tools will get sharper and the work will get nicer.

This participant was providing care for herself through her positive self talk and with her attempt to be grounded. Her analogy of the tools that she has to deal with life and her
process of using these tools to work more in her favour over time is perhaps representative of how she sees her own process of self-understanding and self-acceptance. Additionally, she saw how she could continue to change in the future as she practiced working with (sharpening) those tools.

Another participant disclosed that she had a new relationship with herself as a result of the work that she did in group counselling:

Confidence . . . I feel like on some level I am better able to listen to myself. I am better able to feel the ‘fire eyes’ and know what to do. There is a different dialogue. It is the growings of a different dialogue with myself, a different connection which is great. So that is a real big benefit. So in that, to know when to do self care and to know to be appreciative. I don’t always want to be negative, so it is allowing me to realize I have a choice. And it is not blanketing, ‘Oh it was crappy and it is time to get on. Let’s seal the vault.’ It is more by acknowledging it somehow there is power in that.

Her confidence and new connection with self reflected a new-found care and self-compassion. She expressed her ability to listen to herself and know that she could choose how she saw and made sense of her way of being in life. It is important to note that acknowledgement of who she was created a powerful shift for her in her world view.

Another participant reported that her new realization about herself allowed her to be more gentle:

I really appreciated seeing things white. Like to not be distracted by so many objects or colours or whatever. That I needed in order for me to rest and I needed it to be a calm atmosphere visually. And, for me, somehow that connects in with the neutral-mask and it being white. And taking it on and off and realizing emotional things that I was going through with each mask taking it on and off. And I was able to chill out by being in the neutral corner . . . . That was a labelled moment for me was that I actually like mellow things. And then during that same time, there was a moment too where we were taking on and off our masks . . . . And we were all doing this on and off mask thing silently. But when we were asked to move, the noise of people simply standing up and the noise of cotton moving and chairs slightly being pushed back, it really hit me. It irritated me. I realized that noise was painful for me. And so I realized in that moment, and it was around the same light bulb moment as the ‘I liked neutral colours around me’ that I had been over-stimulated but noise was painful. But in that moment at that time at the center realizing about the light colours and the sound, I acknowledged something inside myself that
allowed me to be more sensitive to myself. I don’t know how to describe it but just acknowledging, ‘Okay, yeah. Noise isn’t cool for you.’ And I actually reflected on that. I work all day in a quiet setting. I come home. I don’t put the TV on right away. I actually don’t put music on even. I actually like it quite quiet. And maybe that is where I am right now but I hadn’t really noticed that was my pattern. But in reflection, I am like, that was pretty huge to recognize what I like. I was able to observe it inside myself to feel my skin crawl and to feel the pain in my head, to hear someone move a chair back. And totally in this extreme like I guess what some people get with the chalkboard thing. But I look back on my life and I have done my best healing and my best connecting with myself in a quiet room on pillows and bolsters . . . . And it is quiet and mellow and the colours. Looking back after having that realization, how I have set my life up, I wouldn’t have never been able to observe that in myself. But I realized, ‘Oh you unconsciously were searching that out.’ I was helping myself all along because I gained a lot of confidence out of that and the ability to know when you need a quiet time now.

She found a place within herself where she could be self-compassionate when it came to her tolerance for outer stimulation and her realization came as a result of working with the neutral-mask. The process of wearing and removing this mask helped her understand herself better. This new realization actually reminded her of something that was already a part of herself; she realized that for her whole life she did not like noise and preferred quiet spaces. Her new awareness was a comforting feeling. It was like finding herself, a homecoming.

Two of the participants emphasized that through their work with the masks they could now reach out and ask for help—a demonstration of showing self-compassion. For instance, this participant stated:

The counter-mask is allowing people in. Not always being strong. Asking for help and reaching out. And not doing everything on my own because that is all I have been doing is struggling, struggling all on my own and I don’t need anybody’s help and nothing is wrong. Everything is fine. And that counter-mask is allowing myself to be vulnerable, allowing myself to admit when I am wrong, admit when I need help . . . . I opened up more to my friends. I opened up more to them. And not struggling to solve everything by myself or isolating because that is another big thing with me is that I isolate with everything and I try to solve it all on my own and then I get backed into a corner. When I am backed into a corner, I feel like I have no choice and when I have no choice, I react in negative ways. But now I feel more safe with my friends in my life, that I can tell them things and not be afraid of what they are going to think or say or do or that I don’t get that cornered feeling.
This woman experienced a meaningful shift from not trusting that people would want to help her, to opening herself up to others care and as a result feeling safe. She attributed this shift to the work she did with the counter-mask. The counter-mask work was the catalyst that moved her from being closed, to feeling security in being vulnerable with herself and others.

From listening to the participants’ narratives, I could see that working through their pain allowed for the women to have a new outlook on self and their relationship between self and their trauma experiences. For example, this participant painted a picture of going from the role of victim to the role of fighter:

How do I make sense of [my trauma] today? It is those core beliefs that I am not that person. That I am not that child--that my parents didn’t intentionally raise as unworthy, unloving, un-noticing, nobody important. I am not that little girl. It sucked but once you acknowledge something that traumatic that has happened to you, once you get the answer, once somebody explains to you, this is why it happened, it is not you. It is because of the circumstance. Like once somebody explained to me about my mother and father and who they were and why they did what they did, then I could say, ‘Okay. It’s them not me.’ And once you get that awareness, you can’t walk around as a wounded person anymore . . . . I have the awareness that I am a worthy person. I am a worthy woman. I am capable and deserving of love. And I cannot allow my childhood and the things that happened to me growing up dictate who I am today.

Awareness relating to the circumstances of her trauma was instrumental in providing this participant with new insight about her understanding of her trauma experience. Through this new understanding, she realized that she was not the person that she believed she was all of these years—unworthy, unloving, un-noticing, nobody important. Instead, armed with new information, she was able to re-frame her experiences of self that then allowed her to be self-loving and self-compassionate.

Another participant explained changes that she noticed and then consequently practiced for herself:

And the other thing is I am feeling stronger in a way that when I need to speak to something, let somebody know that I mean something and that I am feeling boundaries that are important. That you are not going to abuse me anymore. I noticed that my posture changes. I try and straighten my spine. And I do the breathing which is very important. I prepare myself and I try first of all ahead of time to think of what I might
say because if it is something that is really been an issue that has really hurt me for years and years and years, I need to practice first. And then I go and talk to the person . . . . But just to let them know that this isn’t acceptable anymore. I am trying this. This is new for me.

The participant expressed other ways to show compassion and care for herself--speaking her truth and setting clear boundaries with others. Not only did she notice the change in how she verbally expressed herself, she also noticed differences in how she held her body and how she attended to her breathing as a way of assisting her self expression.

Another participant highlighted how self-care was an ongoing topic throughout the 10 weeks of the group counselling process:

And I am more gentle on myself to say, ‘Okay. This isn’t working for you right now. Just take time out.’ . . . . It created some kind of buffer zone inside me...I can take time out. I can have a cup of tea. Have a nap...If it is hard right now you don’t have to push through. You can do some self care. And so self care was another thing that kept coming up through all of the 10 weeks. And I am just realizing how that helps with the negative feelings of all that stuff. And it doesn’t seem so bad now . . . . It somehow gave me some breathing room. So the negativity wasn’t so negative . . . . I feel . . . . stronger but there is something with the group and there is something worth working through negativity that when you go back to your ‘real’ life, you are just so grateful.

I kind of dreaded it [going to group] but I knew I needed to go and it was important to go. And afterwards, I always did something good for myself. And because I felt like I had addressed some of my issues during the week, my weekend was a celebration. So my real life was really awesome. I could really see that my partner loved me. I could really notice when he cleaned up or I could really notice when he left flowers. And I really felt grateful because I felt like I was doing the inner work. So my life was just so much brighter. I wasn’t as tight in the shoulders so that I could breathe better and just walk around and enjoy it and actually I noticed over the course of time—the 10 weeks—I had learned this breathing exercise. And I realized that with the breathing and with addressing myself to the course, my negativity was actually going down and my production was going up. It didn’t take me so long to do things. Whether it was walking or stuff at work. And normally psychologically it takes me a long time to do stuff sometimes. And I am like, ‘Man, this doesn’t take everybody else this long.’ So I noticed negativity wise I actually had more space. I had more time to do stuff but I was getting it done faster. So my confidence built. In my work life and in my home life, I was getting more done instead of wallowing in the crap so to speak. So
I was just so grateful that somehow it allowed me to be, to see how shiny everything was.

Incorporating self-care in her life, this participant outlined how it had given her a new outlook on her life. Her practice of self-care reflected care and compassion for self. She saw things in her life with new eyes and became more appreciative of what she had in her life. She talked about seeing things in her life more brightly. It appeared that acknowledging and working with the trauma provided this participant with a new lease on life. She mentioned that the work she did in the group was instrumental in changing her attitude and was reflected in her relationship as well as her work life. The change for her was so noticeable that she was rejoicing and honouring herself.

One participant explained that through group counselling experience, she arrived at a place of peace within herself in relation to her traumatic past:

> It is not important to me anymore if I am this sexual object. I am just happy. I am learning to be more at peace with myself . . . . I think I am relaxing more to myself. And this workshop and the past two weeks, I feel like I am more at peace with myself. I just know it had nothing to do with me. I did everything I could. It really lies with my father. And I was taking on too much because of that one incident . . . . I just have to let it go and my father has to wrestle with it.

She stressed that she came to understand that the situations she witnessed—seeing her mother being beaten and ultimately die—was not her fault. For her to come to an understanding that she was not to blame for a trauma of this kind seemed to be a huge relief and opened a space for new understandings and compassion for self. Once this new way of viewing oneself occurs then new possibilities for change have the potential to emerge.

**Imagining a Future Self**

Martin and Sugarman (1999) discuss the intrinsic drive of self to move forward and see future possibilities in life. With new realizations of self based on the persona- and counter-mask work, the women in this study have newfound outlooks on their future and who they could be; this possibility and imaginal future was not possible before the group where women had expressed being “imprisoned” by their experiences of trauma.
In this regard, one participant talked about the importance of knowing that she had choices that she could make day-to-day and for her future:

I don’t think about the trauma so much. I think about how I am more in my day to day life. How I am affected by my moods. And maybe my moods aren’t necessarily in congruency with what is going on? Maybe I am over-reacting or under-reacting or am I putting myself in danger . . . . I am better able to check in with myself on some level . . . . It is more about how I treat myself . . . . Somehow I am learning to be softer on myself. It is like the way I am able to feel the effects of that is to actually witness how hard I have been on myself. And how I actually have a choice and it is better if I am breathing fully and connecting with myself better then it actually can be better . . . . But I am really finding a lot of joy in that realization because it allows you to have that neutral state that I was talking about, ‘Okay, how do I want to be in this moment’ . . . . I have choices. And I have a choice which mask I put on. And I have a choice of what I feed myself that day. And it feels like there is hope and there is potential in that . . . . It is huge because I don’t want to be on automatic. I don’t want to be a cookie cutter like everyone else just doing the same thing. And it is not that I want to stick out. But I want to choose my life. I just don’t want to be on automatic . . . . It is empowering . . . . Not that it needs to be easy but I could be easier on myself . . . . But as I have become more safe inside myself, I have actually been able to plan times, plan my life out, plan ahead a little but so that I am not just reacting, that I am not just living day to day and feeling like I am in this little parameter . . . I learned to be gentler on myself. God, the course was amazing. The masks were huge.

Not only was this participant more aware of her feelings, but she talked about connecting with herself at a deeper level. This connection to self allowed her to find joy and to understand that she could be empowered to make choices. Not only could she begin to make choices in the moment but she could also plan for her future. Feeling safe and more compassionate with herself was an outcome of the work she did with the masks.

One participant expressed how she can finally realize her dreams:

I didn’t know that’s what was going on, the thawing out process. My health is improving. And I am more motivated. I can go all day without sleeping. And I have got goals and dreams and I am pursuing them. It is wonderful because those are the things I have been wanting to do for so long. And I did not understand why I was being held back, why I wasn’t allowing myself to go after these things. I couldn’t figure it out. But I know now that the pain of all the stuff that was kept inside, not releasing
it, it totally translated into bad health eventually and it was destroying my entire body . . . . It is exciting.

There are many transformations that took place for this participant and through these transformations she could begin to be excited about her future. Understanding the pain, working through it, and releasing it seemed to allow her to be present in her life. For this participant, the work that she did in the group positively affected her mental and physical health and her overall outlook on life.

One participant beautifully expressed the impact of the group on her overall sense of self:

So from this day forward, for whatever happens, I have the awareness to make better choices in my life, the right choices, responsible choices. I am working on doing things that increase my self-esteem, my self-worth. I am working on doing volunteer work or going back to school or getting a job so that I do things that increase myself-worth, that increase my self-esteem . . . . And maintaining my self-respect, maintaining my self-worth, maintaining it and knowing that I deserve better, that there are better things out there for me . . . . I want to have a nice stress-free life that doesn’t have all that dysfunction and negative behaviour . . . . A day at a time. I don’t look to the future much as far as being somewhere and someone I am not or wishing I was someone or somewhere else. I am who I am.

The group experience for this participant was profound because she became aware of her worth as a person, which in turn, affected her engagement in life. As a result of her new sense of self, she had the confidence to pursue a life she wanted for herself and be a contributing member of society. Her new life would involve her taking care of herself as a result of making more positive choices.

This participant imagined that she would be able to live her life differently from now on—much different than the first half of her life:

To move on and follow my own path and not be so fixated on the way things were in the past. To try and live my life in different ways. It is almost as if the first 51 years belonged to my father. And the next 50 years are going to be my way...Just to know that all of things happen and a lot of it, well all of it, I had nothing to do with. I didn’t ask for any of that trauma to take place, to be easier on myself. I really see a shift in the responsibility . . . . I want to learn to live with all the bad and not have it darken my other days. Just know that those things happened and kind of
live with all of that trauma as if they were kind of pals of mine . . . . I just want to be easier on myself. I guess because that is how my mother would want me to be . . . . The workshop was huge. It had huge positive effects on me . . . . I highly endorse workshops and therapy and everything whereas before I would say, ‘No. Forget it. I hate it.’

Acknowledging and accepting her trauma was very powerful for this participant. She came to understand that she could experience a different way of being than she had in the past. She understood that the impact of the trauma was a part of her but that it no longer ruled her life. She was free to live her life as she wanted as a result of the work she did in the counselling group.

One participant talked about her ability to move forward with “a clean canvas:”

And to just know when, where and what or to recognize that--that neutral one is there. That is the other part that I loved out of the 10 weeks. Knowing that I have a neutral-mask available to me at all times. It was powerful. And to realize that I can build my own mask. Like it came to the end with my green mask here but that I am always kind of making a mask now. What is truly me instead of what do I want to present? What am I trying to protect? How do I want to appear strong? But more I am asking myself, ‘What am I truly?’ So that neutral-mask is awesome because it feels like a clean canvas.

The participant was unsure what her new self could be but she could begin to imagine a new self. What stands out was that she was free to create her new self in her own way. Strikingly, the neutral-mask for this participant was the impetus for change.

I end this section with a quote from a participant who described the transformative process that she experienced as a result of her time in the group:

I felt completely and totally high after that literally . . . . I felt like I had been hit by a truck and there was a feeling of euphoria. I felt like I really crossed over somehow and really got passed how I thought about it [trauma] for years . . . . I still am feeling the effects of it three weeks later. I just feel lighter. I feel lighter. It will never go away, that one trauma, but in some ways, it has allowed me to focus on the other traumas because it got sorted out. And I am not bothered by it anymore . . . . I am calmer now . . . . I just feel uplifted . . . . It was such a gift. Oh it was amazing.

She depicted the transformation as a death and rebirth at the same time. Through her work in this group, she was able to fully process one traumatic experience and was
ready to process other traumas from her past. Her positive experience in the group allowed her to see possibilities for continued trauma recovery.

Reflections on the Group Experience

Importance of Safety

Creating a safe environment is one of the counsellor’s primary goals because safety in the counselling relationship is a necessary condition for effective counselling practices (Briere & Scott, 2006; Herman, 2001). Creating safety in group counselling requires the leaders to be skilled as there are various dynamics at play between people when working in groups. For five of the women in this study they were reluctant to talk about their traumatic pasts and had a history of not revealing their trauma stories to others. However, in the post-group interviews, participants talked about the safety that was created during the group counselling experience and how this safety led to participants sharing vulnerable parts of themselves. The safety of the group experience was highlighted by this participant:

Also being in a safe environment with the other girls and also building a bond with them too knowing full well that they had many layers of not only tragedies, traumas, and all the different types of things in their background that we weren’t actually alone and that it was so safe to actually be able to bring it out and to talk about it. Because it was all squashed down and fried.

What was noted as an important aspect of safety in this group experience was the relationships that were forged amongst the women who shared commonalities. This bonding and understanding of other helped this participant to feel safe and not alone in working through her traumatic history. Similarly, another participant talked about the safety created in the group when she stated: “It was a safe environment. It really was very safe. I have never encountered anything like that in my life.” It is obvious by this participant’s testament that safety was present within the counselling group and that this was a new experience for her. When safety is established then the important work of trauma recovery can begin.
Another participant talked about the safety in the group and how that safety led to the expression of her feelings:

The group was completely positive and eye-opening. It gave me a feeling from day one, a feeling of safety and a place where I could actually get things out that had been buried for a long, long time. And although it was hard, I think it was just a huge relief. It was a relieving experience, comforting, relieving, like a big burden had been lifted with each week that we went. For me, each week that I went felt like a burden was being relieved.

This participant emphasized how the safety and security in the group was instrumental in the work that she did. Although being vulnerable and revisiting pain that was buried was very difficult, it was at the same time invaluable work for her. She continued to talk about how the power of being seen and how the experience in the group was life altering for her:

That was really powerful for me . . . . To be in a group of women, to be able to get that out in front of other women, that was huge . . . . I felt so validated. The other women were hearing it. It was like, ‘Can someone listen to me?’ And whether they completely felt my pain or bought into it, it didn’t matter. It was really nice to be able to get that out in front of other people. I didn’t feel like I was crazy. I felt validated . . . . But that couldn’t have taken place if I hadn’t felt secure weeks before in that group. So it was a building up process . . . . I am blessed with that experience . . . . For the first time in ages, I was heard. That is huge to me. And I had the privilege of letting things out as a start. And I am such a private person and I have to walk around like I am always strong and alright. I am one that people like to be around me for all those reasons but then inside it is all this shit. It felt really good to get that out and be accepted . . . . Just being in a group of women willing to hear and listen and knowing that I am not alone. There are people out there that have experienced the same sort of pain that I have been through. And it also was good too that we were all so different. I think each one of us in that group were really different in terms of our personalities and our lifestyles. And that was really good. I liked that mix that we weren’t all the same. But we were all in different things and without knowing everybody too. Personally, it is pretty obvious we were all so different but yet the pain was the same.

As Fisher (2001) noted in her paper, one of the outcomes of talking about the trauma experiences in a therapeutic setting is that trauma survivors can begin to make sense of their reactions to the trauma and understand that they are not crazy. This participant expressed this exact sentiment. Feeling crazy may perpetuate the shame and
humiliation and may, in turn, prevent trauma survivors from exposing their pain. However, once trauma survivors feel validated and understand self in relation to the trauma then they will likely be more open to examining themselves and the impact of the trauma. This participant acknowledged that the women in the group were different and “yet the pain was the same.” The group appeared to be successful in creating a sense of community that became a crucial factor for the work at hand.

Three of the women related seeing other’s pain to helping them to feel safe to explore their own pain. The following participant’s quote exemplified this when she said: “Being exposed to such vulnerability and raw pure emotion really brought that out in me or allowed me and made it okay for me to explore that for myself.” The benefit of group work and the communal response to the group members baring their pain was valuable for her to examine her own pain. Likewise, she talked about the advantage of witnessing other’s pain in helping her to connect with her own pain, as she noted, “five years ago I was so frozen. So I have been thawing out this whole time. So to see someone else, to see and feel other people’s emotions makes me feel one step closer to my own.” Being “frozen” prevented her from being in touch with her emotions; however, as a result of the nature of group work she had the privilege of seeing other group members’ emotions and it led her towards knowing her own emotions. Another participant talked about the advantage of seeing other group members’ pain:

If you are not used to seeing other people’s emotions, you can say, ‘Oh I don’t want to deal with this.’ But then you miss out on whatever it is you would learn about yourself, which I am glad I went.

She made the connection between seeing others’ pain in helping her to see herself more clearly. An opening was created to look at self when other group members were vulnerable in showing their emotions. Another participant also communicated how witnessing other women looking at themselves allowed her to look at herself:

I think the group set up was really cool because I felt group support. Knowing other women were out in the week doing their thing but that they were processing their own thing and to see them look at shallow sides of themselves, I was so stoked, so happy because it allowed me to go into myself too, like that camaraderie and just knowing that I wasn’t the only one. It comes out. And it is such a gift to see other people’s pain because it allows you to express yours or to feel yours. So that was a
really amazing thing. And to see the tears and to witness the struggles and to hear the stories. I think it just made me feel more human because in my fight I realize that I just go through treading water trying to keep my head up and I can do this. It's cool. It's cool. But to actually stop and say, ‘Actually this sucks.’ This woman is hurting. Or her friend died. Let’s write her a card. To really honestly acknowledge that instead of just pretending it’s all cool. You have got your head above water and you are on top of stuff. I was just real. And I appreciated it took a lot of courage. You could see everyone warm up over time.

For this woman, witnessing other group members’ pain was unavoidable and ended up being a ‘gift’ for her to then look at her own suffering. She attributed that to the support of the group members—a very important component for her to examine her own life more deeply. The communal nature of group work was certainly beneficial for this participant.

For one participant, part of the safety in the group was developed as a result of working with the neutral-mask. She said:

But I really, really enjoyed over the course of the 10 weeks—and I kept revisiting it—the neutral white mask. Initially it was hard, the white mask, but I enjoyed revisiting it because it was that neutral place where you were a fetus before you were actually connected to the womb. And that was so amazing because it brought me back to a neutral place. It reminded me of how I could be without all of the baggage. That I was just floating in bliss and completely trusting that I was going to be taken care of. And that kind of place is something that I revisited all along. It was kind of intense to feel that. But at the same time it was empowering to acknowledge.

She provided a powerful analogy to the impact the neutral-mask had on her experiences in the group process. The neutral-mask offered her a space to trust and be free from her past. For this woman, the space of neutrality that was created was a safe place that she can access at any time.

One participant talked about how the structure of the group counselling context allowed her the opportunity to trust and feel safe. She states:

I had to trust the process and I let them tell us what to do step by step. And when I finally finished the steps and I would go over to the table with the supplies and I approached it differently. I was like, ‘Okay. Well what jumps out at me right now?’ But not having an idea, not having to take care of the details, not having to provide the structure, to just trust the structure and program and process, it allowed me to be more chilled.
The participant emphasized that the ability to go with the flow of the group work was connected to letting herself trust the process and trust the group leaders. This same participant went on to highlight how the safety in the group allowed her to expose herself within the context of the group. She noted:

Learning to let those walls down, that it was a safe place was really huge. And trusting that it was going to be okay. It was hard for me to go there and let my walls down each time. It was the most challenging and the most rewarding but the most work involved.

The foundation of a safe environment was necessary before she could trust herself and the counselling process. Once safety and trust was established and noticeable to her, she was able to be vulnerable and receive the benefits of the group counselling process.

**Learning from Participants**

As with all research endeavours, especially qualitative research, participants’ experiences in various parts of the research process can provide researchers with new understandings and insights to be considered in future studies. Participants imparted their thoughts about what was effective and what was not as effective in the group counselling work using masks. As such, I take this opportunity to provide an account of this information in the hopes that this insight will be helpful for future group counselling studies. I will also revisit these learnings in more detail in the next chapter. In this section, I offer an introduction to participants’ insights about the group experience that they expressed both explicitly and implicitly.

At the beginning stages of my data analysis, I considered including the theme of a feeling heard in conjunction with the theme of feeling seen by others. Some of the literature emphasizes that through the research process participants are given space and voice to speak about their trauma (Riley & Hawe, 2005). However, as I re-read the transcripts, I realized that the feeling of being heard, in this current study, was a misnomer for the participants. In fact, in the post-group interviews, three participants described a sense of frustration because they thought they were only able to divulge a very small part of their story within the group process and wanted to tell more. It is important to highlight the participants’ frustrations about not feeling like they were being
heard in order to further understand the nuances involved with their struggle to tell their story to willing, understanding, and empathic listeners.

Stories of trauma are not often simple fact-based stories to tell. Usually embedded in trauma experiences are various contexts, various people, various layers, and various effects. Also, the survivor’s personal circumstances, such as age, previous trauma history, support network, and familial dynamics, influence the impact of the trauma. In other words, traumatic experiences are usually multifaceted in nature.

As Levine (2005) noted, trauma survivors tell and re-tell their story in an attempt to make sense of it. As mentioned earlier, trauma survivors may often feel disconnected from themselves which, in turn, might compound their ability to make sense of their stories and subsequently, to tell their stories. Although this was not a focus of my narrative analysis, I did notice that five of the six participants in the pre-group interviews struggled to articulate themselves in a free flowing manner. Their sentence structure tended to be broken and incomplete. In contrast, I noticed in the post-group interviews that those same participants spoke with more fluidity and their sentence structure was more coherent and complete. Keats and Arvay (2004) underscored trauma survivors’ inability to tell their story as one intact and unbroken account due to what they referred to as a “fragmented sense of self” (p. 159). The changes in the participants’ ability to articulate more coherently perhaps demonstrates that the mask work in a group context was effective in helping the participants to have a renewed and more intact sense of self.

Another compounding factor for women telling their trauma stories, and which was mentioned earlier, is the findings on gender differences in the process of disclosing. Again, in the one study women were reluctant to disclose their stories of trauma for fear of burdening or hurting others and also for fear of not being believed (Alaggia, 2005). All of these factors—complexity of the story, disconnection from self, concerns with disclosing—influence the storyteller’s ability to tell the story. In addition to these factors, time constraint in group counselling is a reality. In other words, there is not enough time for each participant to talk about their whole story, especially when the previous three factors are taken into consideration as well. Herman (2001) suggested that the process of reconstructing one’s story with the therapist as a witness helps the client to feel
supported with the burden of and recovery from trauma. Therefore, understanding the issues surrounding a feeling of not being heard is important for trauma survivors.

In this study, being heard was not a true reflection of the women’s experiences in the group counselling context or elsewhere in their lives. However, the participants in this study expressed a longing to be heard:

I felt like it was always so silent but there was screaming in my head . . . . I try to be very picky about who I talk to. I don’t tell a lot of people about anything. I definitely use writing. I always use writing because I never felt safe with anyone but I needed to get it out . . . . It was always so locked up and I want to be forthright . . . . but I had no idea how I felt about it.

Her strong desire to express herself seemed to have always been a part of herself; however, due to not feeling safe with others, she kept everything inside and resorted to writing as the only means of expression. She appeared to be contending with an internal battle of wanting to tell others but due to not feeling safe and not knowing how she felt she was bound to a world of silence.

Another participant called attention to the challenge of having multiple traumas and choosing what to talk about in a group counselling context:

I really like the people in this group. I felt like they were really good people. But maybe it was just a different dynamic because I know even me being more outgoing can be good for the group because people will share more. But I was aware that I was a lot more reserved. And I am kind of moving more into that kind of a chapter in my life anyways. I used to never tell anyone anything. And then at one point, I felt like I told too much. So now I guess I am a lot more reserved with what I do tell. And I don’t feel the need to talk in the same way. And that is another part of it. I was thinking about this earlier about how it is selective too. We have this history or maybe multiple traumas or multiple stories. And you have to choose what you are going to say and how does that make sense among all of the things people don’t know. How do you pick what to say and then if you say one thing, you have left out all this other stuff and it doesn’t really make sense.

While this participant made a conscious choice of what she did or did not disclose in the group, her point about deciding what to talk about in a group was insightful. Trauma survivors with a history of multiple traumas may struggle with what they should talk
about in group counselling. Again, this struggle relates to a desire to be heard and understood and yet, the multi-layered traumas are often difficult to disentangle and make sense of—for both the person and for others. However, this participant was able to be judicious with what she said in the group based on what seems to be a knowing of herself in relation to her trauma history. Another participant expressed that time constraints affected how much she exposed herself to other group members. She stated:

I felt like some people got more out of it than I could. And that was the most challenging for me because it was so hard for me, first of all, to not be totally trapped in my own self, let alone trying to do that. Even though I was focusing on what they were telling me, my hypervigilance takes a long time to calm down. And I think that it so hard especially since it was only a ten-week group . . . . I think my brain was probably, as far as my sub-conscious, was aware of the fact that there was only this much time. And I think that partly contributes to me being more reserved . . . . It takes me a long time to feel . . . . I think there are walls that I don’t have control over at this point in my life. And I think that it takes a long time for me to get past that . . . . And you don’t want to take too much time out of group, be a ‘group hog.’ Partly I don’t feel like I need to talk about things. But the other side of it is probably that I don’t want to be minimized. I have learned to minimize myself that way. No one is going to minimize me. I have already done it . . . . I felt like if I had more feedback from people it would have helped me regulate myself better . . . . being true to people because then I would feel more comfortable sharing more . . . . there was a huge amount of depth in that room . . . . there was so much depth and we didn’t have time to do any of it justice.

This participant held back sharing more in the group partly due to time constraints and worries that any over-disclosure would leave her thinking that her story had been minimized. In other words, if she could only talk about a small portion of her story or was cut off from telling her whole story then she would not feel fully heard and understood and thus chose to restrain her verbal participation. In a similar light, another participant expressed her disappointment about not being able to tell her entire story. She said:

The most challenging part was opening up in front of the other women because I am such a private person and just giving little bits and pieces without the group knowing the whole story . . . . So for people to buy into my pain, maybe they wouldn’t understand unless they hear the whole story. So there wasn’t time to give the whole story. So I was just hoping
through my words that people could understand in bits and pieces. But then who was interested in my whole story anyways? We were all there for our part, right? So I guess the most challenging was to open up and to feel comfortable and what I said was completely said. There is so much to say so what do you say? How do you pick?

This woman struggled with opening up to the group for a variety of reasons. She admitted that due to being a private person she was not comfortable talking about herself with others. In addition, she voiced her concerns with time constraints and how that might impact her not being fully understood if she could only provide snippets of her story. Lastly, she expressed doubt about whether other group members would truly be interested in her story. This struggle to be heard and understood may be a familiar desire for trauma survivors; however, there are barriers, both internally and externally, that may make it more difficult for trauma survivors to talk about their trauma background. As a suggested solution to this problem, one particular recommendation from participants was to increase the number of group counselling sessions. For example, one participant indicated that having a few extra sessions would have been beneficial. She stated:

After the ten weeks were up, I was a little sad to see it end. I wished there were two more sessions. I liked it. I thought it was a good experience. I really did. I told several people about it. I talked to my social worker about it. I said, ‘Yeah. I think it was a very good experience. I worked well for me. I really enjoyed it. I would recommend it to any woman.’

Another participant conveyed similar thoughts:

I would highly recommend it if they had another one to any woman that was interested in facing themselves and facing a traumatic event. I think it would be beneficial. I do. I have talked to several people. One in particular, I said, ‘If they have one, you should do it.’ But overall I liked the experience. I really did. I have nothing bad to say about it. I just think they should have had two extra sessions . . . . They had kind of got used to going there every Friday and baring their soul and listening to other women’s positive impact and the camaraderie that was happening. Once you start to go and do something like that every week, you kind of miss it when it’s gone.
These two women expressed their opinion that two extra sessions would have been beneficial for group members. Perhaps, they felt that two sessions would have provided them with more time to work with the masks and to benefit from the group experience. The end of group work can feel like a loss for group members depending on the cohesiveness and therapeutic work achieved. In this case, both of these group members seemed happy with their group experience as can be noted by their promotion of the group with others.

Westwood and Wilensky (2005) and Keats and Arvay (2004) underscored the importance of communal acknowledgement of the trauma. The communal acknowledgement of witnessing another’s pain serves to lessen the weight of carrying the trauma on one’s own; others can then help to carry the burden. Consequently, recovery from the trauma is more meaningful and offers the individual a different stance to view self in relation to the trauma experience—from an isolated and lonely relationship with the trauma experience, to an external and shared relationship with the trauma experience. Four of the participants recognized the positive effects of the group counselling experience in that it allowed for this communal acknowledgement. One participant eloquently communicated this wonderful and powerful statement as her testament to the impact of the communal acknowledgement of her pain. She emphasized this by saying “I feel like the program was an outward acknowledgement of suffering. And so now I don’t have to suffer so much inside myself.”
Chapter 5: Discussion

This final chapter provides an opportunity to discuss the culminating learning that came from this research project. I begin the chapter by comparing the findings in this study to the existing literature. I also highlight new insights that were discovered throughout the process of this investigation. Next, I address implications for counselling therapists based on these new insights, as well as the personal learning noted by the participants. Finally, I conclude this chapter by outlining the limitations of this study, possible future directions for research with trauma survivors, and my final words related to my experience in working on this research topic.

Comparison of Findings to Existing Literature

Complexity of Trauma

The majority of the women in this study reported their trauma experiences were not one-time events but were multi-layered, some of which occurred over a prolonged period of time. As is suggested in the literature, these women may meet the criteria for complex PTSD or DESNOS (Herman, 2001; van der Kolk, 2001). Complex PTSD is a relatively new phenomenon and as such, research has been limited in this area. Thus, more research would be invaluable to further our understanding of the symptoms, trajectory, and best treatment practices for those meeting the criteria for complex PTSD. However, there are two important considerations to keep in the forefront when researching complex PTSD. The first consideration is related to one of the effects of trauma--disconnection from self and others (Levine, 2005). In this regard, the trauma survivors in this research project were often limited in their awareness of their inner experiences of self, as well as their experiences of self in relation to others. With this limited awareness of self in mind, research using traditional scientific methodology, such as questionnaires, would be challenged to tap into the actual symptomatology of the
trauma survivor in terms of self awareness and self knowledge. Instead, I suggest that qualitative studies that make use of expressive therapeutic techniques may be one important means of exploring trauma survivors’ experiences related to complex trauma issues. The second consideration for researching complex PTSD is the difficulty trauma survivors often have in finding the language to describe their experiences (Hirakata & Buchanan-Arvay, 2005). Consequently, studies that pay attention to the participants’ use of language related to the trauma narrative will be more likely to show the unspoken and underlying effects of complex PTSD.

**Disclosure**

Challenges in the disclosure of trauma experiences have been well documented in the existing literature. The reasons for disclosing or not disclosing are diverse (Alaggia, 2005). As Alaggia (2005) discovered in her work, disclosure is a process where many aspects are at play when it comes to trauma survivors disclosing or telling their stories. As was shown in this research project, there was a tension within the participants between wanting to tell their story on one hand, and not sharing their story on the other hand. As mentioned earlier, there appears to be many nuances involved in telling or disclosing one’s story; therefore, it behoves trauma researchers to explore these nuances further to help clinicians and clients in understanding all of the many factors that influence disclosure and the effects therein.

**Expressive Therapy**

The findings of this study support previous literature on the effectiveness of using expressive therapy as a means of expressing and working through trauma experiences (Keats & Arvay, 2004; Westwood et al., 2003; Westwood & Wilensky, 2005). Specifically, this study demonstrated that mask making and action-based mask work are valuable tools in helping trauma survivors to tell their story and transform their sense of self. The making of and working with a variety of masks offered the women in this study an alternate modality to express their trauma experiences and newfound sense of self. As was noted by two of the participants, expressive therapy allowed for a deeper connection with self than what would have been possible with the spoken word alone.
For example, one participant exemplified the effectiveness of expressive therapy as a means of processing trauma experiences. She said:

Instead of putting it into words, because for me through this whole process with my last lifetime, I have had a hard time putting stuff into words. So to visually have a mask and to connect with it without having to put it into words has been powerful . . . . And there was something about going to a room and not talking about our shit but acknowledging that we all have been through shit and just doing something with my hands and making something beautiful and creative. And sometimes it was ugly too. But doing something with my hands, not talking about the problem directly which I find sometimes sit in bitch circles and that obviously isn’t productive. So it flipped the negativity somehow.

It was through the process of making something. And it was like you made the meaning as you were doing it. And you didn’t have to tell anybody and you didn’t have to talk about it and you can’t even describe it. It was amazing the way that it all unfolds. You can’t even really describe the process of that type of healing . . . . And doing something with your hands, there is something with the brain. I feel lighter . . . . the whole thing was positive . . . . All in all it felt really gentle and it was really positive. I felt supported. I felt there was enough caregivers there and they checked in with people and it was a way to look at something without re-traumatizing yourself. I am so grateful for that.

I feel like I grew up during the course in a lot of ways because those masks were powerful, like taking them on and off and then swapping them. A lot of memories came up and then a lot of sensations. I don’t know how to describe it. It just triggered an, like sands in the hourglass, it shifted something somehow. It is really profound . . . . I hope that the world can see it is an interesting model. Because there is a shift, there is something different when you don’t talk and you do something with your hands.

The participant asserted that talking as a means to process trauma was not the most effective for her and noted how creating masks was a powerful way to process her trauma--invaluable experience for change.
New Insights

**Sense of Non-existence**

Trauma studies have found that dissociation and disconnection from self are possible outcomes of experiencing trauma. However, the theme that emerged from this study—sense of non-existence—seems to present a different and deeper layer of disconnection. Sense of non-existence depicts an unworldly existence. To exemplify this state of non-existence, the one participant expressed her state of being, “I was walking around dead.” Similarly, Westwood and Wilensky (2005) touched on this sense of non-existence when they described some trauma survivors as “ghosts” appearing “drawn and ephemeral” (p. 159). As a result of the detailed descriptions offered by the participants in this study in relation to feelings of non-existence, I emphasize the need to further explore and understand the depth of the impact of trauma experiences on women, the desire of women to recover from trauma events, and the emotional processes in working through a past trauma in present time. For instance, in this study, death and rebirth were two images used by some participants to describe their sense of self. For example, a pre-group experience of self was described by one participant as death-like, “walking around dead inside” and a post-group experience of self as rebirth, “I felt like I had been hit by a truck and there was a feeling of euphoria. I felt like I really crossed over somehow.” As I discuss later, these in-depth and meaningful descriptions incite a new curiosity about the impact of trauma and the impact of trauma recovery.

**Transformation of Self**

The main finding in this study was the transformation of self for women who had been impacted by trauma and who worked through their trauma experiences by using masks and action-based mask work in a group counselling context. For the participants, transformation of self was not a clear and linear process but rather a process that was dynamic in nature. Five of the participants engaged in a transformative process and experienced the process differently. As well, there were common themes that captured this transformative process of self—from a complex, hidden self, to an emerging self, finally to a new appreciation of self. Without the descriptive language used by participants, the process at play may not have been so noticeable. The language
participants used was rich with meaning and therefore, instrumental in seeing this process in the course of the women’s progress through the group work.

The process was not an easy one for participants. Transformation of self was expressed as a painful experience for five of the women. As they worked with the masks, they were forced to face themselves in a new and sometimes surprising way. Facing self after trying to hide and not be seen by others was almost unbearable for five of the women. However, they courageously engaged in the group work together, found support and new means of self-expression, and subsequently, voiced gratitude for the opportunity to have been a part of the counselling experience. Participants attributed their new insights of self to the expressive therapeutic techniques of using masks and action-based mask work. Some of the women noted that working through their traumatic experiences in this way, without the use of the spoken word, supported them in moving towards a new understanding of themselves in relation to their trauma experiences.

Implications for Counselling Therapists

For this section, I provide insight into my learning that may be beneficial for counselling therapists in their work with trauma survivors. I touch on four areas—paying attention to language, being heard, stages of recovery, and safety—that stood out for me through the research findings.

Paying Attention to Language

The use of expressive language is a powerful conduit for the communication of self that sometimes cannot be articulated in words alone. Expressing oneself metaphorically provides in-depth meaning that deserves further exploration. For instance, what does it mean to be hidden from oneself? And what are the implications for counselling therapists if the client sitting in the office is hidden from self? How would a counsellor begin to know and work with this client, if the client is not even aware of this? Paying attention to a client’s language provides a window into the impact of past traumatic experiences when the client may not be aware of the functional implication of trauma experiences. Thus, counselling therapists who understand that trauma survivors
may not be able to articulate clearly what they are experiencing internally need to offer alternative means of using expressive language to assist clients in exploring, describing, and transforming their sense of self after a traumatic event.

**Being Heard**

While group counselling can serve as a safe therapeutic environment, care needs to be taken to inform group participants of the possible drawbacks of time constraints when using alternative means of expressing the full trauma story (e.g., mask work, art, enactment) in order to allow expression of concerns in this regard and informed consent about the counselling process. In other words, if participants join a group counselling process with hopes of feeling heard or telling a complete story of trauma experiences (perhaps for the first time in their lives) they may need to know what can be accomplished in the time allotted to avoid feelings of frustration and discouragement. This caveat is even more pronounced for trauma survivors who are often reluctant to disclose their traumatic histories and may have complex trauma histories. Group leaders, therefore, have a professional and ethical responsibility to ensure, as much as is possible, that trauma survivors understand the limitations and differences in using expressive modalities in group work. With sensitivity to the trauma survivors’ hesitancy to talk about their story, group leaders may want to spend extra time relaying the reality of group work with respect to sharing trauma histories in non-verbal models. Straker et al. (2002) emphasized:

Subsequent retellings of the story, if the survivor feels heard, may lead to the narrative becoming a story which is sensed by the listener to be both conceptually true and experientially owned by the narrator. However, feeling heard is vital to this process and underscores the importance early on of facilitating a reconnection with a safe and familiar external world (pp. 151-152).

Given the importance placed on being heard in connection with creating a safe world for the trauma survivor, group therapists are called upon to reconcile the issue presented in this study of some participants not feeling heard or not completing a process that they may have anticipated but not expressed during the pre-group interview. As Herman (2001) posited, creating a safe environment is a crucial
component for trauma recovery and this would add to the safety of members in an expressive therapy group.

**Stages of Recovery**

Another implication for counselling therapists, in working with trauma survivors and to consider in the group counselling context, is an awareness of the stage of trauma recovery for each group member. According to Herman (2001), it is crucial that group members be at a similar stage in their recovery process due to what is required for each stage. As Herman (2001) noted, having a group member who has not achieved a sense of safety with group members who are in the remembering (and sharing) stage could re-traumatize the former group member. One participant in this study made note of this point when she talked about being at a different stage than the other women in her recovery process and as a result, did not feel that she connected with the mask work in the same way as was intended and, thus, exposed less of herself to the other group member as she was not ready at that point to do so. While this did not appear as a common experience for group members, it is important to highlight.

**Importance of Safety**

Although the existing literature adequately covers the importance of creating a safe environment for trauma survivors, this topic was highlighted again by the trauma survivors in this project. Consequently, I wanted to bring attention to what the women in this study identified as key factors that created a safe environment in their group counselling experience. One common reflection on safety within the group related to the women seeing other women’s pain. Participants explained that seeing another woman’s pain allowed them to explore their own, to learn from the other women how to express their emotions, to feel a sense of togetherness, to eliminate the experience of isolation, and to feel validated by others, all of which promoted a safe place to talk about their traumatic past and reveal themselves to one another.

One participant acknowledged that the structure of the group process was another condition that helped to build a sense of safety (i.e., moving through a process of making one type of mask in relation to the previous, similar activities in each session).
Having structure allowed this participant to relax and to not worry about maintaining control over the situation. Interestingly, this participant also explained that making and having the neutral mask provided her with a sense of safety throughout the group process. The neutral mask provided her with a safe haven where she did not have to enter into her emotional world. She was free of that burden for the duration of time that she engaged with that mask. Perhaps there is something to be learned from this participant’s experience and the activities and use of the neutral-mask. Perhaps providing clients with a neutral-mask and the activities involved in it might offer reprieve from inner turmoil or negative inner voices and might help in the recovery process.

**Limitations of Current Study**

In this section, I outline the limitations of the current study. I note that sample size and the use of secondary data may be considered limitations. It is through the acknowledgement of limitations so that both I and future researchers can improve qualitative studies in this area.

**Sample Size**

While the stories collected through the interview process were rich in depth, the number of participants limits the breadth of data. There were only six participants in this study. Sample size in qualitative research has long been debated in the research literature. Some may argue that this study with a sample size of six participants was too small to determine if it was adequate. However, determining whether a sample size is sufficient is relative to the study design and the topic of interest (Sandelowski, 1995; Schwandt, 2007). More important than sample size for qualitative researchers is the ability to find a depth of meaning from the data collected (Onwuegbuzie & Leech, 2007). Sandelowski (1995) suggested that knowing whether a sample size is sufficient comes with experience in conducting research. Corey and Corey (2006) indicate that group size has to be carefully selected based on a number of factors, including the age of group members as well as the purpose of the group. In this study, six adult women with a history of trauma and for the purpose of working therapeutically with masks, was an appropriate number. Six participants provided opportunities for the group to interact and
create a sense of togetherness which is important for creating safety for participants. Group work research is therefore limited by the number of participants that can be accommodated in such a process.

**Secondary Data Analysis**

The use of secondary data also has its limitations. In the case of using secondary data from qualitative research, one such limitation is that data are often collected based on one or more research questions that may be different than the ones the researcher engaged in using a secondary data analysis. For instance, in this study, the original research question was for the purpose of exploring posttraumatic growth as a result of group counselling. Therefore, the interview questions were designed to elicit information related to the research question. My interest in the data was to explore sense of self as a result of group counselling and my interview questions would have varied slightly from the questions that were asked by the interviewer. However, as discussed earlier, the data that was generated from the interviews provided a rich source of information for my interest in exploring sense of self. A second limitation of using secondary data involved the inability to connect with the research participants for verification purposes such as clarification of demographic information or member checking for the purpose of tests of rigour.

**Future Direction**

Based on the findings of this study, I would suggest that future research be conducted in the areas of *being heard* and *transformation of self*. Being heard, as I have previously discussed, has many nuances that need to be more fully understood and teased out which could be accomplished through additional research endeavours. In addition, learning more about the transformative process that occurs for participants involved in working through their trauma in a group setting would add to the current literature.
**Being Heard**

Trauma survivors’ desire and consequent struggle to feel heard would be an interesting topic to study further. Future research could focus on a survivor’s desire to feel heard both on individual and group counselling contexts. On an individual level, understanding the nuances of trauma survivors’ challenges in feeling heard would offer counsellors insight into how to assist trauma survivors to be aware of this struggle and in making sense of it in the larger context of sharing trauma experiences. With respect to group counselling, future studies that examine trauma survivors’ experiences of feeling heard in a group counselling context would provide invaluable information on how to set up expressive group counselling programs in order to contend with the issue presented here related to participants’ experiences and sometimes, frustration with not feeling heard on a verbal level. In addition, understanding the role of both the client and therapist in this context would be important to investigate.

Related to the need of feeling heard, and of personal interest to me, is the need for trauma survivors to tell and re-tell their story. It has already been established that this need can be explained by trauma survivors’ attempts to make sense of the trauma experiences. It would be of interest to conduct further research on what actually takes place for the trauma survivor in the telling and re-telling of the story. Perhaps feeling validated and understood, by self and others, might be at play. However, as one participant stated (and understood to be true for her in this context) revealing part of her story did not necessarily equate with being understood. She said:

> For people to buy into my pain, maybe they wouldn’t understand unless they hear the whole story. So there wasn’t time to give the whole story. So I was just hoping through my words that people could understand in bits and pieces. But then who was interested in my whole story anyways? . . . . There is so much to say so what do you say? How do you pick?

This participant asked important questions that could be the focus of further studies. I think the most interesting and yet, elusive question is: What makes it possible for a trauma survivor, especially those with complex PTSD, to be truly understood by others?
Transformation of Self

In light of the findings from this study, transformation of self does not imply that there are prescribed steps for this process to occur. Rather, it is a dynamic process that could be better understood through future research endeavours. Qualitative studies, especially narrative inquiry, lend itself well to in-depth explorations of a phenomenon such as transformation of self. Within the current literature, changes in self as a result of therapeutic work are noted; however, a better understanding of the process as well as the mitigating factors that augment the transformation would be of assistance to clinicians in their work with trauma survivors. One caution needs to be emphasized here that, as was seen in this study, transformation of self had a different course for each of the participants. Therefore, learning more about the transformative process will not provide a step-by-step procedure but rather provide knowledge on general conditions that promote transformation of self. In addition, understanding a process such as this can be of help to counselling therapists as they would be in a better position to recognize and then name it. Counselling therapists who name a transformative process that they observe in clients would assist clients in integrating the experience and consequently, in solidifying a new understanding of self.

Final Words

As is evident with the participants’ description of the pain involved in working with the masks, their courage to continue with the group work was honourable and at the same time, curious. What is it that impels a person to stay with and experience intense pain, in one case described as “close to a heart attack,” especially for women who had already experienced so much pain in their lives? What is that unspoken will to move towards recovery even when it means that recovery can cause extreme suffering? I wonder if these women would have joined the group if they could foresee the depth of pain that they were going to encounter. However, I believe that there is something else at play beyond the conscious mind when deciding to proceed with such a recovery process. These women could have left when the pain became unbearable. Yet, they chose to stay and work through it. This fortitude and determination to recover, at all costs, is a fascinating phenomenon that would be interesting to explore further. Keats
demonstrated, in her narrative, her profound commitment to recover when she said, “I am willing to die for healing” (Keats & Arvay, 2004, p. 174). Interestingly, Levine (2005) speaks to a spiritual component involved in suffering and recovery from trauma. Perhaps, then, my curiosity in this phenomenon is more philosophical or spiritual in nature and would be best examined within an existentialist framework—beyond what can be seen and known in this physical realm. Regardless, future research into what seems to be a powerful and seemingly instinctual internal drive towards recovery, specifically with trauma survivors, would provide counsellors with further insight on how to work with and support trauma survivors in their recovery journey.

In closing, I want to express my immense gratitude for the opportunity to step into the lives of these six women. They exposed themselves and in the process shed new light on courage, on pain, and on coming home. Without their generosity in sharing their journeys, I would be no wiser. I have learned more about the impact of trauma and I have learned more about myself through their stories. I end this work with two of Joseph Campbell’s quotes that beautifully reflect the women’s transformation of self.

Your sacred space is
where you can find yourself
again and again.
(Joseph Campbell as cited in Osbon, 1991, p. 180)

Don’t think of what’s being said,
but of what’s talking.
Malice? Ignorance? Pride? Love?

The goal of the hero’s journey
is yourself, finding yourself.
(Joseph Campbell as cited in Osbon, 1991, p. 154)
References


