

# **A Small Boy Smiling**

*A remarkable journey of healing from the trauma  
of child sexual abuse to spiritual awakening*

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This chapter is written at the request of the author of this book. Following a discussion with Matt regarding the implications of releasing this confidential material, he made an informed decision giving consent for my disclosure of material from his therapy sessions - which would ordinarily be prevented by my adherence to ethical codes of conduct as his therapist. The chapter below is provided within professional ethical guidelines regarding confidentiality, in that he has given his written permission for it to be published. A copy of that written permission has been lodged with the publisher of this book.

## **Soulful space: reflections on my therapy work with Matt**

### **Introduction**

Ordinarily, the workings of therapy are conducted in the private and sacred space provided by the counselling room. This is a rare opportunity to publish a commentary on therapy that has evolved with a client. It is even rarer that the client's commentary is published alongside that of the therapist.

I was privileged to work with this brave and dedicated client, as well as being humbled by his own healing talents and creativity.

I'm offering this commentary at his request, in the hope that it may encourage others - whether survivors or clients or therapists - with any struggle related to the

topics described by him. There is hope after hopelessness; there are ways of transcending unspeakable horror.

### **What this is and what it's not**

This is a commentary, a description from my own subjective stance, to sit alongside the client's written account of his experiences which included therapy along the way. It's intended to bear witness to his bravery and poignant processing of his life experience. This chapter is not a text book; it's not a training manual for therapists. Neither is it intended as a template for use with other clients, as the approach for each client' is tailored according to their individual needs and preferences in therapy. Nor is it a literature review or an academic essay. It's not an exposition of aggregated research data gathered from a double-blind randomised controlled trial. It is absolutely not a diagnostic model including a recommendation of particular treatment approaches; nor is this an exemplar of trauma treatment protocols. Matt's journey is unique and highly personal. He had undertaken years of personal development work before his first appointment with me. All of these factors should be taken into consideration when reading this commentary.

After reading an initial draft of this chapter, Matt said he found it massively validating and healing. That's the outcome, as far as I'm concerned. Yet if this chapter provides guidance or support or reassurance for anyone else in addition, I am honoured. When Matt shared a draft of my chapter with another survivor of childhood sexual abuse, this was the feedback received:

*Sarah comes across as very skilful and compassionate. And I think her chapter is so important for other survivors to read as I think the counselling process can be confusing and hearing an account from a professional is very valuable. It works very well especially as you have done all the disclosures, so you keep your voice.*

After I sent him the first draft, Matt himself commented to me that the therapy lifted a huge amount of shame he'd previously felt about the abuse. He stated to me that he now feels very differently about that period of his life; the shift in energy enabled him to write this book. This chapter is a description of therapy that worked, which is why it's worth sharing.

## **Matt's initial enquiry about starting therapy with me**

I remember his first email contact with me, early in 2016:

*My work has given me paid leave of absence to help me address a number of issues I am presently experiencing. I was sexually abused many times as a child, and was diagnosed with PTSD when I was 20 years old. I am now 43 years old, and have had counselling on and off throughout my adult life to help me deal with the abuse, and how it can affect me emotionally and in my relationships. I am also a recovering alcoholic and been sober since I was 20 years old.*

*I recognise I need to attend counselling again to talk through issues that has arisen during recent months. Through my work's health insurance policy, payment would be made by Bupa.*

*I look forward to hearing from you at your earliest convenience.*

*Thank you.*

In responding to this his enquiry, I was confident that I would be able to offer support. We met within a few days. I liked him immediately and was humbled at the prospect of working with him. At that initial stage, there was no guarantee that he would take such huge strides in reclaiming his life by turning his dreadful experiences into a force for good.

There were undoubtedly profound moments of huge pain and distress when he told me about the repeated suffering he endured in the organised and brutal sexual abuse perpetrated by a group of men who predated upon him and other boys during a particular period in his pre-pubescent childhood. Yet the impact of those times stretched cross the entirety of his life thereafter; robbing him for many years of seemingly natural things that might otherwise be taken for granted: dating, marrying, having a family of his own.

Most journeys through life are never a straight line from an intentional known point of origin to a predetermined destination. This is certainly true of his therapy. Although the direction varied and the terrain was rough at times, I had an unswerving faith that he would pull through, all the more so if I could offer him soulful space to talk where he felt safe and could trust the process he was following intuitively.

So, what happened during his therapy conversations with me? His own account of this is contained in the chapter titled *London Calling*. I uphold that narrative as his own authentic experience of his therapy process. Additionally, I would like to offer a commentary from the perspective of his therapist, in the hope of inspiring other survivors to embark upon or continue their own therapeutic journey of speaking their truth. Writing this chapter is a markedly rare opportunity to describe what happens in counselling for survivors of sexual abuse. My way of working is tailored uniquely to each individual client or couple. There is no standard format, so anyone else's therapy with me would in its very essence be different. Yet I sincerely hope there is value for others in shining a light into the otherwise hidden process in the counselling room.

My approach here is to highlight aspects of his therapy that can be commonly experienced by survivors of sexual trauma, as well as providing signposts to sources of support.

### **Listening and presence**

A primary task for the therapist is to listen, to be able to hear the client in starting to form the words to describe what has happened to them. By being a consistent and constant ally, the counsellor can create a working relationship with the client to encourage the expression of what needs to be said. My stance is that if the client has endured such experiences, my role is to bear witness and be able to hear their history. By being present and attentive, I strived to create an environment where he could bring his inner world to be explored with the aim of validation and confirmation. Even though at times he showed distress and torment, he also showed courage to bring the hideous aspects out into the open. That said, he also brought much humour and humanity into the conversations too.

### **Dissociation**

Dissociation can be defined as detaching from an intrusive experience, which can be viewed as a psychological defence as a coping mechanism. Unsurprisingly, dissociation is commonly reported by survivors of sexual abuse. As this client describes in the chapter titled *The Disgusting Rusty Tin*, he dissociated by viewing the abuse as if from above rather than through the more intense associated imagery from the viewpoint of his own eyes (dissociation is the mind's attempt to limit the severity of the imagery). Many survivors of sexual abuse in my practice have also mentioned looking at a spot on the wall

to distract themselves while abuse is occurring, as a method of separating their awareness from what's happening to their body.

When someone dissociates, many useful activities of the brain shut down their effect, such as reducing ability to think clearly, to make proportionate assessments of a situation, plus either numbing or becoming chaotic in reaction to perceived danger or threat.

Ultimately, part of trauma recovery is concerned with developing ways for the client to be able to live in a way where mental images and bodily experiences are associated in a more connected way. But before that is attempted there are two other treatment stages required: stabilising the client so that dissociation reduces; before processing the traumatic memories.

There are evidence-based ways to address dissociation, so that the client can develop increased skills in emotional regulation – hence avoiding the tendency to dissociate. Useful approaches are psychoeducation to understand trauma responses; techniques to increase a sense of safety, containment and stabilisation of symptoms. Grounding techniques are helpful at this stage, such as mindful breathing and focusing on the here and now in the environment.

## **Shame**

Incorporation of shame is a poisonous effect of childhood sexual abuse – that the survivor is left with a sense of shame and responsibility (which, in my opinion, belongs solely to the abuser). In psychoanalytic terminology, this would be a projection by the abuser of an unacknowledged part of self (the shame) into the target victim: the child who is being abused.

So, the therapeutic aim is the reduction of shame, rather than its cultivation. The client may feel a huge mass of confusion and shame. The therapist's main job is to bear witness and validate the client's experience so that the client can rely on the integrity of their own mind.

It is an understandable wish of survivors of sexual abuse to wish that they could forget the abuse by erasing the memories. My response is that those abuse events are part of the survivor's history but do not need to be the story for the future. The events themselves cannot be changed, however, the survivor can change the way they think and feel about those events. It's here that concepts come into play such as acceptance,

understanding, compassion for their childhood self. Timing is a big part of this process, which can happen only when that person has reached a place in their recovery journey when they are able to look compassionately at what has occurred.

In this case, I share his sense that we were aligned to work together. I also share an impression that the success of his therapy consisted in a combination of cognitive approaches (information about how therapy works, as well as descriptions of how the mind adapts to the trauma of abuse), managing emotional and bodily reactions (mindfulness and anxiety management techniques), along with acknowledging the role of spirituality in healing the psyche.

### **Information-giving**

Psychoeducation is another important facet of facilitating therapy for trauma recovery. I hope that by adopting a nuanced and sensitive approach, I offered these nuggets of information to the client when he was ready to absorb how these ideas could help him understand there were good reasons for the ways he had reacted during the abuse, then developed through his teens and adulthood.

I remember talking with Matt about the neuroscience of trauma: this relates to the three-part structure of the triune brain<sup>1</sup>: 1) the reptilian brain regulates basic functions such as breathing, heart rate, body temperature, digestion; 2) the limbic brain, which developed in mammals, is the relational and emotional area for connection with others, including memory functions; 3) the frontal cortex where logical, conceptual, planning thought takes place.

It's usually helpful for abuse survivors to understand what happens in the mind and body when they feel frightened; how the mind and body react when perceiving that a life-threatening situation is occurring. Many people have heard of the "fight or flight" response. In my trauma work, I describe five key-words beginning with 'f' that describe the range of options which the limbic brain automatically chooses from as an unconscious reaction to a perceived threat: fight, flight, freeze, flop, friend.

This client tended to go to flop or friend when under duress to perform in the way they were coercing him to do. The threat level was high: there were menacing threats to cut his penis, report him to his father or headmaster, sell him to even worse abusers. This

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<sup>1</sup> Paul D. MacLean (1990), *The triune brain in evolution: role in paleocerebral functions* (New York: Plenum Press)

client was manipulated so that he was acting through fear rather than acting through informed choice.

In his book, *The Other 90%*, Dr. Robert Cooper, a neuroscience pioneer and leadership advisor, states that intelligence is distributed throughout the body and that the mind cannot be separated from the body (both are connected by the cybernetic neurological system). He urges humans to harness the art and science of this powerful potential.

In another book, *Mindsight*, Dan Siegel encourages vertical integration of mind, heart (emotion) and body sensation (gut-feel) for an all-powerful alliance of information sources within us; as well as horizontal integration of right-brain assets such as creativity, alongside left-brain features such as strategic planning.

This information was intended to resource the client in generating a healthier relationship with his own body as a source of comfort and intelligence. My input was intended as a counter-balance to the disgust and distance that the client demonstrated towards his body.

Common emotions that linger after a trauma are shame, disgust, guilt, anger, sadness. In striving to normalize this for Matt, I found it reassuring to see the times when he began to manage the impact of these emotions more effectively.

### **Internalisation of responsibility for the abuse**

I am resolutely clear with any client who has been sexually abused as a child, that total responsibility rests with the adult(s) involved. I cannot be more definitive on this point. Allocation of responsibility can be a source of great internal conflict or confusion for the survivor, especially if the abuser(s) have instilled a belief that the child has somehow led them astray or has teased them or incited them to the sexual contact. There can be even greater complexity for the survivor if they remember any sexual curiosity or even pleasure at physical touch during the abuse. Regardless, the full responsibility remains with the abuser who as the adult carries moral and legal responsibility for their actions.

Part of Matt's healing journey has been to reclaim his childhood in a more balanced and integrated narrative. Notwithstanding the horrendous abuse that he endured, he is now able to put those episodes in context of being a talented at sports, coming from a loving family, showing his evident acting ability. This boy excelled – he became head boy of his prep school and captain of the first team at cricket. A light that shines so brightly

can attract the darkest shadows – perhaps the abusers saw his sporting prowess and attractiveness, which they found too appealing to resist.

To my mind, it stands to reason that a boy with such talent, energy, spirit, and ability could be a channel for spiritual healing. This sensitivity and attunement maybe created an energy which the abusers sought to channel for their own degrading gratification. This man's talents found solace and satisfaction in adulthood, there was a huge tariff exacted through his traumatic abuse. Bright light can cast a deep shadow. Matt is now living more consciously in the light for more of the time.

### **Aversion from intimacy caused by emotional wounding**

It is common for survivors of childhood sexual abuse to describe difficulties not only with their own body but also others', consisting in an aversion to emotional closeness or physical intimacy with other people. My client certainly was affected by this symptom. Therefore, it is remarkable that he had the capability to conduct the healing sessions and lead the meditation group during his recovery process. The proximity of other people in a room - which constituted an emotionally intimate space – was troubling for him and yet he persevered, doing much good for himself and for others in the process. The light of his powerful being still shone even through difficulty.

Avoidance is a common symptom experienced by survivors of sexual abuse: avoidance of people, places, objects or situations that might remind them of the traumatic incidents – leading to re-experiencing such as flashbacks. Thankfully, avoidance can be overcome by gradual supported behavioural experiments so that the individual builds a new set of experiences offering proof that they can indeed cope with situations that were being avoided.

The aversion from intimacy can take another form, not manifested by this client, as being able to be sexual often and with lots of different people. So much so that other clients have described being overtly sexual while dissociating or using substances like drugs or alcohol to create a dissociating effect before they are able to go into a sexual encounter. This client talked about sexual anorexia, how he refrained from sex. Other clients can become more sexually provocative or highly sexually active as an echo of the way that sexualisation was encouraged by their abusers: this can leave a sense of being hugely valued for their sexual potential, outweighed by other valuable aspects of their selfhood.



I'd like to offer a commentary on some common behavioural effects of early sexualisation of children. The abusers probably brought forward the age at which this boy became aware of embodied sexuality. The author gives no commentary of being aware of sex or attraction to others before the abuse started. During therapy conversations together, we discussed how the abusers had robbed him of a more normative development of sexual awareness or crushes or attraction to girls. In the chapter about his childhood, he describes flashing his penis at the girls in his primary school at the segregated changing rooms after sports lessons. He writes that he's curious about whether this was a cry for help and wonders what a psychologist would make of this.

My offering here is that children who have been abusively targeted by sexual predators can internalise hyper-sexualisation which leads them to act out this sexualisation manifested through inappropriate sexualised behaviour (such as a boy who may flash his penis). Children who have been exposed before puberty to sexual imagery or unwanted sexual experiences with adults can lack the emotional maturity to contextualise those events; they can exhibit with sexual behaviour that is inappropriate to their age and to the social situation. I'd encourage any adult in a position of responsibility to be aware of this and to consider that any child who is acting out sexually could have experienced some abuse or could have been exposed to inappropriate sexual material such as pornography too early to be able to process it with emotional maturity. Sadly, given the prevalence of online pornography, many adults in my practice have reported seeing pornographic images or videos as young children. They usually say that in hindsight this distorted their view of sex such that it impeded their ability to develop healthy sexual relationships in adulthood; or this imagery led them to experiment with behaviours such as paid-for sexual services because their expectations of sex had been shaped largely by hyper-stimulation by pornography.

### **Compassion for his inner child**

He writes about revising his concept of his boyhood. This was a massive shift from blanking out his childhood memories. Later he could see that the boy, only eight years old, had survived horrendous experiences. He became a caring and compassionate adult who could metaphorically hug and encourage the boy to be seen and heard with

compassion. This is a true aspect of the healing journey: to accept and act collaboratively with a part of his being that had suffered for decades without being witnessed.

Survivors of sexual abuse can find it incredibly challenging to acknowledge their inner child. Assessing this damage and being in contact with that emotional pain can be monumentally difficult. However, over time, there can be huge benefit in doing so when the client feels ready.

A result of the inner child discourse was that this client began to see that the 9-year-old little boy was a brave survivor, who had endured things that were almost unbearable and that as an adult he could embrace that marginalised and isolated little boy and keep him safe as an adult. Just as he had pledged that he would never, ever, let anyone hurt him again.

The downside of this pledge was that he created relational boundaries that were too strong and too big for any intimate couple relationship to be sustained in his teenage years and early adulthood, as a tragic effect of the abuse. He describes the perversity of craving female attention, then, if he received it, feeling repulsive; this is a reaction to trauma which resulted in self-sabotage of a natural desire for mutual attraction or affection. These strong boundaries and self-sabotage led to the sexual anorexia he describes. Part of the therapy work with me was a discussion on how he could manage dating or a couple relationship in a way that built slowly, so he could manage the process with enough safety to allow himself to stay involved in it.

### **Stabilisation through mind-body techniques**

During the therapy, I facilitated some mindfulness techniques with him to overcome the shame and terror he described regarding his relationship with his body. His body had been the location of hugely distressing experiences during the sexual abuse in childhood. However, at its best, the body is the receptacle where the spirit is incarnated. The body is a fount of wisdom and information. Mindfulness techniques can help to reunite the mind and body, with the aim of the client becoming more trusting that the body is the safe place it's meant to be as a dwelling place for that person to inhabit.

Mindfulness techniques often involve breathing exercises as methods of emotional regulation. Care is needed to ensure that clients are not re-traumatised because of greater attention to mind-body connection. Yet it can be of great use for clients to become more aware of their emotional state, such as rating their level of emotional

arousal on a scale of 0-10. This awareness fosters emotional intelligence which is most often useful in tracking their triggers and responses. Over time, if stabilisation and relaxation techniques are practised regularly, the client gains confidence and a greater sense of calm control. Otherwise, triggered arousal states can feel uncontrollable, leading to isolation and hopelessness or distinctly uncomfortable symptoms such as panic attacks.

Other grounding techniques include focused attention on the current moment and current environment, such as touching objects in the room, or gently throwing and catching a pillow or soft ball, or counting the number of particular objects like windows or cushions which are visible in that place. The purpose is to instil in the survivor a sense of their own agency and their ability to manage their emotional state. This overcomes the common thought that flashbacks and uncomfortably bodily symptoms are uncontrollable.

The stabilisation phase in trauma therapy is, in itself, a major topic. For the purposes of this chapter, it's worth recognising that the client had already covered a lot of this ground in his meditation and mindfulness practice over the years. Although he did report instances of being triggered in recent history, he also developed a greater ability to experience his emotions and make meaning of it.

The first phase comprises safety, containment and stabilisation, so that the client can gain greater control over managing the intrusive trauma symptoms such as flashbacks or panic attacks or dissociation. Briefly put, stabilisation methods can include relaxation techniques and/or diaphragmatic breathing techniques where deep breathing reduces sensations of anxiety or panic. Another aspect of stabilisation is psychoeducation regarding definition and symptoms of trauma, including information on how the brain processes traumatic experiences differently from everyday life, plus emphasis that trauma symptoms and accompanying distress can be treated through focused therapy which resets the functioning of the brain more tolerably.

### **Trauma processing**

Trauma processing is the second phase. A variety of treatment approaches exists, some of which are more relevant to single-incident trauma, whereas other approaches are more effective for repeated complex trauma. The kinds of therapeutic approach may involve any of the following kinds of therapy. Choice of approach very much depends on

the evidence base, the training taken by the therapist to inform their scope of practice, as well as involvement and agreement by the client. This is by no means an exhaustive list. These are the approaches where validation by research is in place, or the evidence base is being developed:

TF-CBT (Trauma-Focused Cognitive Behavioural Therapy)

CPT (Cognitive Processing Therapy)

EMDR (Eye Movement Desensitisation Reprocessing)

NET (Narrative Exposure Therapy)

PE (Prolonged Exposure)

IRRT (Imagery Rescripting Reprocessing Therapy)

EFT (Equine Facilitated Therapy)

The greater part of processing the trauma with this client was achieved through creating a coherent narrative of his life experiences. The client is encouraged to talk through the troubling events, having their experiences validated and their responses upheld by the therapist – as well as updating any resident beliefs which might have been an obstruction to recovery.

A valuable part of the therapy was described by the client as gaining a greater sense of empowerment in relation to the memories and images associated with the abuse. This approach enables the client to direct and control an alternative view or version of events, so that the current adult power is brought into effect. This resonates with the author's narrative of originally being locked into the trauma, but then through therapy being able to change his relationship with the trauma imagery so that he could view those trauma memories with the awareness that he was a child being manipulated by powerful adults. It is a key step in trauma recovery when the individual realises that now as an adult they are better equipped than ever to support their inner wounded child – which they were probably not resourced to do when they were a frightened child being predated upon.

On the upside, it's worth remembering that whenever a trauma client comes to therapy, the awful event(s) have already happened; the client has survived; the events are in the past. On a cognitive level, this is true. However, those suffering from emotional or visual flashbacks often feel hostage to memories that may intrude at any time:

unwanted imagery and emotions with accompanying body sensations which are not being summoned consciously. When the embodied discomfort or distressing imagery of the trauma persist in the present, the survivor can feel afraid of being afraid; if they lack conscious means of managing unconscious processes. Part of my role with this client was to explain how those intrusive memories are triggered and experienced in the present, so that he had greater understanding so that he could develop ways to manage the symptoms when they are evoked.

I would add that proper assessment and diagnosis of trauma / PTSD / Complex PTSD is essential, to ensure that a full history is taken and that a well-founded understanding of the client's presentation has been reached before any trauma processing takes place. In Matt's case, he undertook a psychiatric assessment, which resulted in a diagnosis of complex PTSD.

### **Reclamation and reintegration**

The third phase of trauma therapy is to do with making sense of the past in a way that enables the client to move forward with greater solidity and certainty.

When he felt strong enough to do so, Matt reclaimed more of his sense of self. This identity reconstruction is an important part of trauma recovery: to acknowledge the good things about himself and to uphold his talents along with his accomplishments. He describes how that victory is achieved by directing energy away from destructive revenge fantasies involving his abusers. Instead, he found it more healing to channel energy toward accepting, embracing, and supporting his wounded inner child. This process of integration has rendered him more whole and more accepting of himself. That reclaiming of his soul and identity is, in my view, the triumph over adversity.

Trauma therapy, specifically in this case regarding childhood sexual abuse, is a tender process of containing the patient's struggle to come to a personal resolution, by supporting the client in sorting through confusing, often contradictory images of self in relation to the way that child was viewed by others (principally the abusers). The outcome of trauma can leave an imprinted distortion of the survivor's sense of self: that the survivor is somehow at fault or damaged. This therapeutic process of making a coherent meaning of the abuse events also encourages greater discernment that the way the abusers viewed and dealt with the abused was a harmful projection onto the abused

child of the abusers' subjective yet distorted reality, usually involving all sorts of unhealthy beliefs and projections.

It's the realm of trauma-informed psychotherapy – involving validation and education - to explore the client's experience in seeking internal resolution.

Pivotal, this requires trust – the very thing that the survivor has lost through the abuse.

The therapeutic response to client disclosure needs to be clear and supporting: an acknowledgement of what has been heard; expression of regret that it occurred; the statement that the abuse was wrong; that nobody has the right to initiate sexually without consent; that it was not the survivor's fault.

### **Developing healthier boundaries**

I strived to preserve at all times the ethical principle of informed choice, whereby the client's autonomy is respectfully upheld. Any topics or techniques suggested during the therapy were offered as an option. This maintained a position of choice for the client (especially important since the abusers ignored his autonomy). Psychological education lays a foundation for the client to develop healthier boundaries by becoming more aware of the processes in operation within their mind and body.

As the client's physical and sexual boundaries had been violated by the perpetrators of the abuse, it was fundamental for me to respect his boundaries and to support him in being able to set healthier boundaries – especially when the therapy conversation turned to the potential for him to be involved in dating or couple relationships in future. Hence, I was careful in making agreements with the client regarding appointment-setting and confidentiality: this is described in therapy as attention to contracting and boundaries. He began to contemplate how he might go about romantic relationships and he also began to imagine that physical touch or sexual contact with a woman might be possible in future – if he were better equipped to manage such situations by starting with what's comfortable then making controlled progress thereafter.

### **Help from horses**

Matt writes about the equine-facilitated therapy sessions that he attended with my horses. (I prefer the philosophy of the term 'equine-facilitated' rather than 'equine-

assisted' because the former views the horse as owning the wisdom for the session where the human therapist holds the sacred space of possibility<sup>2</sup> for the work to evolve, whereas 'equine-assisted' can have the connotation of the horse being the assistant to the human therapist.)

Because horses are prey animals with a large limbic brain who in the wild live as part of a herd with complex social interactions, they can detect the emotional and bodily state of humans interacting with them, just as they are able to scan the horizon for predators or assess the behaviour of other horses in their social group. This means that horses can give powerful feedback to human clients, in a non-verbal way which can resonate deeply with human clients through emotions and body sensations. This emotionally-embodied learning can have a lasting effect which is transferable from the equine session to other aspects of life and other human relationships.

In this case, the client's first impression of the horses was that they were very large and powerful beings who had the potential of violence and harm. It was noticeable that even after the mind-body exercises and safety briefing from me before he entered the arena with the horses, he felt a strong trigger effect of fear. It can be very evocative for human clients to go into the unfamiliar space of being with horses. The anxieties or beliefs ruling clients' lives can be brought to the surface very quickly in equine-facilitated sessions and with great strength. In this case, he felt a trigger about being harmed by beings larger than him (a flashback to the sexual abuse scenarios when men much larger than an eight-year-old boy were dominant, abusive, and tyrannical).

After an hour of sitting at the side of the arena, talking gently, watching the horses, he acknowledged that his fears were based on historical experience with his abusers were not related to the current experience with the two gentle female horses (called mares). This session seemed a valuable way for Matt to absorb an emotionally-corrective experience: that it was possible to see the horses as beings who were separate from his own history of abuse.

Towards the end of that session, he managed to approach them and said he felt their gentle acceptance of his presence. To his credit, through the generosity of spirit from the horses, he found it within him to approach them and touch them. It is notable that he

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<sup>2</sup> The concept of the "sacred space of possibility" was created by Kathleen Barry Ingram, one of the original grandmothers of equine-facilitated therapy. Being taught by Kathleen at Sun Tui's IFEAL training centre has been one of my formative experiences as a facilitator of therapeutic work guided by horses.



could approach and touch the adult female horses, by contrast to his post-abuse aversion from women. He experienced pleasurable yet appropriate touch with the horse, although interestingly Jazz appeared to invite him to scratch her hindquarters especially around her tail (near her genitals and anal area).

When he first went into the arena with the horses, the client became hyper-activated emotionally because of a sense of danger evoked by the threat sensor in his brain (amygdala). He used emotional regulation techniques to calm himself, stretching his window of tolerance. This started to repair his hyper-sensitivity with a more balanced emotional response to the stimulus of being with the horses.

Time after time I have seen horses in equine-facilitated therapy show their unfailingly intuitive grasp of where the client's difficulties are located both in the mind and in the body. The experience of touching the horses in the first session, then in the second session interacting with the symbolic obstacle course, the horse elicited the nugget of learning for the client. Just as Matt has written about key moments of the room-based trauma therapy, he is also able to recall in clear detail the crystals of wisdom that he carries from the horses to this day.

### **Seeking support**

This client had received a formal diagnosis of CPTSD (Complex Post-Traumatic Stress Disorder) from a psychiatrist. I broadly followed the tri-phasic trauma treatment model: stabilisation, trauma processing, reintegration with life. This phase-based model is recommended by UKPTS (UK Psychological Trauma Society)<sup>3</sup> and Royal College of Psychiatrists.<sup>4</sup> UKPTS also recognises that effective trauma treatment takes place in all three of the essential domains: cognitive, emotional, embodied experience.

Still, it takes courage to embark on therapy even with such a diagnosis.

I believe it's part of the beauty of human potential that even people who have been severely traumatised by sexual abuse can retain openness to new possibility for the future. This client was courageous in seeking help: therapy with the psychologist; sessions with Dr. Ron Hutchinson; joining AA; his spiritual experiences in India and with John of God; enquiring about therapy with me; joining SoSAA. I surely believe that the

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<sup>3</sup> UK Psychological Trauma Society, *Guideline for the treatment and planning of services for complex post-traumatic stress disorder* (CPTSD) 2016. Draft document.

<sup>4</sup> Royal College of Psychiatrists: *Post Traumatic Stress Disorder*



light that shines from this client will be seen and honoured in future by many others, just as I have seen and honoured it.

Many clients have said to me that it's taken years, if not a decade or more, before they have felt the time has come to enter therapy or seek support. My hope is that this book may play some part in limiting the suffering for others who have experienced the distress and after-effects of childhood sexual abuse (or indeed any other trauma).

The good news is that although sexual abuse can leave long-lasting trauma imprints on the brain (and therefore the body) of the survivor, these effects can be overcome. However, sexual abuse, trauma, PTSD can be treated with a tailored therapeutic approach. The uncomfortable body sensations and emotional reactions can be soothed so that life becomes more manageable. There is hope for anyone suffering the ongoing distress of trauma or abuse.

### **Overcoming the past**

I am deeply touched by my work with this client. Even more so that he invited me to contribute to this amazing book about his journey through life. He is an astoundingly kind and generous person who has truly transcended the horrendous abuse in his childhood. Heroic stories abound in every culture<sup>5</sup> where the main character is called to accomplish a hugely challenging feat; an epic journey where demons must be faced, difficulties need to be endured; mentors and guides are found as support along the rocky path before success is achieved at great cost. I believe that good will triumph over evil. His story is but one example of human spirit transcending searing pain with sufficient goodness remaining to share for the benefit of others. I sincerely hope that he continues his journey through life reinforced by all that he has transcended. His is a joyful victory over adversity, with extra hope that is inspired for others.

I offer trauma-informed therapy in the belief that it is a force for good in a world that is uncertain, challenging, and at times violent. It can truly change lives as a force for good when evil and hardship are all too common. It's a vivid demonstration that human collaboration, as well as tuning into the power of the natural world and the spiritual

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<sup>5</sup> Joseph Campbell's book "*The Hero with a Thousand Faces*" documents that every culture has sagas or myths denoting how a hero or heroine will be called reluctantly to a taxing task where they will be tested by demons and will ultimately return in a changed state after completing a seemingly impossible mission. This narrative structure is markedly similar in every culture and across millennia.

dimension beyond human understanding, can create possibility hitherto unimagined. If anyone in need is reading this book, I wholeheartedly hope that it may propel them towards seeking support in one of the many ways that he has written about. The force for recovery and healing will come when needed and when it is called in at the appropriate time.

When this process works, it really works. It goes beyond counselling and into a soulful journey of recovery and identity reclamation which makes coherent sense of the past. Even better, it gives a whole new lease of life for the future. That's why I do this work.

## REFERENCES

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- Van der Hart, O., Brown, P., & Van der Kolk, B.A. (1989). Pierre Janet's treatment of post-traumatic stress. *Journal of Traumatic Stress*, 2 (4), 379-395.
- UK Psychological Trauma Society, Guideline for the treatment and planning of services for complex post-traumatic stress disorder (CPTSD) 2017.
- Royal College of Psychiatrists: Post Traumatic Stress Disorder (information sheet).
- Siegel, Dan, *Mindsight*.
- Cooper, Dr. Robert, *The Other 90%*.

## RECOMMENDED READING

These books go into much more practical and scientific detail than my overview allows. Many clients have said that they found these books really useful in validating and explaining their symptoms. Importantly, these resources provide ways forward to treat and heal. These authors and techniques show how to regain a sense of self, take ownership of the future, develop a connected way of living, while reducing the level of distress caused by trauma symptoms.

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An Azure Coyote Book, 2013. ISBN 9-781492-871842
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- Salter, Dr Anna C. Transforming Trauma: A Guide to Understanding and Treating Adult Survivors of Child Sexual Abuse. Sage Publications, Inc, 1995. ISBN-13: 978-0803955097
- Davies, J & M. Fawley. Treating The Adult Survivor Of Childhood Sexual Abuse. Basic Books, 1994. ISBN-13: 978-0465066339

## TO CONTACT SARAH

Sarah Paton Briggs holds multiple accreditations as a psychotherapist, sex/relationship therapist, drug and alcohol counsellor, and clinical supervisor. She has taken specialist training in working with childhood sexual abuse and in trauma therapy approaches. She also holds double certification by IFEAL and by LEAP as an equine-facilitated therapy practitioner. Sarah is experienced in working with individual and couple clients, especially those who have suffered neglect or who have survived sexual trauma.

Sarah has worked with serving armed forces personnel on a private basis, as well as military veterans through Walking With The Wounded (Head Start Programme), Help for Heroes, and Dare To Live Trust (equine-facilitated programme). In private assignments or through employee assistance programmes, she has worked with clients from Wiltshire Council, as well as with emergency services staff from Wiltshire Police, Gloucestershire Constabulary, Wiltshire Fire and Rescue Service, and the Metropolitan Police Service.

She offers trauma-informed therapy in London W1 at The Grove Practice, alongside her private practice in Malmesbury, Wiltshire, where equine-facilitated sessions are also available. Sarah welcomes clients who are able to self-fund or who can access provision through private health insurance (she is recognised by most private

health insurance companies). Anyone seeking or considering therapy is welcome to contact Sarah for further information or guidance on a confidential basis.

## CONTACT DETAILS

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*If you'd like to read the full book -*

*[A Small Boy Smiling is available on Amazon](#)*



*A final message of thanks from Matt....*

Thank you for reading Sarah's chapter from my book, *A Small Boy Smiling*.

When I first read Sarah's words I felt my story had been truly validated, and this was an important moment of healing for me.

If you are, like me, a survivor of abuse I do hope my story might offer some hope and encouragement on your own Healing journey. It has been hugely important to know that I am not alone, and that there are professional therapists, organisations, charities and voluntary groups offering support.

*A Small Boy Smiling* also covers my alcoholism and my recovery in Alcoholics Anonymous; my search for spiritual truth in India and Brazil; my career in the professional theatre; and how I have found a deeper acceptance and peace within myself about the abuse.

I welcome comments and feedback, in particular from fellow survivors, educators and mental health professionals. [Please feel free to contact me.](#)

Thank you,  
Matt Carey

[www.mattcareybooks.com](http://www.mattcareybooks.com)