

Participatory Dreaming A Unitary Appreciative Inquiry Into Healing With Women Abused as Children

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Unitary appreciative inquiry was used to explore healing in the lives of 11 women abused as children using a model of participatory dreaming. Aesthetics, imagery, and journaling were used in a participatory design aimed at the appreciation of healing in the lives of the participants as it related to the abuse. Using Cowling's theory of unitary healing, research and practice were combined within a unitary-transformative framework. Participatory dreaming was useful in illuminating the life patterning in the lives of the women and promoted the development of new knowledge and skills that led to change and transformation, both individually and collectively. **Key words:** *aesthetics, healing, participatory dreaming, unitary appreciative inquiry, unitary healing, women abused as children*

THIS ARTICLE presents a descriptive, exploratory, participatory study with 11 women who have experienced childhood abuse. Unitary appreciative inquiry (UAI),¹ a method of inquiry that combines research, praxis, and theory, was used to explore healing within a unitary framework. A process called participatory dreaming that included imagery, art, and journaling within a participatory group process was developed for

this study.² The current paradigmatic umbrella in the research and therapeutic practice for women who have experienced childhood abuse arises from a stance in which wholeness is a process to be developed or found as a result of the healing process.^{3,4} The theory of unitary healing⁵ is an existentially opposite viewpoint, which suggests that wholeness exists and is inherent in the human condition. Mechanisms of discovery are necessarily different within these 2 differing paradigms. The aim of this study was to develop and research the process of participatory dreaming using a set of expanded epistemologies⁶ in order to more fully appreciate healing in the lives of women who have experienced childhood abuse.

BACKGROUND AND SIGNIFICANCE

Women who have experienced trauma from childhood abuse (sexual, physical, or emotional) often experience pervasive and lifelong patterns of wounding that have significant effects on their health and their experience of receiving health care. Rates of childhood abuse in females are estimated to be in excess of 27% of adult US women.⁷⁻⁹

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Research suggests that these women have higher rates of chronic physical and mental health problems and are socially and economically at risk compared with other women.⁸⁻¹² Women abused as children may experience repeated cycles of abuse as adults or be abusive mothers themselves.^{7,12,13} There is often a disruption in the woman's core sense of self and identity that extends to her interpersonal relationships and is the basis of many of the life disruptions she experiences.¹⁴ In addition, the abuse of power during childhood can negatively impact the woman abused as a child as she tries to navigate the hierarchical and often patriarchal structure of the current health care system as an adult.¹⁵ This can exacerbate feelings of vulnerability and powerlessness in a system in which the power dynamic is already imbalanced.

Most of the recent research to date in women who experienced childhood abuse has been epidemiologically focused or symptom-based.^{8,16} There is more research with sexual abuse than with mixed or other types of abuse and much of the research is with both men and women.^{11,12} Much of this research has been conducted outside of an ecological or unitary perspective. The focus of psychodynamic research has often been limited to narrowly defined symptoms and constructs such as bipolar disorder,¹⁷ post-traumatic stress symptoms,¹⁸ coping,¹⁹ or to specific therapeutic modalities.^{16,20,21} Spirituality in healing childhood abuse has been studied generally as a resource for creating meaning out of the abuse.^{22,23} Healing as a global construct in the lives of women abused as children has been addressed rarely and predominantly in the nursing literature.^{13,24} In both of the nursing studies on healing from childhood abuse, healing was conceptualized as a positive movement toward self-awareness and acceptance of both the positive and negative aspects of self while finding joy and a place to be themselves within the context of their lives.^{13,24}

The qualitative research with women abused as children suggests that healing from the abuse is neither linear nor acontextual.^{13,14,24} Childhood abuse by na-

ture is a participatory event or process because it occurs within a relationship, even if the relationship is with a stranger and often occurs over time and space. It occurs within a relational field that is mediated through interpersonal, familial, social, and cultural perspectives. The focus on individual healing in research and treatment does not take into account the participatory nature of the abuse and may thereby increase the sense of isolation and separation that is often an inherent part of the wounding that occurs with the abuse.¹⁴ While there were studies that used group therapy as a method for treating the sequelae of childhood abuse,²⁵⁻²⁷ the focus of these groups was on symptom amelioration and developing adaptive strategies for coping with intrusive emotions. The focus of these studies reinforced the measurement of symptom reduction and improved coping for the individuals within the group. This puts the emphasis of healing onto the individual, reinforcing the cultural myth that the individual must bear the burden of a society that condones violence against women and children. No studies were found in the literature that used a participatory research design in women abused as children other than Glaister and Abel's¹³ study. That study, with 14 childhood sexual abuse survivors, looked at the character, context, and facilitators/impedances for healing from the abuse. This is the first study using unitary healing as a theoretical framework for exploring healing within the context of wholeness in the lives of women abused as children. This is also the first study using participatory dreaming as a process to uncover and illuminate healing in the lives of these women.

DREAMING OF WHOLENESS

Altered states of consciousness have been used for centuries in healing trauma. Dreaming, hypnosis, guided imagery, prayer, art, music, dance, and ritual have been defined as "beyond waking" states that encompass elements that extend beyond the waking consciousness of human awareness.²⁸ Because beyond

waking states are processed in limbic, autonomic, and sensory-motor areas of the mind-body that affect memory, perception, and physiological arousal, there is evidence that these states may be very powerful adjuncts in the recovery of an integrated sense of self and the amelioration of trauma symptoms.²⁹ There is little research on dreaming imagery, or beyond waking states in the nursing literature, and none with women who have experienced childhood abuse.^{2,3}

Dreaming is a universal phenomenon across cultures. There are both individual and communal aspects to dreaming. Dreaming is a participatory event. It is a relationship between the dream and the dreamer in a field of consciousness that extends beyond the individual.² Through dreams, individuals and groups have transformed their lives. Dreaming has been used across cultures for millennia to foster healing and illuminate that which may be hidden in ordinary or waking consciousness. A method of waking dreaming utilizing imagery, journaling, and art in a group setting called participatory dreaming was developed by the researcher for use in this study.^{2,3} Participatory dreaming was conceptualized to bring together a group of women who dream to explore what a sense of wholeness might look like, feel like, or be like for themselves and for their community. Participatory dreaming was developed within the theoretical framework of unitary healing developed by Cowling⁵ and used as both research and praxis in this UAI into the lives of women abused as children.

THEORETICAL FRAMEWORK

Unitary healing and UAI: The juxtaposition of theory, research, and praxis

Theory

Unitary healing is an evolving theory of healing developed by Cowling⁵ and grounded in the science of unitary human beings developed by Rogers.²⁸ The theory of unitary healing evolved from Cowling's research and practice with despair, abuse, and healing in

women. However, the theoretical precepts of the model can be used as a framework for nursing practice and research across settings.

Four central tenets of Rogerian theory have contributed to the advancement of a unitary-transformative paradigm based upon consciousness as the framework for healing.⁴ These include the concepts of (1) humans as irreducible and whole beings that exist as energy fields, (2) the mutual process of human coexistence and participation with the environment, (3) pattern that cannot be entirely known but can be appreciated through its manifestations in the life of the human, and (4) the pandimensionality and unpredictability inherent in the cosmos that allows for infinite human potentials for health.^{4,5,28} Other theoretical frameworks that have informed the theory of unitary healing include Barrett's power as knowing participation in change³⁰ and cooperative inquiry.³¹

Cowling has identified wholeness, appreciation, participation, knowledge, emancipation, and transformation as the 6 focal and process aspects of unitary healing.⁵ The goal of a unitary healing perspective is to assist the client/participant in developing an appreciation for what is, and for the inherent wholeness that exists in all of life and the life patterning of the person or group. The Rogerian concept of pattern explicated by Butcher³² is the basis of understanding fields, pattern, and change. Pattern is the basis of appreciation. Patterning is the conceptualization of pattern as dynamic and ever-unfolding.³³ As life patterns or patterning is revealed, an opportunity occurs for the development of new knowledge that may or may not lead to a knowing participation in emancipation and transformation. While the ultimate intent of unitary healing and a UAI is to create a space for the generation and enactment of new knowledge for healing through appreciating wholeness, there are no expectations placed upon the participant by the researcher/practitioner.

Research

Methods of conceptualizing wholeness must be distinct from many current methods

of understanding healing, the aim of which is to reduce knowledge to understandable parts.^{1,6} Unitary appreciative inquiry utilizes 4 methods of extended epistemologies that seek to provide a referent stance from which to uncover wholeness. These arise from cooperative inquiry³¹ and provide the framework for the data collection in this study. These extended epistemologies include experiential (the knowing that arises from being in process with embodied experience), presentational (the knowing that arises from the aesthetic process of creativity and imagination), propositional (the knowing that arises as informative and theoretical knowledge and propositions derived from dialogue and mutual reflection), and practical knowing (the culmination of the previous 3 ways of knowing that arises in practical action or cues to action and the development of new skills). The relationship between these extended epistemologies and pattern(ing), participation, praxis, and power has been delineated in detail by Cowling⁶ elsewhere.

Synopsis is utilized in a UAI study as the primary approach to considering data gleaned from the research.^{1,4} Purnell³⁴ states that synopsis is one of the “missing” realms of knowing in nursing knowledge development and that it, along with symbolic knowing, is an inclusive way of knowing which extends beyond and between other forms of knowing. Synopsis is a way of approaching wholeness that is too vast to be comprehended within the confines of normal human perception. The use of the extended epistemologies allows both researcher and participant to bring together what the human mind ordinarily separates into understandable fragments. In this way, a sense of wholeness and unity can be perceived that extends into the transpersonal realms of beyond waking consciousness, thereby illuminating some of the infinite potentials of creation. Data generation in this study was developed within a unitary healing framework based upon the 4 extended epistemologies and approached through a participatory and synoptic stance. A research methodology that could accommodate the

fluid, dynamic nature of healing as a unitary phenomenon was needed to explore the life patterning of women who have experienced childhood abuse. Unitary appreciative inquiry is a participatory methodology arising from a unitary-transformative paradigm.^{1,4,6}

Praxis

Grounded in Roger’s science of unitary human beings, UAI was developed to bridge the connection between research and praxis from the cosmological stance of the inherent wholeness and interconnectedness of the universe. This is distinct from the recent traditional inquiry/practice foci of understanding through reduction into parts, and of diagnosing and treating diseases and alleviating symptoms. The goal of the UAI method of inquiry is to illuminate the uniqueness of the human field pattern conceptualized by Rogers,²⁸ using a synoptic lens.^{1,4} “The unitary nature of healing, the pandimensional nature of the life patterns associated with abuse, and the creative potential for transformation and change through the illumination of inherent wholeness and future possibilities made UAI the best choice of a methodology for this study.”^{3(p100)}

STUDY PURPOSE AND DESIGN

This was a participatory, descriptive, and exploratory study to examine the potential of participatory dreaming on unitary healing in women abused as children. *Unitary healing* was defined as the appreciative reflections of both participants and researcher portrayed through a group aesthetic creation, synopsis of individual participants’ journals, and group process. In a UAI study, the voice of the participant is the authority on the topic being researched. Healing was practically defined by the women themselves using the qualitative, subjective, and metaphoric language reported in the findings. Participatory dreaming was conceptualized as a method of transcending normal waking consciousness that would provide a synoptic and symbolic space for women who had experienced

childhood abuse to explore healing in their lives. By utilizing a researcher-facilitated waking dream (imagery) about healing from childhood abuse experienced together as a group, followed by journaling, dialogue, and art in a participatory process, we came together to explore healing from a unitary perspective and within the context of appreciating wholeness.

METHODS

Setting and procedure

The study procedure was a process in which we came together for 6 to 8 hours on 2 Saturdays, which were 2 weeks apart, to work as a group exploring healing in the lives of women who have experienced childhood abuse (Appendix 2). Two weeks after the second day, participants were contacted individually for follow-up qualitative interviews by telephone or e-mail, depending on their personal preference. Participants were asked to journal the answer to the following research question prior to the first cycle of dreaming on day 1 (after the opening circle), after the last discussion on day 2 and at the 2-week follow-up interview: How would you describe your current perception of healing in your life as it relates to the experience of childhood abuse? After the final round on day 2 before the closing circle and at the 2-week interview, participants were asked to answer this question in addition to the first question: What effects (skills/knowledge) if any did the participatory dreaming research project have upon your appreciation of the healing process(es) in your life? If yes there were any effects, how did these effects occur in your opinion?" During the final interview, participants were asked whether there was anything they would like to share with the researcher that had not been asked.

Day 1 consisted of an opening circle and orientation to the study process, followed by 2 cycles of action and reflection, which is part of the inquiry process in UAI. These cycles consisted of a researcher-facilitated period of

group dreaming using a prepared imagery script about healing as wholeness, followed by individual journaling about the experience of dreaming, and by a group discussion about the process. Day 2 of the study occurred 2 weeks later and was identical to the first day except that the afternoon session consisted of a cycle of dreaming followed by the group art project chosen by the women. This was followed by a group discussion about their art and then a closing circle. Those who wished to stay after the closing circle were invited to experience the group patterning profile created by the researcher after the first day of the study. A patterning profile is a meaningful representation of life patterning that emerges through metaphoric constructions such as art, stories, dreams, music, and other modalities.³¹ The imagery script for an incubated group dream read to the group was developed by the researcher, a nationally certified nurse practitioner and hypnotherapist with an extensive background in the use of imagery and art for healing. The focus of the script was to dream about what healing or wholeness would look like or feel like for themselves, their families, and their communities. There was no mention of abuse and there were repeated imbedded instructions within the script to do whatever they needed to feel safe at all times. The setting was an art studio in a city in central North Carolina. There was space to go off alone to do the journaling if participants wished. The space was intentionally selected for its accommodation for both discussion and art, as well as its retreat-like atmosphere. Data were collected in February and March 2009.

Participants and participant protections

Women who had experienced abuse and were interested in research about healing using an innovative approach called participatory dreaming were recruited through flyers to local women's groups, therapists, churches, and snow-balling from participants who had expressed interest in future research from an earlier study. Flyers were posted in

a variety of socioeconomic areas in the central North Carolina area to get a more diverse sample. Because of the potential for distress in this population of women, this study was designed to include women who were functioning well in daily life and had no active psychological distress. For this reason, abuse shelters and domestic violence centers were not solicited. Study exclusion included the involvement of participants younger than 18 year in an ongoing violent relationship, history or visible evidence of recent or ongoing mental illness, substance abuse, cognitive impairment, and/or suicidal thought or intention in the last year as verbalized by the participant.

After an initial telephone screening to ascertain initial study eligibility (over 18, self-report a history of child abuse, read and write English, transportation to and from the site, and no exclusionary factors), participants were interviewed by the researcher in person at a place of their choosing to gain a more in-depth impression of their ability to function in a group. A researcher-developed prescreening questionnaire (Appendix 3) comprised of 8 items addressing psychotic symptoms, history of mental illness, current drug or alcohol use, involvement in abusive relationships, cognitive dysfunction, and any suicidal ideation or attempts within the last 2 years was administered in face-to-face interviews and potential participants who answered yes to any of the questions or who appeared to have any cognitive impairment were eliminated from the study. The informed consent and a brief demographic survey were obtained at that time. All potential participants were given a resource paper with local area mental health counselors, crisis mental health contact information, and area emergency departments. The study was approved through the university institutional review board. Special attention was given to the ethics and safety of working with vulnerable populations that was monitored by the research committee. An elaboration of the extent of the safety precautions and participant protection can be found elsewhere.³

Based upon the participatory framework of cooperative inquiry, the study size was set between 6 and 12 participants because fewer than 6 lack the variety of experience needed to explore the subject and more than 12 is too unwieldy, diluting the richness of the responsiveness required for an in-depth inquiry.^{28(p186)} Thirteen women who self-reported abuse as children were interviewed and 1 withdrew because of a schedule conflict the week before the study. Information regarding the type of abuse was not solicited. Twelve women completed the first day of the study and 1 of the women called the morning of the second day of the study to withdraw because her mother had been admitted to the hospital during the night. The final sample was composed of 11 women; 8 self-described as Caucasian or white, 2 as African American or black, and 1 as Hispanic-African American. Ages ranged from 24 to 58 years with only 1 participant younger than 35 years. Seven of the women described their current health as good, fine, or better than ever; one described her health as fair. Some of the women wrote in particular health problems on the questionnaire that included "fibromyalgia," "chronic fatigue," and "HIV positive." Eight women had some college or more, 1 was a high school graduate, 1 had a GED, and one-third of the group had advanced training in counseling including sexual abuse.

Because of the group process, anonymity could not be offered. The importance of confidentiality within the group was addressed prior to the study and repeatedly during the study. Participants were told that they could use pseudonyms during the study and all journals were coded by pseudonyms selected by the participants.

Participant protection was a major concern. A research assistant (RA) who was familiar with both the population and the UAI methodology was present at both sessions to provide support for participants and to record session notes. Participants were given lists of area mental health providers and crisis assistance numbers during both the face-to-face interview and each day of the study. The

participants were given the phone number of the principal investigator (PI) to call for any problems that emerged during and after the study ended regarding distress or problems related to their participation in the study. The sessions were deeply emotional and very intense. Instructions to do what was needed to feel safe were given throughout the study period and participants who appeared distressed were approached and monitored by either the PI or the RA. One of the participants did indeed experience some depression during the 2-week follow-up period. Counseling was recommended and the PI made daily contact with her by phone until she was feeling better and had gotten into counseling.

Data collection

Data collection methods were designed to explore the patterning that is evidenced by the 4 epistemological ways of knowing in a UAI study. Experiential knowing was collected through researcher/participant engagement within the process of the group. Although the sessions were not digitally recorded to enhance participant engagement with very sensitive material, reflections from participants and researchers during the group discussions were notated and recorded by the researcher and RA. In addition, responses to the qualitative questions from the one 1-month follow-up were used for data regarding the participants' perceptions of being in the group and any associations with healing. The journal entries, group process notes made by the researchers, and responses to the questions at the 1-month interview were the source for the propositional data that emerged from this study. The data for presentational knowing were gathered from the aesthetic project completed by the women during the fourth cycle of action and reflection. Practical knowing emerged from the culmination of all previously collected data and emerged through the lives of the women as they progressed through the study period. These data emerged from the discussions, the aesthetic process, the journal entries, the fi-

nal interview, and the data synthesis done by researcher and participants.

Data analysis/synopsis

A combination of data synopsis and analysis was used to most fully capture study findings.⁶ Data from each of the collection times (day 1, day 2, and 2-week follow-up interviews) were reviewed both separately and together in reiterative cycles of analysis and synopsis. Journals, session notes, field notes, and the reflective journal of the researcher were typed and verified for accuracy by the researcher and reviewed by the RA. Aesthetic creations were photographed as both individually created products and as a whole. Atlas-Ti software was used for "in vivo" line-by-line coding using the participants' own words across and within each of the 4 cycles and the final interview. A form of thematic content analysis in which quotations were collapsed into codes and then into themes that suggested patterning of the both individuals and of the group as a unified whole was utilized for data analysis.³⁵

Synopsis was accomplished using reiterative cycles of viewing the data, reflection, and journaling, using an appreciative approach to the data that deliberately looked for the patterning within the context of the whole. The themes and patterns that emerged from the data about healing and life patterning as it related to childhood abuse and to the participatory dreaming process were then contextualized into the 6 tenets of unitary healing theory. A group pattern profile⁶ was developed by the researcher as a metaphoric construction of the participatory dreaming process and unitary healing within the context of childhood abuse as experienced through her participation in this group of women. A case exemplar³ was also created by the researcher to further illuminate the process of healing using participatory dreaming in a UAI but is not discussed in this article.

Legitimacy and credibility

The 4 principles for legitimacy and credibility in a UAI study are the quality of data,

management/awareness of investigator bias, the quality of the research process itself, and the usefulness of study findings.^{4,6} An interpretive paradigm in which the voice of the participant is held to be the final authority on the findings is the basis of legitimacy and credibility in the quality of data from a unitary appreciative perspective. In this study, thick descriptions and the actual metaphoric language of the participants themselves contributed to the legitimacy of findings. Some of the participants reviewed the researcher-prepared pattern profile and the summary of study and found them valid and accurate. Investigator bias was reduced through an ongoing reflective journaling process and the assistance of a dedicated RA who took field notes, monitored the research process in accordance with the study design, and acted as a peer reviewer for data analysis and synopsis. This was also instrumental in maintaining the quality of the research process itself. Usefulness of study findings was evaluated by the participants themselves as part of the research process as they were asked how the process of participatory dreaming affected healing in their lives as it related to childhood abuse.

FINDINGS

Presenting findings in a synoptic manner is often difficult. Language by nature deconstructs the gestalt into fragments that appear to be disconnected, but which in reality are not. All of the ideas presented here as thematic were completely interwoven into the fabric of the patterning that emerged about healing in the lives of these women. The findings that are presented are offered in a manner that links every theme to a fuller expression of meaning that in reality is boundaryless. By design, the researcher is a fluid part of the UAI process. The findings presented here represent the uniqueness of each woman and of this group as they emerged into a kaleidoscope of intricate patterns that continually shifted throughout the study into new patterns and ideas as the women interacted with

each other and with me. The thematic analysis and synopsis of data resulted in 3 main domains of appreciation: healing from the inside out, dreaming, and a circle of healing. It is clear from the quotations that support these domains that they overlap and are meant to be perceived as the refractions of an understanding of the whole.

Healing from the inside out

"Healing from the inside out" emerged as a primary theme about healing from childhood abuse in this study. While healing was described in many ways throughout this study, healing as an inside process contextualized within the self, the group, and the community, and even the universe emerged in unique and varied ways. Six expressions of healing from the inside out were identified as time, journeys, feelings, finding lost keys, and engaging paradox by these women.

Healing from the inside out suggests a journey in progress without a beginning or ending and is very much linked to the sense of wanting to recapture a lost sense of self described in other literature with women abused as children.^{36,37} The length of time they felt they had actively been engaged in consciously healing from the abuse, their personal perceptions of being on a journey, and where they were on that journey, a desire to seek/find keys to unlock parts of themselves buried long ago, the feelings (both physical and emotional) that were bound up with the abuse, and their intrapsychic capacity to hold paradoxical feelings characterized the descriptions of healing in the life patterning of these women. The patterns are intricately intertwined and can be seen as both uniquely expressed and unitarily shared.

Time

Healing from childhood abuse was described as a lifelong pattern for every one of these women. The concept of time was relative and contributed to the sense of healing as a journey. There was a sense of

frustration about others' lack of sensitivity to the pervasive nature of the effects of childhood abuse on the current life patterning. The unitary nature of time is revealed by this participant:

Don't talk about it—it's back then. But back then is NOW for you and back then and tomorrow for the victim—it's everyday, every WAKING day of their life that they have to deal with the fact that somebody, somewhere did some horrible things to them that's stopped them from living to their full potential.

Some expressed frustration within themselves for not reaching healing as a destination or end-point on the journey. This contributed to a sense of despair, which was related to self-esteem, the ability to project into the future and plan, and anger with themselves and the abuser(s). "There is an automatic wall. . . . I keep banging away, trying to get a chink."

Journeys

Every woman in the group verbalized healing as a journey, but some perceived it as helical, while others began to see it through their work in the group. "Another turn on the spiral and another opportunity to recognize what really works for me and doesn't." Understanding the helical nature of healing did not always come with a release of frustration:

My resources and support are different than they were when I first started the healing process. I'm a big believer in chaos theory though, so what's on the other side of whatever is getting ready to happen is at a minimum another fucking growth experience. I guess I just know now that there always is another side and a healthier, happier, and better understanding of myself when I'm done wading through the muck. I've done it before and can and will do it again, a lot less scarier this time because of course I'll be okay.

For some of the women, the journey did not commence until there was a consciousness brought to the life patterning that was associated with the abuse. In her fifties, this woman states:

Being that I have only began the healing process just awhile ago I really still have a way to go. But for right now I am beginning to see small changes in my life. I [am] able to understand more about me and why my life was the way it had been in the past. It is a very scary feeling facing certain issues as part of this healing journey, but is the best and most important thing in my life. Without it I would be stuck someplace I never want to be again.

Catalysts for the journey into healing came through internal processes, feelings, turning points in life or awareness, and from environmental cues. The environmental cues were often translated into cues for practical action, an emancipatory process that would lead to a longed-for transformation or tool for healing:

I never make impulsive decisions yet decided to join this study if possible as soon as I finished reading the flyer—I set out to research "dreaming," "creative visualization" and other mind body spirit therapies. That resulted in my finding a wealth of information that helped me to understand many of the physiological things I experience as they related to the abuses and my response to them emotionally as well as physically.

Feelings

Both physical and emotional feelings were processed by the women and every single woman described some measure of healing or catharsis from the safe space provided within the group. "In a group like this, it allows me to let go of some of the shame that is not mine." Some of the women experienced physical symptoms during the imagery that ranged from vaginal pain to headaches and beyond. New tools for being present with unpleasant physical sensations arose from this study. One woman who had to have an annual pelvic examination during the course of the study said she used the "breathing through" and softening of the body that she was taught for the imagery to manage posttraumatic symptoms during her examination.

Recurring patterns of pain syndromes such as fibromyalgia and migraine headaches were a recurring theme among the women.

Physical sensations often came up that gave cues to emotional states or even provided clues about patterns that were “coming up to be healed.” One woman had a major insight into a 20-year history of neck pain that arose during the imagery. Correlating the pain to the abuse was an epiphany for her, which provided a cue to action that she felt was necessary to release the “messenger” (pain).

Emotions were described as a catalyzing force in the healing process. “I was not motivated to heal from my abuse by how good it felt—it was the pain that motivated me to heal.” The power of anger and rage to mobilize healing forces and break through old patterns was instrumental in fueling the journey toward healing from the abuse. The metaphor of a volcano erupting emerged in one woman’s imagery and fueled the discussion around the need for a psychic container strong enough to manage the intensity of feelings that “erupted” at times during the healing process. “The only way I can get this out is to get it out of my body. No amount of anything works if there is not a safe place . . . when I learned I could scream, cry, and be an activist, it was a huge part of the healing process for me.”

This often followed lengthy pattern of “numbing out” described the women as a means to protect themselves from the intensity of emotion until appropriate outlets could be found for their intense feelings. Many of the women in this study were in recovery from addictions. Healing was described as the choice to be awake to all of life in its full expression. Dealing with feelings did not mean that they went away. As a more developed sense of self was perceived through the healing process, feelings were experienced differently, more as ripples on a pond than as an overpowering wave of emotion.

Only now I am standing in my power, standing up for myself, making a decision and getting in the VERY UNCOMFORTABLE aftermath. But I remind myself—the dust will settle and I will again see the moon and stars reflecting in my being—it’s just that the water hasn’t stilled yet.

Finding lost keys

Metaphors of being locked in, blocked, fenced in, locked out, blocked down, or being behind a plate glass wall with no way to get in or out were described over and over. “It’s like we’ve all lost our keys [to healing] and can’t find them.” The reflexive relationship between the environment and the people in it are part of unitary theory (Cowling, 2010a).⁶ This metaphor of being lost and looking for keys became a literal translation in the study as car keys and the key to the studio were lost and the RA got locked out when the lunch was delivered. Help always seemed to arrive from unexpected sources. Many of the women described this same sense of help arriving or being gifted on their healing journey in many ways.

I keep feeling like I don’t even now fully realize how much I am supported by the universe. I am asking to know and feel the depth of love and connection so that I may live more fully from that place of inherent wholeness.

Healing was associated with finding, replacing, restoring, or unlocking parts of the self that had been buried as a result of the life patterns that evolved as a defense against the abuse. Transcendent grace, prayer, meditation, music, spiritual readings, poetry, writing, activism, art, being out in nature, pets, therapy and alternative means of healing, and connecting with others were the tools and techniques (keys) that the women used to unlock parts of themselves and open their perceptions. There were periods of moving deeper into solitude trying to reconnect with their own voice and periods in which they would seek out healing through others and their communities.

Embracing paradox

Paradoxical feelings were a unique subset of feelings that emerged frequently. “I want to be alone with someone.” These paradoxical quandaries may originate in the clash of feelings that often arises with the abuser (love-hate, dependence-fear) creating both psychic

and physiologic tension.³⁵ Spirituality defined as a Higher Power or expanded awareness into a transpersonal dimension seemed to confer a special sense of healing that transcended the duality that often caused a great degree of cognitive and emotional dissonance (paradox) for these women. This ability to more fully embrace paradox appeared to offer a sense of wholeness that freed them to make new choices.

My understanding of healing is not the forgetting nor suppression of my experiences but rather the embracing of all that is me. I have begun to view any feelings—anger, despair, hopelessness, happiness, joy, hunger, excitement, anxiety all as proofs that I am alive! That I am here! That I matter! That I count!

Perceptions of healing from the study

The women's perceptions of healing in their lives were influenced by the study. There were some changes reported between day 1 and day 2 of the study, but the biggest changes were noted by the women at the follow-up interview 2 weeks after the last session. Eight women specifically reported a change in their perception of healing in their lives. These were attributed to new tools, incentives to see differently, a new ability to visualize possibilities and to daydream, recommitment toward staying present and not numbing out, actually using the newly acquired tools to set boundaries, feelings of clearing out old patterns and consciously creating new ones, seeking out new connections with self and others, new awareness of healing as a journey without beginning or ending, insights into physical symptoms and how to clear them or be present with them, the ability to face scary feelings with the support of the group, and even intense personal transformation.

One participant said that she "could not say yes or no" in regard to her perception of healing from her participation in this study, but the mask she created had demonstrated to her in a deeply profound way her own transformation from the dark to a new life. One woman who stated that her perception

of healing from the childhood abuse had not changed during the study had initially written on day 1 of the study, "I think that the abuse that I suffered as child will live inside me until the day I die. I have been damaged." During her final interview, she stated, "It's going to take time to heal. I think that all it needs is just time." Another participant stated in the final interview:

I think my view of healing is still the same, that I think that healing, true healing takes place in community and I think a really important part of that healing I've come to realize would probably be relaxing and getting quiet and listening to what your body and mind are saying . . . until you actually experience it I would say that you don't get the gist of it.

DREAMING

The participatory dreaming sessions were designed to create a safe space within community to engage active imagination in order to find whatever tools, insights, or discoveries were needed to envision and experience wholeness and healing for themselves and for others. The experiences of dreaming were first expressed in writing and then discussed. The aesthetic component of the study was added because art acts to ground active imagination in the body senses and can offer avenues of perception that extend beyond conscious awareness.³⁸

Each woman's experience of participatory dreaming was unique both between the group participants and within themselves from session to session. The purpose of using the same script sequentially is to deepen the experience, allowing for feelings of familiarity and safety to build as the participant gets more comfortable with the process and the images. This allows them to go deeper into their own processes and theoretically to build the energy within the group by allowing for the synergy between the women and the environment to come together. At the last session, at least 6 of the women had similar images of

tropical islands, which until that point had not been mentioned within the group.

The diversity of the experiences with the dreaming ranged from sublime to transcendent and was sometimes associated with intense physical or emotional sensations. The women were supported through this process with suggestions for easing discomfort, breathing into sensations, softening around the discomfort, and changing body position. The RA was available for support and frequent suggestions were given for doing whatever they needed to feel safe, even if it meant leaving the room. All of the women who had physical or emotional discomfort made the choice to remain during the sessions and every one of them verbalized that a sense of deepened understanding was gained by using the safety and the container of the group to remain present with feelings that were emerging.

After each dreaming session and journaling session, the group would convene and the researcher would simply ask, "So what was that experience like for you?" The women would then begin to talk about the images, spontaneously taking turns speaking first. Often the recounting of the dream would lead to discussions about issues, feelings, and patterns attributed to the aftermath of the abuse. There was a rhythm and flow throughout the discussions that mirrored the nonlinear fluidity of the dreaming process itself, contextual and circular coming back to itself. After the first round of dreaming 3 of the women declined to share, but by the second round in the afternoon, all of the women participated in the discussions.

Feelings of frustration or despair often gave way to hope.

It's hard to find that safe place . . . I know that beautiful waterfall or wheat field is out there. I just need to reach for it. My head feels so heavy. This is harder than I thought. I feel like there is so much sludge and gunk clogging the clear parts of my brain that are free and full of light. Slowly the gunk will dissipate and the light will shine through once again. I can see the light, I know that it's there.

Oftentimes, the women would hear things differently from session to session, even though the same script was read verbatim. The following notes from the final interview with one participant reflect her work with an issue in her life now but related to her patterns associated with the childhood abuse. She described a unity of flow from one dreaming session to the next:

The 4 sessions of participatory dreaming in succession were helpful because I got to witness the progression of healing [of] this particular situation from one side of the continuum to where I am now. I saw how differently I perceived what was said based on where I was in my process. I thought those were very helpful because each of the times I got different answers which allowed me to focus on whatever aspect was really "up" for me. It was—I got new information based on doing the sequence and it was also deeply relaxing. . . . So it almost goes through a progression. It was like feeling support around me initially and then it was things to do, and then it was me having taken action and me feeling consequences of that but knowing that I was OK. Knowing that even though it was particularly challenging that that was OK, that no matter what I was going to be alright.

Dreaming is often metaphoric. One participant who experienced difficulty relaxing and being still said, "I had a hard time with this. As a child I went outside because the chaos was on the inside." During her dreaming, she talked about seeing a sandpiper, "the little bird that runs between huge waves and big sand dunes, both of which are so vast to the little bird. I wish I had all that courage and no fear."

The relaxation of boundaries between concrete thinking and analogical thought processes that occurs during dreaming allowed some of the women to experience or perceive the paradoxical nature of their desires. *I want space. I want no space. . . . I want to be alone with someone else. I know that some of this seems to be a contradiction.*

For some of the women, there was a complete dissolution of waking boundaries in which senses merged. "I found peace, seeing

the colors, catching the greens. I was trying to catch the greens.” Another woman wrote:

I am a fountain of lights. Like a prism all colors shine up through me. At the top a beautiful orange sunrise graduating to corals, pinks, lavenders. Then at the base dark purple for strengthening and grounding. At the end of my fingers droplets are clear crystal like. It's as if I've absorbed the beauty let it run through me, heal me, strengthen me used it up and clarity is what I have to let out.

And another wrote, “There is no ‘noise’ but it is not silent. The liquid light is filled with beautiful sound that soothes and comforts and at the same time invites us to revel in the beauty around us and in us.” This merging of senses allowed for an expanded awareness of the unitary nature of all things, a place outside of time and space that can reduce the sense of isolation, fragmentation, and disconnection that many women experience with abuse. Many of the images and the language in the journals had a unitary nature: kaleidoscopes, prisms, unitary, helical, circles, healing as an upward spiral. “My being is a fluid and translucent but contained energy field. Able to move wherever.”

Often the dreaming sequences would take the women deeper into a process until a synthesis of conflicting perceptions or feelings would emerge into something new and very surprising to the woman. One participant who was not sure if she should have had children experienced the first dreaming session as a release from feelings of being overwhelmed with responsibility.

There [are] so many emotions that I feel. Right now for this moment safe from responsibility. Calm somewhat surreal as if I am in another life, body did something really happen to me. Felt good for that moment and I needed that. So what about now how many times a day a week can I have that moment back with my life as it is now.

Her second dreaming session took her deeper into the process of allowing her to feel a sense of freedom and new possibilities were illuminated:

I saw the colors I was able to breathe them in and exhale them out a beautiful feeling the softness of

the skin that even stronger feeling of being free like the colors I was breathing in and out light like a butterfly coming out of their cocoon. Spreading there wings and flying for the 1st time standing on a mountain top saying I can do this I can fly and just doing it spreading those wings and flying do I really have to come back or can I just keep on flying This was a beautiful experience. To take a ride to anywhere.

Her third dreaming session surprised her as she found herself inviting her children into her dream. She later told me that the dreaming allowed her to experience herself in a new relationship with her children that was free from older patterns that felt heavy and burdensome. From her journal:

I was able this time to listen to hear everything that was being said where 1st time I went to a place where I no longer heard. I felt a different kind of peacefulness. I was able to see myself as the person I would love to be, the person I am working on becoming. The free to be me person. I was able to go to that place where peace, compassion, and love. I even took my children there to an island in the middle of nothing but water just me and them in love and peace. Beautiful colors. To be able to give love to them to have that true inner peace was a wonderful feeling. Just being quiet talking with your eyes and heart not speaking a word, but being understood just from looking at each other with love. Being able to do that in my mind was one of the most gratifying [gratifying] feelings. Again being that free person no chains, bars, locks, nothing but beautiful colors space love.

This story illustrates the power of the dreaming to illuminate existing life patterns, to find inner wisdom and resources that allow for a change in perception, and from this to envision or “dream” of new realities. This lays the groundwork to utilize those resources for desired transformation and change. By the third session of dreaming, this woman had found a way to integrate her reality with her dreams of feeling free by appreciating the wholeness that existed as it was in her life. By the final follow-up, this is what she said,

The dreaming thing helped me know I could put my mind at ease for a period of time. I was able to embrace myself, my life in a different way. The

dreaming showed me I could go where I want and take who I want by making decisions for me and only me. This has helped me in learning how to take care of me and make me a priority. I used what I learned to set boundaries in a situation that came up last weekend.

There were dreams of healing within community and relationship.

I was someplace . . . don't know where . . . it was peaceful . . . it was a town . . . it was clean . . . everybody, all kinds of people . . . everybody was carefree . . . there was a Chinese lady holding a baby of a different race . . . I felt like I was in the spirit . . . saw some colors—burgundy, green grass, trees . . . there was no confusion . . . everybody was just OK, everybody was just everybody, everybody was happy . . . I was moving through . . . I started feeling awful hot—that's new for me—I'm always cold, so I embraced it . . . a really warm sensation.

One participant expressed amazement that she saw herself reaching out to others when had spent most of her life rejecting help and wanting to do things alone:

I am energized and with every moment I disperse and distribute the liquid light to those around me. In fact, the light is only dispersed when others are there to soak it into their being. But the light is poured into me constantly as I want it. It empowers me. It soothes me.

While not all of the women experienced remarkable insights or transformation, all of them stated that the dreaming was helpful in their appreciation of some new insight about how they had already shifted patterns or in places that they wanted to shift surrounding the abuse.

Encouraged to do, be, say, think, feel, explore whatever I need. The most beautiful part of this particular visualization is that when I was asked to "go deeper"—it happened in the *our* bedroom. This is *truly* a first. I have never visualized safety in the bedroom setting. But, today our bedroom *is* a safe place. For *both* of us.

The aesthetic process

A component of the participatory dreaming process was the aesthetic project that the

women used to bring their dreams of healing through into expression. A discussion of how this was selected is in the following section. The collage became the centerpiece of the mobile with the 10 masks displayed around it and below it.

When I started cutting I was going to do a mask, but there were too many pictures, so I did a collage . . . it was women, all women, women . . .

The women painted 2 masks, which were then glued inside one another to create an inner and an outer expression of healing from childhood abuse. No directions were given as to what either the inside or outside meant. The masks were uniquely crafted from a selection of art supplies brought primarily by the researcher. A few participants brought things to share and about half of them brought items that were specific to their personal journey: pieces of fabric from a childhood blanket, a newspaper clipping about an abused child, band aids, garbage collected for 2 weeks from around the house, and cellophane to cover the "face."

The masks were metaphorically representative of the expressions of abuse and the healing from abuse. New appreciations and understandings of healing emerged through the art process and as women shared their experiences and their art with each other. Appendix 1 offers a few of the masks the women made and their words about them. The poignancy and emotion expressed through these masks extend beyond language in conveying the messages of the women who created them.

Ten of the 11 women felt that the aesthetic component of the study was essential to what they gained from their participation even if they could not articulate what the masks represented to them. Most said that it added to their appreciation of the patterning in their lives regarding healing from childhood abuse. One of the participants felt that while she enjoyed the art, she did not feel that it was integral to the study process and felt limited in her aesthetic expression by the time allocated for the art project.

A circle of healing

By design, this study was participatory in nature. A reflexive space that acted as a safe container for the intensity of thoughts, feelings, and expressions was intentionally created and fostered by the researcher and participants together. This created an opening for the emergence of new ideas and patterns to emerge as the women interacted with themselves and with each other. Despite the experience of childhood abuse that can negatively impact intimacy and connection, every woman in this study verbalized the power of this group to offer a healing space for sharing in safety. The power in the use of circles as nonhierarchical, relational modes of inquiry, and activism³¹ are exemplified by the following quotes:

And this is beautiful—the power of the group—it makes it such a relief, I don't have to hold it alone.

Facing the shame, rage, and horror of my abuse has been life giving. Sharing it with others has been life changing.

It was wonderful hearing the others share because I know I'm not alone in both my pain and my experience of wanting to heal, and struggling to find that safe place.

This is particularly important with women who have experienced an extreme abuse of power as children. One woman who had been sexually abused since the age of 3 told the group that she had been unable to trust even within the context of individual therapy. She wrote at the end of the study:

The changes [from the study] were affected first because I was given a safe place, people who connected with me and whom I was able to connect with in turn and there was an interchange of support, compassion, empathy, fellow-feeling and love. Secondly, we were so in tune with one another that the healing power of the human spirit was obvious. Here we were with differing lives and backgrounds and different paths in life converging for this time together with one goal; unification of action, and thought focused on healing. It was beautiful and extremely empowering.

Appreciation for the uniqueness that each woman brought to a common experience was expressed:

It was so helpful to see that no matter what race, age, or socioeconomic status, sexual orientation, religious preference—the issues are the same. And everyone brought their own special perspective to the process. I greatly appreciated that.

Being allowed a full expression of feelings within the safety of the group offered a sense of emancipation and transformation:

It was really amazing to be in room of women sharing such intense parts of their lives with me. I am by at least 12 years the youngest person in this room, and it has been very powerful to be able to find a voice within myself with all of these older women, who are so much like myself. I feel like the main side effect has been my willingness to open myself up for big new change. These women have given me the strength. It has been amazing.

There was a sense of support provided within the group that participants had not often found within their communities. When one woman angrily talked about not being believed when she told parents and even health care providers about her abuse, another participant said, very directly and firmly, "I believe you and every woman here believes you." The angry participant began to cry as other women joined in with offerings of support and acknowledgment. Bringing the issue of abuse into the openness of a group was a validation to each other that what they were experiencing was real for them and helped to break the culture of silence that had added to the wounding:

Remember sexual abuse is a real taboo—nobody wants to talk about it. It's just like slavery, it's just like everything people just don't want to talk about it. Oh God—leave that alone—get over it—get over it. How do you get over something and you never remember where you came from? If you don't remember, how do you get to the other side? How do you ever connect the dots?

There were intensely emotional discussions in which the women learned from each other.

[Crying] The first time [abuse] altered everything. We have our baby dreams and it goes down the drain. I wanted to be a stewardess. I can't be a stewardess no more. If I had my way, I wouldn't have four children, maybe not any, maybe one . . . I'm trying to see if I can have my way now.

Another woman gently engaged her: "I can't be an airline stewardess, but I'm not a victim anymore . . . Abuse did stuff to us and I don't want to be that person no more—I'm not a victim no more."

The retreat like setting itself appeared to be instrumental in the healing process. *The day long retreat-like setting is helpful, I believe, in creating the IMPORTANCE of the work. It gives the feeling that healing matters. I matter. No matter what.* And the daylong periods seemed to help the women go deeper into their own processes.

It's like in therapy it's only like 45 minutes and you don't always get to what you need to get and you're afraid to cry cuz then you'll have to pass all those people in the waiting room when you leave. I never cry in therapy, never, ever, ever, but I was crying there. I was even crying when I was driving away because I'm going to miss these women.

Even the discussion around what they were going to do as an art project had effects on the women's perceptions and expressions of healing. They asked me for suggestions and I gave several. Ten of the women wanted to decorate the face masks, but one of the women was not sure if she wanted to do a mask or collage that represented the expressions of women healing from abuse. Two of the women became very vocal that they thought everyone should do the same thing, even if we put them together for a final product, but the 1 participant quietly and firmly held her ground. I suggested that what I was hearing from the 1 woman was that she would like to be supported by the group in her desire to be able to decide for herself and she agreed. Immediately, every woman in the group gave her support for that process and we ended up with 10 face masks and a collage hung together in a mobile.

Deciding what the art project would be was such a valuable experience to have everybody give their input and then find a way to make it work . . . You know it really allowed people to be heard. And there's such a trust that it always comes together for the Highest good and you really let that BE. And let it emerge rather than saying, "well, we're all doing masks together, period. And at the end when you looked at the finished product, you're like, 'Wow, it's really perfect'.

This circle of women opened their hearts to each other in a spirit of community dedicated to healing from child abuse. In fact, the sense of connection was so strong that at the end of the last day the women were exchanging personal information to continue the journey together. At the final interview, I was told:

Really, really, there was great connection made in this and there are women healing as a result of this and there are women giving women invitations to other things for more healing as a result of that.

GROUP PATTERN PROFILE

Unitary pattern appreciation is the synoptic process wherein the researcher attempts to understand the wholeness within the life patterning of participants.^{1,6} In a Rogerian cosmology, humans are contiguous with their environment in irreducible energy fields that are in mutual processes of unfolding potentials.²⁸ These fields are boundaryless, unique, ever-changing, and unpredictable, hence suggesting a field pattern that is fully contiguous yet moving, much like a kaleidoscope.³² By seeking out the patterns and patterning that emerge in the field of awareness through the expressions, perceptions, and experiences gained in the study process, the researcher uses aesthetics and language to create a metaphoric construction called a pattern profile that reflects the wholeness within the life patterning of the group or individual. The pattern profile was initially developed after the first full day of the study and shown to the women at the end of the second day of the study for their validation. It was refined after the second study day.

The group pattern profile (3 music videos) reflected 3 field patterning movements, which seemed to be distinct yet contiguous, dynamic, and fluid patterns that were expressed about healing from childhood abuse in this inquiry and in the lives of the women. The first field patterning movement was called Dreaming and represents a feeling of hopeful expectancy, a desire to transcend old patterns and feelings. The music (Flying by Sean³⁹) is ethereal, invoking a sense of transcendent unity and shared dreaming, as the women try to fly above the loneliness and despair of the abuse. Images were found on the Web site that seemed to match those from the women's journals and from the group discussions. This movement represents the call to the journey, starting over, gaining higher perspectives, and an awakening of spirit that longs for a return to lost dreams and a sense of wholeness.

The second field patterning movement was called Fire and Ashes. This movement symbolizes the cataclysmic power of emotions to awaken, to burn through another layer of psychic debris, and to act as fertilizer for verdant, new growth. It is cyclical and transformational in its power, yet has the potential to destroy everything around it without a strong container. It also represents the power needed to break through entrenched social and cultural patterns that subliminally and overtly support violence against women and children in its most devastating forms. This power becomes a force for activism and emancipation. The music video *Not Ready to Make Nice* (Chicks⁴⁰) was used even though it was not about child abuse per se. The stark black and white images of women stained with ink, struggling to free themselves from the patriarchal lessons that are implicitly supported and condoned by other women and the health care system, were ideally representational of this necessary movement toward emancipation and transformation.

The third field patterning movement was called Journeying, Coming Home to the Self and represents the synthesis of the first 2 movements, the dreaming of wholeness and

the catalyzing forces of emotion necessary to break free into a new awareness of the Self. The stamina, strength, and commitment these women have to their healing journey were reflected in a researcher-created music video using the song *Rivers and Dreams* (Sean⁴¹) combined with images from the journals and the discussion. The music moves from slow and sweet to full and powerful, even in the face of ongoing doubts and darkness. The images selected echo the voices of the women as they embrace the journey by being present with what is and begin to fully appreciate who they are and where they have been.

DISCUSSION: THE UNITY WITHIN THE FINDINGS

The intentional space held throughout this study was an assumption of inherent wholeness and appreciation for a natural unfolding in which participants could experience themselves and each other directly. The appreciative nature of the method and of this group fostered an environment in which the expectations for preconceived outcomes were released. This allowed for a deeper understanding of "what is" without measurement against an externally imposed or internally adopted set of standards. One of the participants at first worried if she was "doing it right." By allowing herself to sit with the discomfort, she became aware of a recurring life pattern related to the abuse in which she sought approval outside herself. By verbalizing it to the group, she began validating herself by finding her own voice. In fact, each woman was able to use the research to explore healing as a sense of wholeness that was unique to herself, yet contributed to the knowledge and experience of the group as a whole.

The reflexive nature of the dreaming within the environment supports the concept of the participatory nature of healing. We do not heal outside of or separate from the world in which we live. There is an intimate dance between the universal consciousness and those individual refractions of consciousness we

identify as Self. The theory of unitary healing is participatory by nature and yet allows for the unique expression of life patterning without reducing it to predetermined or socially constructed concepts of health or healing. Because wholeness in its full expression is unveiled, a space opens in which new knowledge and new possibilities are illuminated, creating opportunities for transformation and emancipation from habitual or learned patterns of behavior.⁴ Every woman in this study was able to identify new knowledge, new awareness, new appreciations, and/or new cues to action in some way from her participation in this inquiry allowing for emancipation and transformation through discovery and the freedom to explore her inner terrain using the 4 extended epistemologies through the lens of wholeness.

Corroborating findings from this study with the previously described research reinforces the understanding that the effects of childhood abuse are pervasive with overlapping features that extend into all areas of life patterning.^{8,24,40,42,43} Therapies that recognize and support the person within the context of these interwoven life effects must offer ways of knowing themselves to the abused women that extend beyond rational or linear knowing by treating or being in process with the whole person.^{20,24} Right relationship in healing is crucial in mitigating the traumatic effects of the abuse.⁴³ The nonlinear and ever-increasing spiral of the journey into healing must be understood and supported by the health care professionals. What often looks like a backward step may be defined by the woman as the pivot point for a major transformation, or requiring great emotional turbulence to break through into a new level of awareness.⁴⁴ This has implications for how we medicate, how we support, and how we treat. It also has implications for how we receive as a culture the women who were abused as children. Our current medically based model of diagnosis and treatment in health care often exacerbates feelings of brokenness and despair. One of the most poignant moments in this study was when a woman who, after describing years of abuse

within her family, said with tears in her eyes, "Why am I the one they call crazy?" This supports the original premise that the social impetus for healing is placed very much on the shoulders of the women themselves. The integration of research and practice in ways that call forth the social responsibility of the collective are needed to actively reduce the stigma of childhood abuse, especially incest. Shifting from an atmosphere of blame and brokenness to an appreciative stance for the power of these women to reclaim the wholeness that exists is imperative in both treatment programs and research. Participatory action research with women who have experienced childhood abuse in collaboration with health care providers and community leaders would be an important venue for highlighting and transforming the system at a grass roots level.

This study offers useful information to the nurse working with women who have been abused as children. In addition to changing the context of the healing encounter to focus on appreciation and wholeness, there must be an awareness that one must have the ability to see or envision something before it can be either appreciated or created, including health. Identifying the patterns that are emerging in the lives of women who are being cared for may prompt an awareness of the need or a deeper exploration of issues that may present as physical or emotional stressors, which may in fact be due to patterns that were created through childhood trauma.

Future research is needed with women exploring their life patterning within a unitary context of healing from abuse. A longer period of study over 6 months with the day-long retreats as the endpoints of monthly sessions of dreaming, journaling, and discussion would be helpful in ascertaining whether more immersion is helpful to the women. Triangulating the method using Barrett's power as knowing participation in change tool³⁰ may also offer more insights for the women. Extending the research into a participatory action study designed with a community activist project as the aesthetic work would be helpful in simultaneously doing research

and practice and disseminating knowledge. The method of participatory dreaming that includes active imagination about healing and wholeness within a group, and the embodiment of this dreaming through aesthetic creation, has potential for other populations such as women with fibromyalgia, depression, and other life-altering health issues. While relational healing has a basis in the feminist literature, exploring this type of method with men may be useful also.

The limitations of this study were in the convenience sample, small sample size, and the homogeneity of the sample in terms of their self-described level of healing, leading to an inability to generalize findings. The role of the researcher as a coparticipant also has some implications for researcher bias. There was a definite connection of respect and appreciation between the researcher and the participants. This might be a variable in outcome and could be a factor in outcomes and in the study replication by other researchers. However, this study has already been replicated by a graduate student at Clemson University with similar results.⁴⁵

CONCLUSION

This study uncovered information that would not be ascertainable from other types

of research that focused on abuse rather than on the healing from abuse. The study design created a space in which participants could come together and reflect on wholeness as a group and dream about what that would or could look like and feel like for themselves and their communities. Participatory dreaming was found to be a useful means for a collective group to come together and dream the wholeness that already exists into expression. Every participant found the process to be helpful in some manner to their appreciation, perception, expression, and/or experience of healing from childhood abuse. In some cases, this led to a direct expression of transformation and emancipation from longstanding patterns that they had been trying to shift for many years. The very nature of this inquiry was emancipatory. The motivation for everyone of the women in this group was to help others through their participation in this study. By giving voice to women abused as children, they hoped to inform their communities about the social nature of childhood abuse and transform the collective that engenders it. The pragmatic and parsimonious nature of simultaneously doing research and practice in meaningful ways to the participants themselves which is inherent in UAI makes this an ideal research method for exploring healing in the lives of women abused as children.

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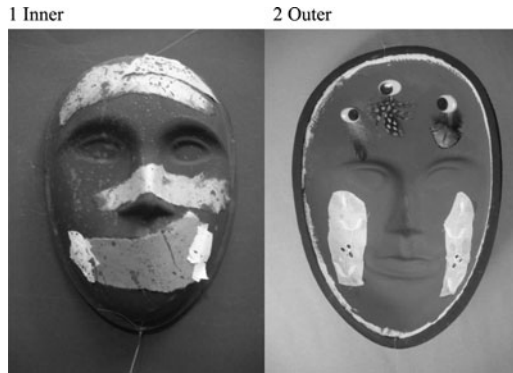
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Appendix 1

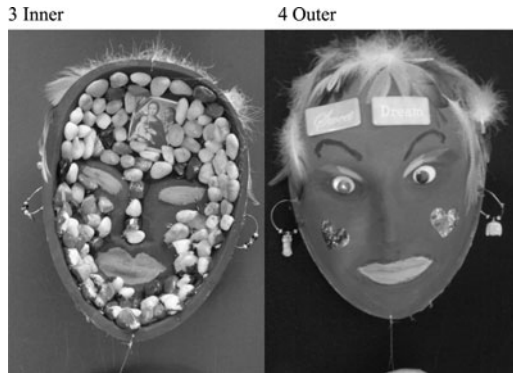
The Inner and Outer Expressions of Healing From Childhood Abuse

Mask A.



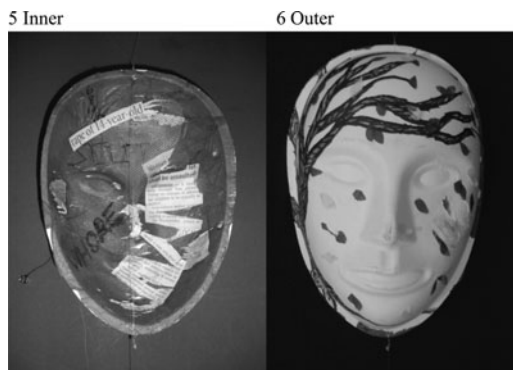
Du och stauck nu—you are strong now.

Mask B.



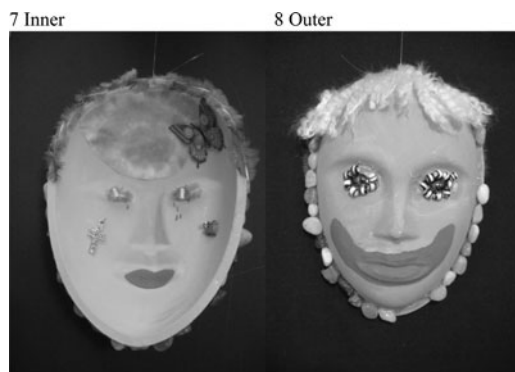
Inside is who I used to be—I have rocks, I was close minded. I didn't let nobody in. Outside I have sweet sleep. It feels like massive transformation.

Mask C.



Inside represents what I see, what's around me, words I heard told to me and my mom growing up. Outside trees and butterfly tied to word SLUT on inside . . . Not sure what it means.

Mask D.



At my home you better smile and pretend to be happy OR you would find yourself smacked across the room sliding down a wall . . . I now see life in color. It is exploding with possibilities. I can cry. I am a new creation represented by the gorgeous butterfly.

Appendix 2

Outline of Study Procedure

Preinterviews: 2 Weeks Preceding the Study

Day 1

A. Preprocess

Introductions Opening Circle

Journal the answer to research question 1.

B. Process Facilitated dreaming Journaling Group discussion

C. Lunch

D. Process Facilitated dreaming Journaling Group discussion

E. Closing circle

Day 2: 2 Weeks After First Session

A. Preprocess Review of any concerns/study process Opening Circle

B. Process Facilitated Dreaming Journaling Group Discussion

C. Lunch

D. Process Art Group Discussion

E. Journal the answer to research questions 1 and 2

F. Closing Circle

G. Presentation and participant review of researcher created patterning profile (music videos) (6 participants were able to stay for this)

Day 3: Post-process—2 Weeks After Process

A. Follow-up interviews by phone or e-mail

Answering research questions 1 and 2.

Research Question 1

How would you describe your current perception of healing in your life as it relates to the experience of childhood abuse?

Research Question 2

What effects (skills/knowledge) if any did the participatory dreaming research project have upon your appreciation of the healing process(es) in your life? If yes there were any effects, how did these effects occur in your opinion?

Appendix 3

Prestudy Interview Questionnaire

1. Have you ever been diagnosed by a healthcare professional with a mental illness such as severe depression, anxiety, posttraumatic stress syndrome, bipolar disease, thought disorder such as schizophrenia, or personality disorder?
2. In the past year, have you had any of the following: intense anxiety, severe depression, disturbing or unreal thoughts, heard voices, seen things that weren't there, uncontrollable mood swings, severe outbursts or anger, violence, impulsive or illegal behavior, uncontrollable compulsive thoughts, manic or unusual behavior?
3. Have you had any history of attempted suicide or suicidal thoughts?
4. Have you ever been hospitalized for a mental illness?
5. Are you currently in a violent or abusive relationship (*experiencing physical, emotional, or mental abuse*)?
6. Are you having any *current* suicidal thoughts?
7. Do you have any current problem with substance abuse such as alcohol, prescription medication, or illegal drug use?
8. Are you having any difficulty with your memory, confusion, or problems concentrating that are unusual or out of the ordinary?