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The Things That Women Reclaim:
Healing, Agency, and Meaning-Making in a Sexual and Domestic Violence Survivor
Community in London, England

MA Thesis

A handwritten signature in black ink, appearing to read 'Sameena'.

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Signed digitally 5 Jan
2019

Tallinn 2019

“I hereby confirm that I am the sole author of the thesis submitted. All the works and conceptual viewpoints by other authors that I have used, as well as, data deriving from sources have been appropriately attributed.”

Jennifer M. Greevy

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“The things that women reclaim are often their own voice, their own values, their imagination, their clairvoyance, their stories, their ancient memories. If we go for the deeper, and the darker, and the less known we will touch the bones.”

-Clarissa Pinkola Estés

Chapter 1: Introduction

Abstract

In this thesis I will argue that healing from sexual and domestic violence is a meaning-making process focused on reinstating the agency of the self through the tripartite reconfiguration of its embodiment, cognitive-discursive identity, and relation to the world. I will delineate how the women seeking healing are conceived as liminal beings in between ‘victim’ and ‘survivor’, the process of healing is imagined as a passage through liminality, and ‘the new self’ is the imagined outcome of therapy within the context of the nonprofit center where I did my fieldwork.

This thesis is based on six weeks of participant-observation at a nationally registered charity in London, England that provides practical and emotional support to women who have been affected by sexual and domestic violence. In the second chapter, I make the claim that this charity—referred to from here forth as “the center”—imagines its service-users as in a liminal stage between victim and survivor, with my understanding of liminality arising from the work of anthropologist Victor Turner. Liminality is the ambiguous state of in-between-ness that Turner identified as the middle stage of rites of passage, and I draw a parallel to this concept by showing how the service-users are undergoing a healing ritual within the center. The center conveys this through its design, aesthetics, and therapeutic practices. I argue that the center also tries to offer alternatives for absent or lost homes and kin groups through its aesthetics and practices.

In the third chapter, I argue that the service-users also perceive themselves as engaged in a liminal stage and seek an endpoint to healing in the form of a new, healed self. They seek to achieve this new self by redefining both the terms of their embodiment and their cognitive-discursive identities. I will reference the work of anthropologist Rebecca Seligman to clarify my understanding of the embodied and cognitive-discursive identity as unique but connected parts of the whole self. I argue that the service-users’ proclamations of rebirth are a means to re-empower themselves after suffering from both an existential and bodily trauma, but are

subjective understandings of a specific type of healing that is imagined and enacted within the center.

In the final chapter, I examine how life outside of the center contributes to healing and argue that the healing of the individual self cannot be an isolated or individual endeavor, because of the paramount importance of relationships to well-being. Additionally, I conceptualize the self as being in a constant state of becoming, borrowing from philosopher Martin Heidegger and existential anthropologist Michael Jackson. Because the current self is always built upon a past self, trauma cannot disappear or heal the way a broken bone heals; instead, the trauma must be integrated into a self that is always in flux. Thus, agency is not a subsequent result of a healing process, but is regained through the active decision to seek it. As a result, the process of healing is an ongoing commitment to creating meaning— a life project that cannot truly be said to end but in death or perhaps in cases of extreme despair and retreat. The declaration of a new, healed self is based upon a subjective decision with no objective criteria or basis in a reality besides the one we ourselves construct.

The Origins of Sexual Violence

The nature of healing from sexual and domestic violence is intrinsically linked to the nuances of the phenomenon itself. In order to have a discussion about healing, I will first delineate how sexual and domestic violence has historically been conceived and how the changing definitions of rape and consent have contributed to new modes of healing. I understand healing as a meaning-making process in which the participants aim to reconfigure their understandings of their embodied and cognitive-discursive selves. They must then contend with their selves in the world and their relationships with others in order to further give meaning to their experiences and reclaim their agency. While I believe that this kind of healing may be applicable in other contexts, I argue that it is especially important given the intimate and often shame-inducing nature of sexual and domestic violence, and the well-noted psychological and somatic effects of rape.

The following section acts as an introduction to the general problem, and discusses how the historic normalization of gender violence and problematic legal conceptions of sexual violence contribute to an existential disempowerment following an experience of gender violence. Secondly, it considers how this thesis may do justice to both feminist studies and anthropology and navigates the tension between these disciplines. Thirdly, it discusses my ideological debt to liminality and existentialism in crafting this thesis. Finally, it introduces the ethnographic context and provides information about my fieldwork experience and methodological practices.

Sexual and domestic violence are extremely common, with studies published by the World Health Organization indicating that approximately one in three women worldwide experience physical and/or sexual violence from their partners or non-partner sexual violence in their lifetime (“Violence Against Women” 2017.). Within England and Wales, where the field site is located, approximately 1 in 5 women report experiencing some form of sexual violence (“Rape Statistics” 2017). The modern legalistic definition of rape rests on the conjunction of force and non-consent (Dripps 1992). Additionally, statistics show that upwards of 90% of rape victims are female (“Get Statistics” 2018).

Cross-cultural research has produced similar findings about the proliferation of gender violence. An article published by researchers Mary Koss, Lori Heise, and Nancy Felipe Russo reported that in a study of thirty-five nonindustrial societies, ninety seven percent showed evidence of normative rape, or “structured ways of sexually abusing women that did not violate social norms” (1994: 516). Normative rape contrasts with what Koss and her colleagues have classified non-normative rape: a type of sexual assault with specific parameters, including that the perpetrator be unknown to the victim and the woman be of good character or status (1994). The study found non-normative rape to be present in sixty three percent of the societies. The distinction between non-normative and normative rape is made by Koss and her colleagues to highlight problematic social views that often complicate healing from sexual violence. These views place sexual assaults into a hierarchy of wrongness and de-legitimize some of the most ubiquitous types of sexual assault, including marital rape and acquaintance rape. In addition, they perpetuate a system that punishes women who

engage in behaviors seen as antithetical to what a “good” woman would do, and suggests that these women do not have a right to freedom from sexual violence.

In order to understand where these views come from, I want to draw attention to the historic normalization of gender violence and the enduring legacy of this normalization and oppression, which is present in the legal system today. The exact origins of gender violence are unknown, but sexual violence emerges as a theme in literature as early as the fourth millennium B.C. According to Alhena Gadotti, “clear descriptions of rape are found in two Sumerian literary compositions: ‘Enki and Ninhursaga,’ where Enki rapes three of his daughters, and ‘Inana and Sukaletuda,’ in which the goddess Inana is raped by Sukaletud” (2009: 74). Beyond signaling the presence of sexual violence in ancient societies, these myths communicate that rapes were already perceived as having varying degrees of wrongness and that victims of rape were assessed for certain qualities to determine the extent of the wrong. Gadotti explains that in these stories the social status of both the perpetrator and the victim affected how the attack was punished (Ibid 2009).

The use of stealth and deception is also present in the narrative of Inana and Sukaletuda, suggesting that they emerged very early as a tactic used in coercing women into sex (Gadotti 2009: 80). In Inana and Sukaletuda, Inana is raped while she is sleeping. Today, issues surrounding whether consent can be given while a person is unconscious have abounded in public discourse. One such case that caused public outrage in the United States was the Brock Turner case, in which nineteen-year-old Brock Turner served three months in jail for sexually assaulting an unconscious woman behind a dumpster after a party (Hauser 2018: n.p.). Although Turner’s sentence was seen by many people as not harsh enough, I believe that it is actually a testament to changing notions of consent that he served jail time at all.

According to Gethin Rees, typologies of rape continue to exist and are considered to be of varying degrees of legitimacy. He calls the most socially and legally legitimized form of rape, quite frankly, ‘real rape,’ which “typically involves an unsuspecting woman being attacked by a stranger, in an outdoor location at night, with the stranger employing force or a threat of force (with the use of a weapon) and the victim offering active resistance” (2010: 372). Although that definition matches Brock Turner’s actions nearly exactly, the victim’s

unconsciousness and the fact that force took a route other than brandishing a weapon or threatening physical harm somehow raised questions about the rape's legitimacy, because unconsciousness does not equal lack of consent in all contexts in the modern world today. For example, an Oklahoma court ruled that oral sex with an unconscious person was not rape in 2016 (Redden 2016: n.p.). The contemporary legal definition of rape tends to rest on the conjunction of force and non-consent (Dripps 1992, Malm 1996), with England adopting non-consensual sex as its legal definition of rape in 2003 (Rees 2010). The inclusion of force in legal definitions up until recent times is notable because it points to how violence against women was viewed historically. 'Real' rape, it seems, was seen as something that was rooted in physical violence. While physical violence can and is included in sexually violent acts, what is more at stake today is the issue of consent. This directly addresses agency, and clearly roots a woman's right to choose to engage in sexual intercourse in a discussion about rape.

Instances of sexual violence in ancient literature that highlight the importance of the literal aspect of violence can be found in the Hebrew Bible, which is estimated to have been written from 1400 to 450 B.C. ("When Was the Bible Written?" n.p.). In his book, *Configurations of Rape in the Hebrew Bible: A Literary Analysis of Three Rape Narratives*, Frank Yamada identifies three instances of rape found in the Hebrew Bible: the rape of Dinah in Genesis 34, the rape of an unidentified concubine in Judges 19, and the rape of David's daughter, Tamar in 2 Samuel 13. As explained by Yamada, each rape narrative follows a similar trajectory: excessive male violence leading to social fragmentation following the rapes (Ibid 2008: 2), including one story in which a violent sexual assault ignites a civil war. The presence of these narratives in the Hebrew Bible and their function as a destabilizing force within society not only suggest the continued existence of rape and sexual violence during this time period, but that sexual violence was seen as a social problem connected to violence as opposed to an individual trauma or attack against a woman's agency.

The mythology produced in ancient Greek and Roman civilizations further demonstrate that sexual violence was likely common in some of the earliest known human societies. Classical mythology "offers us a prodigious...abundance of narratives that recount the violent appropriations (or attempts at appropriations) of females by males" (Zeitlin 1986: 122).

According to Zeitlin, themes of sexual violence enacted by gods upon mortals emerge in Greek mythology around the fifth century B.C. (Ibid 1986). Zeitlin suggests that “this show of sexual energy” might be indicative of concerns about real-world human sexuality, despite being delegated to the realm of metaphor and mythology (Ibid 1986: 129). Many stories depicting rape are found in Greek mythology, including the well-known myth of Persephone; in these myths, deception is often used as a coercive strategy (Zeitlin: 1986). For Zeitlin, the prevalence of rape narratives in Greek mythology points to problematic conclusions regarding sexual violence: “the repertory of Greek myth leaves us in no doubt that the female body is vulnerable to sexual assault” (Zeitlin 1986: 122-123).

Ancient Rome provides similar information regarding sexual violence in classical mythology. It also points to how being raped could actually corrupt a women’s status. According to Nghiem Nguyen, “the origins of Roman marriage actually began with the collective *raptus* of the Sabine women” (2006: 81-82). He explains:

“After the Sabine women’s fathers refused to grant marriage rights to the new Roman community, the Romans collectively abducted and raped the Sabine women. Afterwards, the Sabine women pleaded with their fathers to recognize the abductors as their new husbands, thus establishing the 41 roots of Roman marriage and the continuation of the Roman race” (Nguyen 82).

The presence of sexual violence in ancient literature points to its existence during this time period. Furthermore, it points to how modern legal and social perceptions of sexual violence emerged from a troubling legacy of assessing victims of sexual violence for moral character, deeming the marriage of the rapist and its victim a suitable outcome, and the emergence of deception and coercion as a tactic for inflicting sexual violence. Most importantly, these myths indicate that rape was not recognized as an affront against a person’s agency, and roots rape in violence, not lack of consent. According to legal theorist Donald Dripps, “Roman law made rape a crime, but did not understand the offense simply as an assault against woman as an individual” (Dripps 1992: 1781).. This collective lack of recognition as women as individuals with agency is the beginning of a long legacy of social and legal biases against victims of sexual violence, which I will argue complicates the healing process by

communicating to victims that their distress is unfounded or misplaced. Within the context of the center, I will show how the reclaiming of agency is especially important to the service-users embarking on healing projects, and I will link it to the historic normalization of sexual violence and the still ongoing awakening to the issue of consent—and not just force—when understanding rape.

The literature discussed above represents probable views on sexual violence in ancient societies. These views proliferated up until the 20th century in many places. According to Koss and her colleagues:

“For the first few thousand years in the development of Western civilization, the crime of rape appears to have consisted of defilement of a virgin...Still in Peru, the penalty for rape decreases as the victim gets older and drops to virtually no punishment for raping a mature woman (Human Rights Watch, 1992a). In Guatemala, Peru, and Chile, the law specifically exonerates a man who rapes a minor if he agrees to marry her and this legitimizes the union (Heise et al., 1993” (1994: 512).

Sexual violence continues to be viewed as something that is wrong depending on context—and on the status of the victim. According to Dripps, “every society has punished rape, but only to the end of reinforcing the interests of males in controlling sexual access to females” (1992: 1780-1781). Historically, in the event that violence against women was seen as a social wrong, it was seen as a wrong is actually conceived as being perpetrated upon a male—the woman’s father or husband. Society has largely failed to theorize sexual violence from the perspective of the trauma inflicted on the victim and has failed to deeply consider how to support her as an individual.

The struggle for public recognition of sexual violence as both a social and individual wrong continues today, although it has taken different iterations. The moral and legal judgment of modern instances of sexual violence is still tied to a women’s status, but this status is often evaluated differently. A rape trial often examines a woman’s sexual history, tendency to drink alcohol, and even her choice of clothing when evaluating the case (Ellison and Munro 2009)

—again bringing forth the notion that some women are deserving of being sexually attacked. As I demonstrated earlier, normative rape is much more common than non-normative rape. This once again shows that for an instance of sexual violence to be considered wrong both within a social and legal context, it must occur in a way that is not true to most experiences of sexual violence. Statistics have shown that most victims know their attackers (Goetting 1989). With notions of rape that is ‘real’ versus that which is not permeating society, there has clearly been a failure within public discourse to acknowledge women’s agency and right to freedom from sexual violence—no matter their status or the context in which it occurs. As a result, healing from sexual violence often involves an additional measure of understanding and acknowledging one’s own agency in a world where it is often not recognized, and this understanding was present within the nonprofit center where I did my fieldwork and demonstrated through its aesthetics and practices, a notion I will unpack in chapter two.

Feminism, Anthropology, and the ‘Suffering Subject’

The study of sexual violence within feminist and gender studies emerged in the 1970s (Bourke 2012). The trauma model was developed in the 1970s by second-wave feminists (Bourke 2012, Mardorossian 2002) and sought to bring attention to the issue of sexual violence. I will briefly describe this ideological materialization in order to explain how my own views on healing from sexual violence emerged.

The long-term effects of sexual violence cover a range of psychological and somatic maladies, including mental health problems such as depression and anxiety, intrusive memories, and other issues related to physical and reproductive health (Koss et al. 1994). However, with the exception of physical trauma, the wounds caused by an experience of sexual violence were more or less ignored until the 1960s (Bourke 2012). Although intense fear was recognized by medical professionals as having the potential to disrupt a person’s nervous system across a variety of events as early as the 1880s, these findings were not applied to sexual violence. The first substantial study on the effects of rape, published in

1970, came up with the term rape trauma syndrome to describe the victim's stressful reaction to such an event (Bourke 2012).

The second wave feminist movement of the 1970s proved to be instrumental in reconceptualizing the psychological effects of rape (Bourke 2010, Mardorossian 2002). According to Bourke:

“In stark contrast to the earlier period in which psychological trauma was simply not seen as relevant, from the 1970s sexual assault was widely agreed to be *exceptionally* traumatic, with some feminist therapists going so far as to argue that *all* women were suffering from post-traumatic stress disorder or ‘insidious trauma’” (Ibid 2012: 27, emphasis in original).

I agree with Bourke's implication that the well-meaning conviction that sexual violence was always traumatic during early feminist movements may have concealed the nuances of trauma and healing and established that particular responses to rape were appropriate. In fact, a wide variety of responses may occur. As Mary Koss and her colleagues have noted, most studies on the effects of rape occur in a Western context with women who experience a single instance of sexual violence, and the existence of other traumas or ongoing sexual assault might further complicate symptoms or impede healing (Ibid 1994).

As a result of reading these views and participating in events at the center, I came to believe that healing from sexual and domestic violence is unlike healing from a medical condition or physical wound. If I fall on the pavement, I get a cut or bruise, just like everyone else, although the severity will depend on the exact fall. Moreover, I know how to treat a cut or bruise—with antibiotic ointment and a plaster—and I know that in a few days or weeks the cut or bruise will be gone. When a person is attacked in such a physical and intimate way, the path to healing is not as clear. This is especially so because each person brings a distinct past—likely littered with other traumas and betrayals—with them into recovery. They also have different futures before them: some are single mothers, others are teenagers, and everything in between and beyond. Some have been attacked by a family member or loved

one; others by a complete stranger. These different factors should affect the healing process the same way the severity of a fall affects the cut or bruise. How high you fall, and what you hit when you come down have every bit to do with recovery as the ointment and plaster do.

This thesis is as an attempt to synthesize feminist thought with anthropological methods and paradigms, and an overview of this tension is in order. The disciplines of anthropology and feminism seemed to meet in the early 1970s, when feminist thought began to criticize the male bias allegedly present in anthropology (Strathern 1987). Since then, feminist anthropology has sought to do work about women, by women; yet Strathern contends that this work suffers from being sectioned off as gender analysis (Ibid 1987). Feminism and anthropology have had both struggles as well as commonalities. Gender and kinship have been central themes in early anthropological projects (Strathern 1987). Yet, while feminist studies “place women as the center, as subjects of inquiry and as active agents in the gathering of knowledge” (Stacey and Thorne qtd. in Strathern 1987: 277) anthropologists “have stressed that what happens to women cannot be comprehended unless we look at what happens to men and women” (Ibid 1987, 278). This tension is clearly present in feminist anthropology, and in this thesis. In this thesis, I have aimed to present women as agents of their own recovery in solidarity with feminist thought. At the same time, I use anthropological paradigms, methods, and views on the world—which may very well be rooted, for the most part, in male authorship and thought.

Although it is tempting to see sexual violence as a “women’s problem,” it is important to note that men can and do get raped, although it is much more rare.¹ Nevertheless, this thesis remains about cisgender women because the fieldwork site is only open to women who have been victims of sexual and domestic violence. Sexual violence is, in fact, a *social* problem and an expression of imbalanced power relations (Mardorossian 2002). Therefore, this thesis is both feminist and anthropological in nature, and tries to bring the strengths of both disciplines together. According to Strathern, “feminist scholarship sees itself as challenging stereotypes that misrepresent women’s experiences” (1987: 287). This thesis challenges the

¹ In the United States, statistics report that “91% of victims of rape and sexual assault are female, and nine percent are male” (“Get Statistics” 2018).

stereotype of the inactive, passive, acted-upon woman; the women in this ethnography show, time and time again, that they are agents of their own recovery. However, another tension emerges when we consider how feminism and anthropology differ on the Other. The creation of the feminist self relies on a *nonfeminist* Other; in anthropology, the Other exists but must not be attacked (Strathern 1987). To navigate this tension, I rely on the work of the feminist existentialist Simone de Beauvoir. Her work, *The Second Sex*, was monumental in introducing the idea that one's existence could be affected by gender—before her, most existentialists were men. Her work asserts that women, like men, have existential concerns and that all of the circumstances of one's life—status, class, etc.—affect these concerns. Indeed, gender has been tied to status historically and it is important to highlight that men and women often lead very different kinds of existences. By paying homage to this idea, I do not endeavor to classify men as the 'enemy' or the nonfeminist 'Other', but rather show that existence cannot be separated from gender, for better or for worse.

Although I have attempted to stay away from classifying men as the Other, there is another anthropological elephant in the room to contend with: my 'suffering' informants. The anthropologist Joel Robbins noted that the anthropological 'Other' has been gradually replaced since the 1990s by a new trope: the suffering subject (Ibid 2013). It might be that victims of sexual violence could be placed in this category. However, my goal is not to paint my informants as such, but rather to illustrate the nuances of the healing process and the authenticity of suffering—a reality for all people at some point. According to Robbins, the Other's conceptual successor—the suffering subject—differs from it in that it may lead us “towards an anthropology of the good” (Ibid 2013: 457). Robbins's view is that the anthropology of suffering communicates something important: that there are better ways to live (Ibid 2013). However, an anthropology of the good focuses on the flipside of suffering, or in another words, things that may transcend it: concepts such as empathy, well-being, and care (Ibid 2013). In this thesis, I seek to concentrate on those concepts, and to offer possible pathways to healing. Moreover, my thesis contributes to the understanding of what needs to be healed, which may help facilitate healing. Thus, I aimed not to be another anthropologist embarking on an ethnography of suffering but rather to examine the healing subject, who

embarks on a healing journey on their own terms and has the power to create meaning for themselves, while being supported by the center.

Liminality and Existential Anthropology

This thesis is mainly theoretically inspired by two anthropologists: Victor Turner and Michael Jackson. Victor Turner's theory of liminality helped me conceptualize the ambiguous status of the service-users at the center and gave me a roadmap to understanding processual events. Turner's work examined the liminal stage or the in-between stage of rituals in indigenous societies, in which the participants were in-between a past and future status. The present moment, then, or the liminal stage is defined by these twin pillars: past and future. Due to the uncertainty of the future, people engaged in a liminal stage have a difficult time defining who they are. According to Turner, they also tended to develop camaraderie or friendship with those engaged in the liminal stage with them. I saw parallels to this at the center. The service-users there expressed a desire for some kind of 'better' future: a future without fear, depression, anxiety, financial problems, unemployment, or whatever it might be for each individual. They also were, clearly, still in thrall to their past, communicated by the very fact that they were visiting a center designed to provide therapeutic help to victims of sexual and domestic violence. Finally, they saw each other as "sisters in recovery." I began to see the service-users as "betwixt and between" *a la* Victor Turner. Although they were not engaged in a ritual in the traditional anthropological sense, they were engaged in a process that asked them to go from a past self to a future one: a process that called for them to heal. Healing often took the form of public performances or artistic renderings of the inner self, in a public film premiere and the proliferation of art therapy workshops at the center, respectively. The healing I witnessed seemed to me to go beyond stitching up an open wound and deeming the wound healed. Rather, the service-users were asked to re-open their wounds, crawl around inside them, try to understand what made the wound so deep or so wide, name their wounds, and perhaps decide to live with their wounds forever.

It was at this point that Michael Jackson became of great assistance to this thesis. He has written extensively about the self and its constituents, and has theorized, along traditional existentialist lines, that selfhood is always in flux. In his book *The Palm at the End of the Mind: Relatedness, Religiosity, and the Real*, Jackson discusses how a person who wishes to be reborn must contend with the death of a former self; and yet, this crossing into a new self and new world is tied to a fantasy that who one has been can somehow be erased completely—eclipsed, as it were, by darkness. He evokes the image of a penumbral “with its connotations of a phenomenologically indeterminate zone, ‘between regions of complete shadow and complete illumination’” (Ibid 2009: xii) to illustrate the difficulties in defining these experiences. These ideas echo Turner’s in that the both contend that somehow, a person may experience a multitude of existences within one lifetime. Additionally, both Turner and Jackson express that the metaphorical crossing from an old self into a new self is a time marked by confusion and ambiguity. I saw the service-users path toward healing as one that was also confusing, ambiguous, and difficult, as what they were trying to heal is the ‘self’. The healing of something so complex, temporal, and invisible cannot be separated from the reclaiming of agency, especially when, as I have already shown, public discourse often centers on why women are not entitled to it in the first place. In *The Politics of Storytelling*, Jackson writes:

“This oscillation between being an actor and being acted upon is felt in every human encounter, and intersubjective life involves an ongoing struggle to negotiate, reconcile, balance, or mediate these antithetical potentialities of being, such that *no one person or group ever arrogates agency so completely and permanently to itself that another is reduced to the status of a mere thing*, a cipher, an object, an anonymous creature of blind fate” (Ibid 2002: 13, emphasis added).

In my view, sexual violence certainly reduces a person “to the status of a mere thing”. The victim of sexual assault is treated like an object with no sentient concerns. The perpetrator acts with no regard for the person’s wishes as to how their body is treated. Therefore, I consider sexual violence an attack on agency. However, I note that that the victim and survivor binary opposition, which suggests that only survivors succeed in reclaiming this

agency, is problematic in that it denies that a person may reclaim their agency without being fully healed. Healing, to me, is not the successful completion of a set of actions or a checklist of new characteristics attained. It is an ongoing process of meaning-making that relies on a person's ability to transcend notions of victim- and survivor-hood and the idea that who they are is only past and future bound. The center provides the service-users with a range of messages about how they have been victimized and must heal. The world at large sends conflicting messages about victimization, agency, and the right to freedom from sexual violence. Ultimately, it is the person in recovery who must choose for herself what things from the past she wants to take with her, and what things she might want to leave behind. It doesn't mean the past can be erased and that the new self that is awaiting you has no ties to the past. That self doesn't exist; but what does exist is the possibility that agency can be reclaimed in the action of defining who you are, what your life has meant, and where you want to go from there in a way that rings true for you. I discuss how meaning is created through various activities at the center, including mediation, art activities, and mental health groups, as the service-users undergo a passage through liminality in chapter three and consider the potential endpoint of healing—the postliminal world—in chapter four.

On Methods

The fieldwork related to my Master's thesis was undertaken in October and November 2017 in London, England. I had decided to research violence against women after becoming interested in how anthropological thought could participate in feminist conversations. However, as I did preliminary research on my topic, including the history and cross-cultural nature of sexual violence, psychological and somatic effects of sexual violence, and legal definitions of sexual assault and its societal implications, I found myself most interested in how ethnography could contribute to a discussion on healing. I wanted to know if and how women could recover from what I will argue in this thesis is both an existential and physical trauma. More broadly, I was interested in the concept of self-transformation and states of liminality—concepts that would suit a number of thesis topics and acted as anthropological guidelines throughout the collection and analysis of ethnographic information. I wanted to

understand how healing from trauma was understood by those on this journey, but it was also clear that gaining this kind of understanding would require a specific fieldwork site that might be difficult to access—not only in terms of physical location, but in the fact that sexual violence is an intimate topic.

In his 2009 book, *The Palm at the End of the Mind: Relatedness, Religiosity, and the Real*, the anthropologist Michael Jackson wrote: “Understanding others requires more than an intellectual movement from one's own position to theirs; it involves physical upheaval, psychological turmoil, and moral confusion” (Ibid 233). In other words, Jackson builds on anthropology's reflexive traditions and posits that understanding another requires one to understand itself; or at least, to engage with one's self as it dances between its own vantage point and that of its informants. This is not an easy task, and is certainly one of most personally challenging methods one could have chosen to use to write a Master's thesis.

I don't know if I will ever be able to declare that I *completely* understand myself—and I am unsure if any sane person could or should—but after embarking on six weeks of fieldwork for this thesis, I certainly understood Jackson's statement. While I was not a client in the center, acting as a therapeutic subject within the context of participant-observations helped me examine my own life history, past traumas, and personal trajectory.

While I arrived at my field site in November 2017, preparations began long before, and the path to and through the field was certainly marked with challenged. The sensitive and intimate nature of my topic contributed to the difficulties I encountered before and during my fieldwork, including access, privacy, and reflexivity issues. Due to these issues, which will be outlined in greater detail in the upcoming sections, I was required to be particularly flexible and empathetic while in the field. I believe that my flexible approach was ultimately an asset to me during my research, as I experienced an intensity in my thoughts and emotions that allowed me to connect ideas and events in a more creative way than I might have had I stuck to a rigid and impersonal research plan.

Coincidentally, a major sexual assault and harassment scandal, commonly termed the #MeToomovement, within the United States film and media industries erupted while I was

conducting fieldwork. It seemed clear that this research was timely and important, and that notions of consent and sexual assault were shifting throughout the world.

As my home country of the United States grappled with sensational stories of assault and harassment by powerful and famous men upon powerful and famous women, I attended workshops and events with a group of women living in the Islington borough of London, all of whom had experienced sexual and/or domestic violence. These were women who were struggling with (often single) motherhood, financial and work demands, and deep emotional and physical wounds. These were women who had come to regard each other as sisters in recovery, and who relied on the center for varied kinds of practical and emotional support as they put their lives back together. These were women who were not on any magazine covers or television screens in the fall of 2017. As fieldwork carried on, I became increasingly aware that my methodology and eventual thesis would rely upon my ability to be acutely present and eventually do justice to the intense and humbling experience of participating in processes of recovery alongside these women by honoring their voices, protecting their privacy, and linking the local to the global to delineate the gravity of the topic.

The following sections pertain to the three major areas that were complex and difficult to navigate at times during my fieldwork. I will begin by explaining how I prepared for fieldwork and negotiated access to the women's center. I will then discuss how the topic's sensitive nature required that I was especially respectful and cognizant of boundaries, ethics, and privacy, and had to often rely on my own judgment as the correct course of action was sometimes ambiguous and required careful consideration of the specific context at hand. Finally, I will consider how navigating 'reflexivity', often prized as a post-modern anthropological method, was more challenging than I anticipated.

Access

The initial issue I encountered was gaining access to a center providing therapeutic services to women who had experience gender violence. I began contacting centers in England, Ireland, and the United States in the late winter and early spring of 2017 and was told by most that

they did not permit the collection of research on their grounds. Eventually, I got a positive response from a nationally registered charity in London, England, that had a number of different centers and provided a wide range of services from crisis services, housing, legal advice, and therapeutic services. I focused on a therapeutic service that had an open call for volunteers to run workshops of their choice. From there I went through a formal application process to become a volunteer leader of a creative writing workshop, including a written application, in-person interview in June 2017, and the completion of a background check. The director and I agreed that I would run a therapeutic creative writing group for six weeks in October and November—a development I was thrilled by.

However, I hit a roadblock in August 2017 when I was unable to secure a volunteer visa to enter the U.K., partly as a result of my own lack of knowledge and short-sightedness. As a result, I needed to alter my methodological plan, and fast—not to mention my potential travel plans. After some panicking and frantic searching for Plan B's, it occurred to me to simply ask the director with whom I had met with if I could still come as an observer. The director agreed to let me participate in several therapeutic groups instead of running one, in order for me to enter the U.K. as a tourist and not a volunteer.

This change in course would prove to drastically alter the fieldwork experience that I had—suddenly, I was in the passenger seat instead of the driver's seat. It also broadened my fieldwork experience, as I observed a variety of therapeutic groups as opposed to being the leader of only one. As I began participating in therapeutic groups and meeting the women utilizing the center, attending workshops alongside of them instead of directing a workshop as a volunteer, I began to feel that the change in direction had been fortuitous. It afforded me the opportunity to look at healing from a different angle, and perhaps, to get closer to the kind of understanding I was seeking. It also likely contributed to my decision to adopt a humanistic methodology in approaching the women at the center, in the sense of using one's own subjectivity to understand another's experience (Bernard 1998: 16). Because I was participating alongside my informants, I could gain insight into healing from the way I reacted to workshops, such as feeling body pain after meditation sessions, which led me to consider how both the embodiment of trauma and ideas about 'body' healing through energy release; and seeing how group workshops such as the "Stress Less" Group I attended at once allow for

the dissemination of practical information and as a place where people can speak about collective experiences. In the same humanistic vein, I let relationships develop organically and while I gained general information from the totality of my experiences of the center, I only collected detailed information from one woman who felt comfortable enough to share such private information with me. I could see and feel as a participant that healing is meant to be on one's own terms and at one's own pace and I was unwilling to pry into their lives for the sake of my thesis.

Due to the difficulty of gaining access to a women's center, I was only able to conduct fieldwork for six weeks, the original timeframe of the workshop I was going to run. I feel that more time there would have been preferable, but the groups were ending in advance of the holiday season and access to the center was highly monitored. I later learned that participation in groups typically mandated that one be a resident of a specific London borough, which I was not. Thus it seems that the director was incredibly accommodating in being able to offer me the access that she did. However, a topic that is so intimate and sensitive would benefit from increased time in the field in order to build more and stronger personal relationships, and to see how different clients engage with similar therapeutic modalities in heterogeneous ways.

Privacy & Ethics

The women's center where I did my fieldwork is located in an unmarked building and entrances are monitored by the staff. Due to the nature of their work, the center takes these precautions in order to ensure that the service-users are safe and their privacy is maintained. While conducting fieldwork, I struggled with how I could write a rich, detailed ethnography and respect the center and the service-users' privacy. I decided that I would change the name of the center and all of the people involved. All other details, as long as they were not identifying characteristics, would remain true to life. In addition to needing to respect the service-users' privacy, I needed to obtain information ethically, as well. The American Anthropology Association identifies seven major ethical guidelines in carrying out fieldwork: do no harm, be open and honest regarding your work, obtain informed consent and necessary

permissions, weigh competing ethical obligations, make your results accessible, protect and preserve your records, and maintain respectful and ethical professional relationships. I honored these by being attaining permission to do research before beginning, being open about being a researcher in all situations, and conducting interviews on a voluntary basis.

Still, it was difficult at times to know what exactly the right thing to do was; for example, I would typically introduce myself as a researcher before a workshop began, but did not stand up in the middle of them to re-introduce myself when service-users came in late. I strove to create a “balance of privacy, compassion, and scientific inquiry” as recommended by Heather Hlavka et. al (2007: 915) and accurately represent my subjects and their voices in accordance with principles put forth by Heather Hlavka and Sameena Mulla (2011). In their article *Gendered Violence and the Ethics of Social Science Research*, Hlavka and Mulla argued for the practice of care ethics, which in contrast to virtue ethics, is an affective and empathetic ethical orientation as opposed to a principled and rigid one. According to Hlavka and Mulla, “shifting focus away from a hierarchical, detached and objective relationship to one of virtue, care and connectedness requires flexibility” (Ibid 2011: 13). This was particularly apparent during one moment in the field. I had left flyers in the center inviting service-users to email me if they were interested in participating in a semi-structured interview with me regarding their experiences. I was disappointed when I did not receive any responses. However, one service-user had volunteered in-person to be a part of my research, and my time spent with her was emotional, insightful, and in my opinion important enough to stand alone as a single chapter of my thesis. I had intended to collect more in-depth interviews, but was also unwilling to blur the lines between voluntary or involuntary consent or even unintentionally revictimize a person, as Hlavka has suggested is possible when conducting research with vulnerable populations (2007). In that situation, flexibility and empathy went hand in hand. I was required to be flexible with my original methodological plan, which was to include a larger quantity of informants; however, because I was committed to having empathetic and connected conversations as opposed to impersonal interviews, the quality of the information I learned from a single informant proved to be a rich story in itself.

I was initially concerned that a humanistic and empathetic methodology could be seen as sacrificing scientific inquiry, but decided upon pursuing such a methodology in line with

several anthropologists who have advocated for conducting participant-observation in this way. According to Kathleen and Billie DeWalt, one of the main goals of participant-observation is “creating self-conscious empathy for the lived experience of people in another culture” (Bernard 1998: 23). This goal resonated with me as prepared to leave for London and begin fieldwork. I was concerned that I could not do justice to such a serious and important issue in such a localized context, and in only six weeks. The night before I left for England, I spent time with some friends and discussed these concerns. I realized that I must treat my informants as ethically and empathetically as possible, just as I try to do for others in my daily life. Thus, I strove to be open to what I experienced at the center, be present and attentive, and empathetic to others’ situations—even when it was emotionally difficult—in order to adhere to ethics as well as generate a deeper understanding. I think adopting this kind of positioning was right for me personally, while also providing a rich fount of knowledge through which I have developed the concepts I have tried to understand and put forth in this thesis.

Reflexivity

During my fieldwork, I experienced a lot of emotions and thoughts that had to do with past personal experiences of mine. In a sense, I didn’t know what to do with them. It was the psychological turmoil and moral confusion that Jackson had identified—but was it science? Did it have any place in my ethnography? Did I want it to?

In *Being There*, a guide to doing anthropological fieldwork, Cris Shore notes that that most anthropologists “hide who we are and the roles we play in our research when writing for our professional colleagues” (Armstrong qtd. in Waston 1999: 27). This might stem partly from the legacy of anthropology as a discipline that is outward-looking—into society, kinship, culture—as opposed to inward-looking. Reflexivity has become more commonplace in anthropological texts, but anthropology is still a discipline mainly focused on creating knowledge about the lived experiences of others. I also suspect that many anthropologists—myself included—prefer to do their research at a distance, especially when studying such

fraught aspects of human life; to engage on an emotional life is undoubtedly more difficult and distressing.

Yet I could not separate myself from the research. What I was learning had to do with my physical and mental participation in workshops and events and the relationships I was forming. I realized that to take myself out of the project would be to lose the emotional and affective qualities of the research. If I took myself out of the project, the thesis would just be an explanation of ‘facts’. I subscribe to the post-modern view that anthropologists can only get *dans le vrai*—near the truth (Rabinow qtd. in Clifford and Marcus 1986: 247)—and agree that truth is subjective. Therefore, my view on reflexivity is that it must be considered when trying to construct anthropological knowledge, which will never be an objective, ultimate Truth.

This thesis does refer to personal experiences of mine, but only when they add to the narrative or offer insight into how I built an argument from my ethnographic research. I sought to remove any part of me from the text that was irrelevant and also decided to maintain a certain amount of privacy; something the center certainly taught me was that healing should be done on one’s own terms. The thesis remains about the center and its service-users, not myself. Yet, ethnography without reflexivity is a bit dull and often hinders understanding; moreover, due to the participatory nature of my research, to take myself out of the ethnography would be strange and confusing. As such, when I make assertions about the therapeutic process of the subjects of this process, my own experiences as a group participant inform my analysis. I sought to understand my informants and myself through our relationships, and healing through people’s relations with the world. In this way, the thesis is both reflexive and very focused on a specific, local experience at which I am not the center.

Conclusion

In this thesis, I will argue that the healing process is imagined as an attempt to transcend a tripartite separation co-occurring with an imagined entrance into liminality: the service-users experience a separation from the body, the self, and from the world. The journey to healing is

organized around rectifying these fractures. Firstly, the body is addressed in the sense that it is a site of memories, and the embodied subject experiences consequences just as the cognitive subject or self does. This ‘embodied memory’ reveals itself through the psychological or somatic distress that many victims of sexual violence experience, including intrusive memories, attempts to avoid reminders of the trauma, depression, suicide and homicide, chronic illness, and reproductive health problems (Koss et al. 1994). The question of how the healing of the ‘embodied memory’ of the attack is enacted is explored ethnographically in my participation in a weekly meditation workshop. Similarly, the cognitive-discursive self is affected. According to Cathy Winkler, an anthropologist writing about her own experiences of sexual assault and recovery: “trauma surfaces as a feeling of separation between the mind and the body” (qtd. in Csordas 2003: 248). This separation contributes to a dissociative feeling that makes the reconfiguration of the body and cognitive self crucial to reclaiming agency and achieving healing through creating meaning. Many women in recovery voiced a feeling of ‘losing’ their selves, in reference to their understandings of their selves, their personalities, and past behavior or lifestyles. I analyze how the process of healing addresses this through workshops focused on rediscovering this ‘self’ and the service-users’ own affirmations of reclaimed selfhood. The reliance on self-determined and survivor-led healing work is a general trend in this therapeutic context, and addresses this loss of control by allowing clients to determine how the therapeutic work will proceed and what meaning they will create.

In the wake of trauma, I argue that the therapeutic model at the center operates under the assumption that service users have been separated from their mind and body as a result of trauma and are seeking to reintegrate them to become “whole”. In their fragmentedness, they often refrain from engaging with the world. The final section of this thesis will examine the suggested modes of incorporation into the postliminal world. This chapter relies heavily on a case study of the one service-user with whom I developed a deep relationship that allowed me to bridge the space of the center with her life beyond its walls. I also note that there is risk associated with liminality, because the outcome is uncertain (Thomassen 2009). In the center, healing is promised—but is it always delivered? In this ethnographic study, I consider this question while detailing a six-week immersion into the culture and practices of the center and examining how the center utilizes therapies to re-configure the embodied and cognitive-

discursive self and how this is a meaning-making project. Finally, I problematize whether healing can be accomplished through one's individual mediation on the trauma and eventual transcending of their perceived in-betweenness or liminality, and argue that healing from trauma and a liminal persona's re-integration into society must be linked to the Heideggerian concept of being-in-the-world.

My original plan for fieldwork was to conduct a six-week creative writing, therapeutic workshop for women who had experienced sexual and/or domestic violence. This plan was thwarted by bureaucratic issues and ultimately resigned me to standing next to the women utilizing the center's services, instead of in front of them. During fieldwork, I definitely thought a lot about my own experiences as a woman, but I was struck at how easy it actually was to be empathetic. The women I met and interacted with all exhibited a quiet strength and a commitment to bettering themselves, even when what had made them worse off hadn't been their fault. Their strivings to heal, articulate their experiences, and ultimately make new lives for themselves allowed me to go deeper inside myself and examine my own fears and traumas, as varied as they might be. We all have had things in our lives hurt us; we have all experienced loss and confusion. The center taught me that needing to heal does not mean you are broken or weak but rather you are brave enough to examine yourself at a very deep level. In this specific context, I continued to learn about the nature of gender violence and how the construction of a woman-only space allowed for the service-users to heal in a safe way. From there I came to see that this specific type of healing was a reflection of a liminal state marked by a separation from society as well as by a certain existential risk. By viewing my informants as on a path towards a new self, I got to go on a very special and unforgettable journey myself. This thesis is an exploration of the paths we take, the traumas that do not have to define us, and the way our relationships and relation with the world contribute to healing and the formation of a new self.

CHAPTER 2: The Center as a Preliminal Place

Introduction

In this chapter, I argue that the center marks the world from which its clients come and the healed self that they anticipate attaining through its décor, mood, tone and decoration. In short, the center juxtaposes the phases and shifts between “victim” and “survivor.” Theoretically, I will examine how the notions of “victim” and “survivor” are constructed by the physical constituents of the space: how the décor, posters on the wall advertising support groups, crisis help lines, women’s Zumba classes (among other things), and art from workshops serve at once to acknowledge a sense of victimhood and to invite the centers’ service-users to empower themselves and ‘heal.’ I will argue that the center is configured to be a ‘healing space’ and acknowledges that healing is a process. Additionally, it signals to the women—who upon entering the center enter a liminal stage—how healing may be enacted and performed in a way that triggers a new conception of the self. This chapter is about the material realities of the center and how it conveys that the women are passing from a preliminal stage.

As noted in my introduction, the center where I did my fieldwork is only accessible to women. I will discuss how the concept of womanhood plays out within the center², introduce the center as a healing and gendered space, describe its embodied responses to social and legal conceptions of sexual violence, and orient the reader to the ethnographic context while introducing my own embeddedness and entrance into the context.

I argue that the center is configured as a healing place. It also emerges as an alternative to home and offers an alternative kin group for the service-users, many of whom have lost their original kin network after sexual and/or domestic violence. The design and practices of the center also represent an embodied opposition to certain legal and social conceptions of gender violence. As opposed to society’s skepticism about what constitutes ‘real’ rape, the center

² The center advertises itself as a “women only space.” During the time of my fieldwork, there were no transgender women seeking help. As a result, this thesis is limited in scope to violence against cisgender women.

acknowledges and legitimizes sexual violence in all forms and operates according to the feminist belief that sexual and domestic violence results in an individual trauma from which the victim must heal. I argue that these layers that configure place-ness suggest that the center conceives the service-users as liminal beings in need of healing and re-empowerment so that they might move from victim to survivor.

Connect, Connect, Connect: Into the Unknown

I began to feel my own liminality and womanhood from the very moment I physically encountered the field site. It is June 2017, and I am in London to be interviewed for a volunteer position. Acquiring the position, at a nationally registered charity that offers advice, counseling, crisis services, accommodation, and therapeutic services to female victims of sexual and domestic assault and their children, is Fieldwork Plan A for my Social Anthropology Master's thesis. I'm wearing the only nice blouse and slacks I put in my backpack before leaving Tallinn, Estonia, where I attend graduate school. I am en route to my home in the United States for the summer, but the fate of my autumn rests on this interview.

I have chosen London and this center to do research in for a number of pragmatic reasons: I can speak in my native language but still do research in a European context, and the director of the center has already agreed to let me volunteer as part of a research project, allowing my project to be grounded in openness and ethicality—if I pass the interview.

The danger of being rejected for the volunteer position takes up most of my thoughts as the double-decker bus carries me through an unfamiliar city. If I cannot complete my fieldwork at this center, I will have to arrange for something else in a short amount of time; I might even need to change my topic completely. On the other hand, if I am accepted, I will be able to complete fieldwork in the exact context I had been hoping for all this time—a center of healing, where I imagine women who have been affected by gender violence go to create a new self. Although I do not recognize it, the moments leading up to my interview at the center will mark the ending of a pre-fieldwork stage, in which my role as an embedded researcher

was still a future concept and my knowledge of the center limited to a short, virtual correspondence.

My bus comes to a stop. I exit and consult my map. A few short turns leads me to the city block in which the center is located. It is located on a side street that seems to see very little action, nestled between other nondescript buildings. Warehouses dot each side of the block and men with grease on their hands stand outside smoking cigarettes.

The masculine nature of the block—imagined by me due to the presence of men doing physical jobs, and the somewhat quiet and restrained atmosphere of the street—makes me feel strange as I approach the end of the block, keeping my eye out for the correct address. It seems to me to be at odds with a center for women recovering for sexual and domestic violence. I imagined it somewhere in which other stereotypically feminine activities were occurring—perhaps on a block with daycare centers, small shops, and friends chatting in cozy cafes. I realize that this location has probably been chosen not for its distinctly masculine energy, but for its lack of visitors and relative obscurity. It is an indication to me that the woman in recovery might need to be protected from exposure, and perhaps camouflaged in a masculine-dominated society.

The issue of sexual and domestic violence, while certainly bound up in issues of gender, is equally problematic in that it is an act of violence in which individual agency and sexual autonomy is being taken away. The choice of whether we want to be or feel sexual is often taken from women—from being stared at on the street to experiencing sexual violence, the simple fact of a woman's biological sex may lead to a variety of unpleasanties, from uneasiness to trauma. Beyond the realm of violence and danger, I must be a woman in other ways as well. As the revolutionary feminist philosopher Simone de Beauvoir famously pointed out in her work *The Second Sex*, “*On ne naît pas femme: on le devient*”- “One is not born, but rather becomes a woman” (1953). In other words, society imposes a list of restrictions, duties, and qualities upon women, and many of us must navigate these gendered components of existence on a near daily basis.

Fieldwork began properly when I met with Amy³, the director of the center, on a Tuesday morning in October 2017. It was our first meeting since the June interview, which had led to an offer to become a volunteer at her division of the center. The center runs therapeutic workshops for women affected by sexual and domestic violence and is located in another location nearby the center's headquarters, where my interview was held. At the interview, I had been asked about my ideas for a therapeutic workshop. I showed the director a list of poems and possible accompanying activities for a creative writing workshop. Amy expressed excitement and said that art therapy workshops were always popular with the center's service-users. After the initial interview, I went through an additional screening process before being confirmed, which included giving the center two references and submitting an official certificate that stated I had no criminal record in my home city of New York. It became even clearer that the center takes the issue of protecting its service-users very seriously and does not allow people to volunteer there without passing this somewhat extensive screening process. Unfortunately, at the last moment it became obvious that I would not actually be able to volunteer due to visa issues.⁴ I have come to London anyway, hoping to salvage my fieldwork project somehow, and I am meeting with Amy to discuss alternative avenues of access to the center.

I arrive ten minutes late—an inauspicious start—after getting lost on the Underground.⁵ I ring the doorbell and take a deep breath.

Amy opens the door and seems neither particularly happy nor sad to see me; in fact, she seems a little nervous. We sit in the main room and discuss the volunteering fiasco, my research project, and where to go from here.

Despite the fact that the center is only supposed to be open to residents of the London borough of Islington who have been affected by sexual or domestic assault, the director tells

³ All names in this work have been changed to protect anonymity.

⁴ American citizens may enter the U.K. for up to six months at a time without a visa. However, one must be granted a Tier 5-Temporary Worker/Charity Worker- Visa in order to hold any volunteer position. In order to get this visa, the organization must provide a certificate of sponsorship. The center was unwilling to provide me with this certificate for unclear reasons, which led to my inability to gain this visa and enter the U.K. as a volunteer. Therefore, I entered as a tourist/academic researcher, which is allowed.

⁵ London's public transit system, also known as the Tube.

me that she will allow me to join group workshops as a participant and attend other center-related events.

“There’s actually a group that’s having its last meeting right now,” Amy says. “We could go inside and introduce you.”

The group, called “Crochet & Connect,” was set up in conjunction with a mental health organization and aimed to teach participants how to crochet while discussing mental health issues and reduction strategies. The director goes into the workshop room, located several feet from the main room, to ensure that my sitting in is alright with the group members.

A woman from the mental health organization walks in a few moments later, holding a cake. She introduces herself and I explain that I am from the United States and in London doing some research. Amy comes out of the workshop room and is happy to see that she and the cake have arrived.

She introduces me: “This is Jennifer. She’s from the States, but, uh, studies in Estonia.” A curious existence. Then Amy tells me that the group is okay with me joining, though they joked that I could not have any cake.

The three of us enter the workshop room, and I am immediately greeted by seven wide, brilliant smiles.

What immediately strikes me is that these women seem thrilled to be there. They laugh loudly and often, discuss their crocheting merits (or lack of), and write messages to hang on the board outside alongside their newly created pieces, saying what they have learned. Things like:

Remember to talk.

Connect, connect, connect to the unknown, be it a new friend or a new skill.

It is important how we feel about ourselves and others.

Smile at other people.

Don't mind people who say, "Just get over it." Take as long as you need.

The participants included women of various ethnicities and ages who did not, on the surface, have many similarities. Yet the group members had clearly developed camaraderie and friendships—they made jokes with one another and knew things about each others' lives. One older woman was a bit quieter than the others, sitting near the back and focusing on her crocheting.

I remain mostly quiet too, trying to soak it all in, having been suddenly thrown into my first fieldwork activity. Soon, however, I am addressed by the group, beginning with the quiet woman, whose name is Valerie.

"So tell us about your project," Valerie said.

I suddenly feel a little bit ashamed and embarrassed that I have come all the way to London to study "victim-survivors" when in front of me there just appeared to be...women, just trying to better themselves; people who didn't deserve to be dissected or reduced to an experience.

I told them a bit about the project, though never mentioning the words "victim," "survivor," or "sexual violence;" just "volunteer," "visa," "observer," and "anthropology."

"What's anthropology?" one woman asked.

I say something about the study of humankind, and anthropology's legacy of studying primitive people.

"So Londoners are your primitive people?" The room burst into laughter.

I tell them about New York, where I had just come from days earlier, and how I had gotten lost on the Tube. They tried to teach me how to crochet. At the end of the session, the group went into the main room to hang up their messages and crocheted pieces. One by one they approached the corkboard and proudly hung up their creation. We all clapped and admired their handiwork.

Everyone began to say goodbyes. Some women exchanged phone numbers. I continued to hang back.

“Congrats on the marriage,” one woman said to another as they hugged.

The Center as a Healing Space

The workshop exuded warmth and friendship, and immediately conveyed to me that the center was a safe space where healing might be enacted. The center’s place-ness was, in fact, constructed by the service-users. A person’s knowledge of what a space represents and what goes on within it is how they develop a sense of place. For example, a church becomes a church through its ongoing nature as a place for prayer and worship, in addition to material realities that signify its meaning and purposes. My intellectual point of departure is David Turnbull’s concept of the knowledge space, which he defines as an “interactive, contingent assemblage of space and knowledge, sustained and created by social labour” (2000: 4). Although a normative view of space would characterize it as a physical location independent of consciousness, I will argue that space is highly mutable and reflects the actions, beliefs, and behaviors of those who exist within the space.

The center is arguably considered an alternative to ‘home’ by many of the service-users. Although many people do not experience home as a site of familiarity and comfort—especially victims of domestic violence, who often experience the violence at home—home is often idealized and contains within it a multitude of ideological meanings (Cieraad 2006). Home is where “space becomes place” (Cieraad 2006: x) and the center became a place of healing through the participants who saw it as such. The written messages on the crocheted

pieces, and the fact that they are not taken home, but rather left in the center, show that the center is where the healing takes place; it is where the new self is born. The center configures itself into a place of healing, safety, and community through its design and practices, and may offer itself as an idealized stand-in for a lost or destroyed home.

The center is located in an unmarked, lavender building in the borough of Islington, a mostly residential area of London, a short bus ride away from a busy North London Tube station.⁶ The lack of a sign advertising it as a women's center—similar to the headquarters' discreet location—is telling of its conception of its service users. The sexually violated subject is often in need of protection, and her status or location might need to remain a secret. Moreover, she is vulnerable. The interior set up is meant to welcome: wicker chairs covered in purple and red pillows and a purple couch surround a small table fill the brightly lit living room.

Although 'home' is often associated with safety and security, anthropologist Sameena Mulla makes the point that sexual violence often occurs in the victims' home, making it a site of violence and vulnerability (2008). In her work on sexual assault medical interventions in the United States, Mulla claims that "the intervention imbues home with the capacity to heal; hospital discharge instructions name it the ideal site of return" (2008: 303). Veena Das made a similar point when she claimed that for victims of domestic and sexual violence, the home can be a site of terror (2008: 292). The center's homelike interior and offerings of alternative connections establishes it as an alternative site of healing and return, acknowledging that many victims of sexual and domestic violence cannot return to a safe home outside of it. This is also made clear by the fact that the organization offers refugee services in addition to its therapeutic services.

Yet, the center is not a refuge—it is a transient place that opens and closes, and one that closely monitors who enters. It is not a home; rather, it is configured *specifically* to be a place of healing. When the women enter the center, they are made to feel comforted through its homelike interior—but this is not the center's main goal. This is made clear by other material

⁶The place where I had my original interview is the organization's headquarters. The center from here on out refers to the division of the organization and corresponding physical location where I did the vast majority of my fieldwork.

realities of the center, which encourage service-users to seek a variety of individual and interpersonal components which are imagined to result in healing.

One feature that makes this apparent is the main room's bulletin board, which advertises a variety of groups and activities for women seeking support and community. Some of the groups and activities advertised on the bulletin board include: cooking lessons, English as a Second Language assistance, Ladies' Zumba, "Young Mums Together," legal advice, Syria Peer Support Group, Meadow Orchard Project, and much more. The advertisements range from groups explicitly offering emotional and social support, to groups simply offering service users somewhere to go or do, should they choose.

These advertisements offer the service-users a chance to join a community that makes sense for them—if they choose, or perhaps if the center is not enough. These are further indications that the center attempts to create alternatives to traditional kin groups and home-like places that are "both physical and social" (Munro and Madigan qtd. in Cieraad 1999: 107). The center's proliferation of these social activities suggests that the women in recovery lacks social support and a safe space in which she may heal. It suggests that part of the new, healed self is the entrance into a supportive community.

In addition to the living room, there is a kitchen, workshop room, and the director's office. It is all set up to be comforting and home-like: the kitchen is stocked with tea and mugs, the workshop room with armchairs, pillows, and lamps. There is also another remnant of a past workshop that has taken up permanent residence on the wall of the workshop room: a quilt with inspirational words such as "Community," "Growth," and "Healing," stitched into it, and crocheted squares next to written messages from the just concluded "Connect & Crochet" workshop.

The activities at the center largely center upon creation. At the center, quilts, crocheted squares, friendship, and community are made or attempted to be made. Through these creations, a new self is also fashioned. This self is imagined as passing from victim to survivor, an intangible notion that is the crux of the tangible creations following the destruction of the self through sexual and domestic violence, as imagined by the center. These

creations juxtapose the *destructive* nature of sexual and domestic violence. The center makes this distinction clear in its aesthetics.

Through its materiality, the center establishes itself as a place where healing may take place and alternative kin groups may be joined. It also offers suggested avenues to healing, including becoming part of a community, both within and outside of the center, gaining new skills, becoming more physically active, and engaging in artistic activities. In this way, the center is future-oriented and focused on the cultivation of a “survivor.” However, there are also material realities present that point to their service-user’s past—and victimhood.

There is educational information scattered among the advertisements for support groups, cooking lessons, and Zumba that contends that the service-users must also become aware of the great harm that has been enacted upon them. A printout on the wall reiterates that the center’s service users have been harmed and their lives are in need of reconstruction:

What is domestic violence?

Domestic Violence *destroys* both women’s and children’s lives.

(Emphasis added.)

Embodied Responses to Social and Legal Conceptions of Sexual Violence

On the opposite wall, there is a large advertisement for the North London Rape Crisis Center. Six pictures of women representing different ethnicities, all expressionless, are captioned by the following:

I’m not sure it was rape.

Maybe it was my fault.

Perhaps I should be over it by now.

What if no one believes I was raped?

He was my partner. Can it be rape?

I'm afraid to tell anyone I was sexually abused.

The straight faces on the poster contrast greatly with the brilliant smiles I witnessed in the Crochet & Connect workshop. These posters have been hung, presumably, by employees at the center, and points to the service-users' victim-hood. Each poster also addresses a potential concern a rape victim seeking help might have and confirms that fear, confusion, and shame are all normal responses to sexual violence. The center communicates these messages as part of its goal to help women heal from sexual and domestic violence. Due to the shifting nature of violence against women in social and legal frameworks, clarity is often needed.

The center is configured to protect and comfort service-users; it affirms their victimhood and rejects certain ideas held by society about sexual violence. The posters also reflect the center's broad view of what constitutes sexual violence, clearly advocating for the validity of certain kinds of rape that differ from the most socially acknowledged and accepted form of sexual violence. Although they are meant to be advertisements, the posters on the wall of the center are also refutations of societal messages encoded in social and legal conceptions of rape that elucidate how the service-user is a victim of both a physical and existential trauma.

The posters defy notions that only some rapes are legitimate. They do not comply with notions of non-normative rape, which is defined by Koss and her colleagues as "illicit, uncondoned genital contact that is both against the will of the woman and in violation of social norms for expected behavior" (1994: 511). In other words, non-normative rape consists of the well-known scenario in which an innocent women falls victim to a surprise attack by a stranger. This is contrasted with rape within marriage (marital rape), rape as

punishment (punitive rape), rape as a “bargaining tool or gesture of solidarity” (Koss et. al 1994: 515) (exchange rape), rape within the context of ceremonies (ceremonial rape), and other forms of socially normalized sexual violence. The posters addressing different fears that rape victims have about the legitimacy of their attacks convey the idea that all forms of sexual violence are equally troublesome, and oppose widespread societal ideas.

The posters also seem to address acquaintance rape, which is a form of sexual violence in which the victim is attacked by someone they know (Ellis 1994). A 1988 nationwide study of over six thousand college students in the United States found that 84% of rape victims knew their attacker (Warshaw qtd. in Goetting 1989: 57), indicating that acquaintance rape is extremely common. Additionally, “only 27 percent of the women whose sexual assault met the legal definition of rape perceived themselves to be rape victims” (Goetting 1989: 57). The poster—“I’m not sure it was rape”—then, while certainly able to be applicable to all kinds of sexual violence, seems to especially address acquaintance rape, due to many victims of this type of sexual violence being unsure of whether or not they were raped, likely due to its conflicting nature with what society often deems ‘real rape’ and to the fact that acquaintance rape is also treated with more lenience in the criminal justice system (Goetting 1989: 57). The posters also clearly address marital rape, which can also be considered a specific type of acquaintance rape—“*He was my partner. Can it be rape?*”—and affirms that uncertainty about rape is normal, due to the wide variety of contexts in which rape can occur and often confusing messages from society.

Acquaintance rape and marital rape fall under the umbrella of what researchers call “normative rape.” Normative rape is classified as such because it reflects contexts in which there are “sociocultural support for rape,” illustrated by lack of punishment of the perpetrator, rape as a punishment, rape within cultural contexts such as ceremonies, or rape in which the victim’s lack of participation is disapproved of or punished (Koss et al. 1994: 513). The heuristic terms reflect the normalization of certain ‘types’ of sexual assault, creating a troubling hierarchy of rapes that vary in degrees of perceived wrongness. In addition to judging the ‘wrongness’ of rapes on context, sexual violence is startlingly deemed more or less wrong depending on the character of the victim. As explained by Koss and her

colleagues, “the wrongness of rape is often determined not by the nature of the act committed but by the marital or moral status of the woman” (1994: 511).

As discussed in the introduction, the contemporary legal definition of rape tends to rest on the conjunction of force and non-consent (Dripps 1992, Malm 1996), which acknowledges a woman’s right to sexual autonomy and to freedom from violence, but sometimes has the effect of overshadowing the primary importance of consent. Since 2003, England has reformed rape law to consider rape as non-consensual sex. Still, rape convictions remain extremely low, at roughly six percent in England and Wales, often due to the prevailing social belief that in a ‘real rape’ the victim is expected to have serious physical injuries (Rees 2010). Rees contends that “forensic medical studies have shown injuries to be rare and even when present, consent cannot be dismissed” (2010: 371). Aside from assessing physical injuries, rape trials also evaluate victims not only on the premise of if she consented and force was used, but on the woman’s “contributory responsibility” (Ellison and Munro 2009), including her sexual history, relationship to the perpetrator, whether or not she was drunk, and pre- and post-coital conduct, all of which can be connected back to the historic legal treatment of rape as a crime against virgins or ‘pure’ women and social control of female sexuality. According to Rees, “popular attitudes and the beliefs of prosecutors about what constitutes a ‘real rape’ lie at the heart of the justice gap” (2010), a term he uses to describe the low number of rape convictions in England and Wales.

‘Real rape,’ the term used by Rees, is essentially identical to ‘non-normative rape,’ the term used by Koss and her colleagues, to describe a surprise attack by a stranger. As a result of this view that real rape involves force, “prosecutors and the public often make inferences about whether or not consent was provided for a sexual act on the basis of the prevalence of injuries upon the body of the complainant/complainer” (Rees 2010: 372). Rees acknowledges that physical injury is not an accurate measure of consent or even, necessarily, of force. For example, if a victim was threatened with a gun to her head, she might not show physical injuries, though force was definitively used. Additionally, a woman might sustain minor injuries from consensual sex, and there is no distinctive ‘rape injury’ (Rees 2010).

The difficulty in ascertaining the presence of consent and force is compounded by the fact that the accounts of female rape victims are often treated as unreliable, despite the fact that false rape allegations have been shown statistically to make up between two and ten percent of rape claims (Lisak et al. 2010). Additionally, it was legally ruled in *DPP v. Morgan* in Great Britain in 1975 that “a man’s belief in a woman’s consent did not have to be a reasonable belief” (Pateman 1980: 159). Although this law was overturned by the Sexual Offences Act of 2003, the implications of this are striking. Though not contending that honest mistakes have the potential to be made, as legal scholar H.M. Malm points out, consent “does not come in degrees. I either did or I didn’t” (1996: 149). Malm argues that a woman’s consent is often presumed present unless she clearly objects, and “the law on rape ought to be changed to define consent affirmatively, in terms of the performance of actions that signify willingness” (1996: 160). Perhaps most tellingly, “jurors have found consent, or indications of consent, in...hitchhiking, wearing a lace miniskirt, drinking, inviting a man into one’s house, and using oral contraceptives” (Malm 1996: 160). Malm claims that consent is ontologically a signification of a mental state, defined in terms of an intentional act, and that actions such as inviting a man into one’s home or wearing provocative attire do not reasonably suggest a definite signification of a mental state of desiring sex with a specific man at that time, and therefore do not signal consent or legitimize rape in those contexts (1996).

Carole Pateman is adamant that consent is often misinterpreted or ignored. She postulates that this might be related to ideas about “which individuals or groups are capable of consenting and so count as full members of the political order” (1980: 150). In deeming that the marriage contract is one in which women are expected to be a legal ‘nonperson’, Pateman suggests that it follows that women have not been able to have full rights to their bodies and personhoods—“so the question of their ‘consent’ to the authority of men never actually arises” (1980: 153). Evidence of social conceptions that women consent to sex through actions such as inviting a man in to one’s home or drinking alcohol with a man is also present in mock jury research conducted by Ellison and Munro (2009). These studies delineate that in legal and social contexts, rape victims are often perceived as partially responsible and that certain behaviors or characteristics can discredit claims of rape.

Moreover, socially constructed ideas of what constitutes a ‘real’ rape, influenced by the social legitimization of sexual violence and indicative of men’s historically dominant social roles, are apt to cause some women to blame themselves or think themselves unfit to be distressed or to call themselves a victim.

The rejection of these social norms is apparent in the center’s configuration. Moreover, the design of the center acts as confirmation that the service-users have been victims of a serious offense, no matter how different the circumstances may be from what are considered typical by social and legal bodies. Indeed, *why* they are victims are clear as well: they were sexually and/or physically attacked by a man. The words “woman” or “mum” are everywhere and the faces on the wall are of women. The choice of using typically feminine colors such as purple, and other comforting décor seems to reflect the center’s choice to maintain itself as a safe, woman-only space, as does its choice of groups to advertise—there are no extreme sports, car enthusiast groups, or “Young Dads Together.” Most tellingly, the physical presence of men is simply not allowed, according to Amy, the director. Amy shared with me that she and the other employees were apprehensive to even let male plumbers into the center when the need arose. The prohibition of men at the center is both a protective measure and a reminder of the nature of the service-users’ victimhood at the hands of a particular gender.

Toward A New Self: Healing as a Process

At the same time that the center contends that the service-users have been victims of a gendered crime, the center also offers the service-users ways to “start over” and to heal. There are groups to join to reduce feelings of isolation, services they can access if they need practical help, and the space itself: a non-profit, nationally registered organization with paid employees designed to feel like your grandmother’s house, as comforting and safe as possible. The remnants of past workshops, such as the crocheted squares with empowering messages and the quilt of inspirational words, are also subtle reminders to the women of where they are going: to a new, more empowered, and healed self. The center as a space communicates the idea that the service-users enter as victims and leave as survivors in how it is configured and

in its practices. It also suggests that this path towards individual healing will be facilitated by the community at the center: all of the empowering decorations reflect a group effort. The community is rooted in both place and a shared, gendered experience.

The center's material oscillation between affirmations of victimhood and calls to empowerment and healing represent its conception of the service-users as being in a liminal state, and as their entrance into the center's community and practices as the ending of a preliminal state. Indeed, the transition from preliminal to liminal is marked by a separation, and liminality constituted by ambiguity, uncertainty, and a general feeling of being between something—statuses, states, selves. I argue that the service-users who are participating in events at the center and seeking a new healed self are willingly engaging in a healing process facilitated by the center. I draw a parallel between Victor Turner's concept of liminality and the processual nature of healing enacted at the center.

The concept of liminality “was introduced to analyse the middle stage in ritual passages” by ethnographer Arnold van Gennep in 1909 (Thomassen 2009: 5) and has been developed since by anthropologists in a variety of contexts. Van Gennep specified that ritual passages undertaken by an individual or a group in order to move from one status to another differed from rites that marked the passage of time; he further divided rites of passage into three categories: rites of separation, transition rites, and incorporation rites (Thomassen 2009). According to Thomassen:

“Van Gennep also noted that the rites of separation, transition, and incorporation are not equally important or elaborated in specific rituals, and that the tripartite structure is sometimes reduplicated in the transitional period itself (*ibid*): in liminality proper, the sequence of separation, transition and incorporation is often present” (*Ibid*: 6).

The concept was further explored by anthropologist Victor Turner in 1967, while he himself was in a liminal state (Thomassen 2009). Turner was in the process of relocating from the U.K. to the U.S., and was awaiting his visa. Turner felt his liminality acutely when he was in the midst of embarking on life in a new country—he knew his daily life, relationships, and

sense of self would undergo a major transition. While in between a former and future self, Turner intuited that the concept of liminality, as described by van Gennep in relation to tribal societies, had parallels in modern life as an ambiguous and uncertain state of in-betweenness.

The women who utilize the center's services are imagined as "betwixt and between" (Turner 1967) victim and survivor, as communicated by the center's design and practices. They undergo a metaphorical separation from a former self when they enter the center and end a state of preliminality, and are encouraged to create a new self—as indicated by the center's aesthetics, such as the written messages calling for new, more positive personal behaviors, the quilt physically designed to suggest that the center brings "growth," "community," and "healing," and the center's stand-in for a home-like or safe space. Just as place is constituted by its practices, a person could be said to be what they do. Although the service-users do not always experience a change in physical location, their experiences of violence constitute a disruption to their daily routines, often causing changes in marital or family relations, the introduction of legal matters, or new mental or physical health issues. As Michael Jackson writes, "the past continually reappears in our present lives" (2009: 57). At the center, time is linear, but also not; the service-users' present is informed by their past, and they work towards being 'healed' or 'transformed' in the future: just as separation, transition, and incorporation are concurrently present in liminality, the past, present, and future exist together in the healing process at the center. The service-users' passage into liminality is marked by a series of separations. In the center, they seek to heal emotionally or to meet practical needs, such as finding new jobs or housing, before moving to the incorporation stage. The center suggests an endpoint in the form of a new life: it operates with the goal of helping women re-build the lives that were "destroyed."

The center communicates that service-users are in between victim and survivor through its affirmations of victimhood and calls to empowerment. The material nature of the center suggests that the service-users are liminal beings who enter the center with lives that are "destroyed" and in need of rebuilding. I argue that the terms victim and survivor ignore the realities of healing, which is "processual" (Jean-Charles 2014).

The term survivor is often used in the context of rape crisis intervention as a metaphorical method of reinstating agency. According to Regine Jean-Charles:

“The term ‘rape survivor’ is a widely accepted means of referring to women, men, girls, and boys who are sexually violated. In the context of these Western-dominated rape crisis intervention discourses, ‘survivor’ is favored over ‘victim’ because the act of rape compromises or, more accurately, snatches power from the individual in ways that are both physical and psychological” (Ibid 2014: 40).

Jean-Charles argues that this term fails to account for those who struggle or even fail to heal (Ibid 2014). She argues for the use of the term victim-survivor in an effort to honor the co-occurring aspects and affects of gender violence. In my analysis, the center’s design and practices reveal that it imagines the service-users as liminal victim-survivors while calling for a culmination to healing. Moreover, the service-users themselves engaged in the joint work of laboring to achieve new, healed selves. Their desire and claims to be ‘healed’ is explored in the following chapter through ethnographic participation in workshops and events held by the center. I first turn to how rape trauma manifests as an embodied memory. The chapter centers on my experience as part of a weekly meditation group, where the service-users sought to re-define what it meant to be in their bodies and discover new physical sensations and meanings. I then consider how the cognitive-discursive self is addressed by a group of service-users who created a film about their experiences and the subsequent film premiere and claims of rediscovering a self which has been marred by an attack on one’s body and agency.

Chapter 3: The Liminal Self

Introduction

In this chapter, I argue that the service-users also conceive of themselves as liminal in accordance with the views of the center. They see themselves as on a journey towards a new, healed self, or from victim to survivor. They embark on this journey through the reconfiguration of embodied knowledge, the reconstruction of the cognitive-discursive identity they know as their ‘self’, and active strategies of recovery that help them build a new life—in part by discovering facets of their lives pre-trauma. I argue that they become empowered by this process, and not by the imagined endpoint.

The question of the self is one that has its roots in philosophical thought, but its importance and relativity to the lived experiences of people that anthropology tries to document have not been lost on other academics—especially not anthropologists. Existential anthropology, a subdiscipline pioneered by anthropologist Michael Jackson, has sought to bring an anthropological lens to questions of selfhood, agency, and intersubjectivity. His insight into the self will assist my work in this chapter, in which I will try to delineate that the service-users in the center experienced an existential disempowerment as a result of sexual or domestic violence, and in the process of healing seek to rediscover or re-empower their ‘selves.’

The anthropologist Michael Jackson offered a model of being in his work *Existential Anthropology*, claiming that:

“Being human means, first, that we possess consciousness of our- selves and of our world - a consciousness that is, however, unsettled and fluid, oscillating constantly between speech and silence, solitude and sociality, agitation and calm, aimlessness and purposefulness, reflection and habit, joy and sorrow, and embodied and etherealised extremes” (2005: xiii).

He also contends that human existence is “relational” and “continually at risk” (2005: xiv), noting that being is not isolated from the circumstances of life, including one’s relationships with others and the material world. The precarious nature of being is an apparent feature of the center’s conception of the self and its corresponding therapeutic techniques. I will show how the service-users voiced a clear belief that the self to be a thing that can be both lost and found, as though it was a set of house keys, while acknowledging that finding a lost self after trauma is taxing and not certain.

While Jackson examines selfhood and subjectivity more generally, the anthropologist Veena Das has looked specifically at the subjectivity of victims of sexual violence. According to Das, “the threat of sexual violence has a profound effect on the subjectivity of women who constantly have to consider such factors as reputation and safety in determining how life is to be lived” (2008: 292). Das’s claim brings Simone de Beauvoir’s revolutionary views to mind: that life—or more precisely, existence—as a woman is fundamentally different from one of a man; and not as a direct result of biological differences, but rather owing to man’s social domination (1953).

The question still remains: why does the nature of healing from gender violence call on the self to reappear and repair, as though it is some tangible thing? In order to develop this argument, it must first be made clear how I understand the self—the conception of which I will borrow from anthropologist Rebecca Seligman. Rebecca Seligman’s concept of self encompasses the notion of identity, defined as “enduring self-concepts and self-understandings,” as well as the embodied experience of “occupying a particular body, sensory-motor dimensions of experience, and bodily processes of attention and perception” (2010: 297-298). Echoing Cathy Winkler’s belief that trauma often contributes to a sense of separation between the mind and the body, Seligman claims that “discontinuities in the experience of self are...often a product of psychosocial and physical suffering” (2010: 297). The re-constructed notion of the self is especially important in recovering from sexual violence, because of the legal and social discourse that often fails to acknowledge a victim’s personhood and agency. In my observations, it was apparent that the center addresses the trauma-induced discontinuity of self that many of the service users are at risk of experiencing. It does so by offering therapeutic experiences aimed at repairing both the embodied

experience of self and a person's cognitive and reflexive identity. According to Seligman, "healing practices that simultaneously address the cognitive-discursive and embodied aspects of self can be particularly effective" and "reinforce one another in the process" (2010: 298). The center certainly utilizes this viewpoint by offering a variety of therapeutic services that seem to address both aspects of selfhood.

I further this argument through the use of three ethnographic examples: my participation in a weekly mediation group, which called for a combination of physical and mental activities in an effort to aid bodily awareness and healing, a "Stress Management" workshop which delineates how service-users experienced and coped with stress, anxiety, and disruptions in their identities, and the premiere of a film made by the service-users, in which the central theme was the rediscovery of the 'self', a term used by the service-users which I will show refers to their identities and self-understandings. I first turn to my ethnographic experience in the meditation group, and the literature on physical trauma and embodied memory.

The Body Is 'The Scene of the Crime': Physical Trauma and Embodied Memory

The conception of the service-users as liminal by the center and by the service-users themselves is reflected by the use of meditation within the center and the goals of the meditation groups. In this section, I argue that meditation seeks to aid the service-users in self-understanding by focusing on corporeal knowledge. Furthermore, the meditation leader employs 'healing' meditation and has the participants literally visualize alternative states associated with positive feelings such as love and safety.

Ravinder Jerath and colleagues have reported that meditation is associated with the cultivation of positive feelings and the consolidation of new memories as a result of physiological changes that occur when meditation is practiced (Ibid 2016). Meditation might be an especially useful tool for victims of sexual and domestic violence due to the physical nature of the trauma. I will argue that this kind of intimate, physical trauma contributes to the formation of an embodied knowledge of the trauma.

The first piece of evidence for the embodied knowledge of sexual and domestic violence presents itself in the fact that victims of gender violence often experience long-term physical and somatic effects. According to Koss and her colleagues, “a number of chronic conditions are diagnosed disproportionately among rape victims, including chronic pelvic pain, arthritis, gastro-intestinal disorders, headaches, chronic pain disorders, psychogenic seizures, premenstrual symptoms, and substance use” (1994: 523). This suggests that sexual and domestic violence can cause the body to form long-term, corporeal memories as well as enduring psychological traumas.

The director of the center told me that ‘body’ workshops, such as meditation and massage groups (which had been run in the past), were extremely popular with the service-users, and were continuously requested. In the case of the massage workshops, the director shared that it was “helpful to learn that touch doesn’t have to be associated with abuse.” Although the meditation workshops did not include being others touched by others, it accomplishes a similar goal of resignifying touch and physical sensation in the sense that it aims to encourage the experience of specific physical feelings, such as the sensation of taking a full, deep breath or of feeling the heaviness of your body in the chair, in an effort to reflexively remake the meaning of the service-user’s body.

In the case of sexual and domestic violence, the body is not only the subject of the crime but “the scene of the crime” (Mulla 2008): subjective and objective, it must dually contend with both the visible and invisible wounds and traces of the attack(s). The center is concerned with the invisible or internal wounds, as made clear by the director; visible wounds, on the other hand, belong to the medical realm. These invisible wounds reveal themselves through psychological or somatic distress, including intrusive memories, attempts to avoid reminders of the trauma, depression, suicide and homicide, chronic illness, and reproductive health problems (Koss et al 1994). According to Roberta Culbertson, violence often gets “trapped” within a victim’s skin (1995: 170), explaining that:

“Trapped there, the violation seems to continue in a reverberating present that belies the supposed linearity of time and the possibility of endings. It at once has a certain pastness,

is a sort of ‘memory-knowledge’ as Mary Warnock would call it, and is not past, not ‘memory’—that is, a personal, narrated account of something completed, locatable in time—at all. Perhaps it is not even remembered, but only felt as a presence, or perhaps it shapes current events according to its template, itself unrecognizable” (1995: 170).

The idea that memories can live on within our bodies and in a subconscious manner struck me as especially applicable to victims of sexual and domestic violence given the physical nature of the trauma. The ability to understand the connection between your past traumas and current behavior is often tenuous at best, but that doesn’t mean that there is no connection. Moreover, I believe it is important to discuss the wounded-ness of the embodied self as well as that of the cognitive-discursive identity so readily taken as the true or only self.

The question of how the healing of invisible wounds or the ‘embodied memory’ of the attack is enacted is explored ethnographically in my participation in a weekly mediation workshop. Before this workshop, I had never truly meditated, and I was surprised to find the involuntary release of energy that occurred during these sessions. I experienced physical and emotional sensations during and immediately after sessions. This convinced me that traditional ‘talk’ therapy misses this essential component of healing and the healing of the embodied memory must be addressed—especially in the case of sexual and domestic violence survivors, whose bodies have been a site of pain—which is the main argument of this section.

I will use the term ‘embodied memory’ to refer to the idea that the events of one life—and especially violence— affect one’s being by the nature of the person having experienced it, even if the person is not conscious of it, and that even if something is not known consciously, it remains known by the body (Culbertson 1995).

As already explained, I take the self to be both an embodied subject and a cognitive-discursive self-understanding (Seligman 2010). Although embodied memory healing is mostly addressed through the embodied subject and subsequent ‘body’ workshops, it is related to one’s self-understanding as well; indeed, it is once the memories have been processed by the body that the next stage of healing may begin: the reclaiming of cognitive-

discursive selfhood, the stealing back of agency, and the empowerment of public recognition and storytelling.

Somewhere Safe Only You Know: When the Past Meets You in the Present

On the first day of the mediation group, set to be held every Thursday afternoon for a month at the center, it is me, three service-users, and Liz, the group leader, sitting in wicker chairs with purple and red pillows to cushion our backs. They are not terribly comfortable, but they suffice. When you shift, the pillow moves and you risk the wicker digging into your back. Liz lights several lavender candles and turns off all lights except for a dim lamp. She plays soft instrumental music. The atmosphere is tranquil; the coffee I drank before arriving loses all of its power here. I instantly begin to relax.

One of the service-users suggests that we all go around and say our names before the session begins. We all go around and say our names softly. Maya. Lila. Christina. Jen. It seems obvious that this is not a space for loud noises or long introductions. Liz thanks Maya for the suggestion. Liz seems to be in a state of permanent serenity, though perhaps this is an act for our benefit.

Liz explains that we will meditate for an hour, and not to worry if it seems difficult at first. She mentions that she will focus on “healing meditations.”

“We need healing. We need it,” says Maya.

Liz asks us to close our eyes and the session begins. She asks us to notice our breath and the sensation of breathing; to notice our arms, legs, and feet, and how our body feels at this moment, in this room, this chair.

At first, I feel twitchy and uncomfortable. I cannot rest my feet firmly on the floor; it feels funny and unnatural. Yet soon her manner of speaking and the seemingly uncomplicated nature of the tasks at hand lull me into a state of relaxed responsiveness. I think I feel energy being released as I focus on various parts of my body. My normal bodily feelings and

awareness of my body and movement seem amplified and my eyes water at times, unprovoked.

Liz tells us: *imagine light entering your heart through your head.*

I visualize a light entering my body through my head, and making its way down into my chest.

A soft, white light.

I imagine a stream of light filling my heart, and around me other hearts are filled with light.

Find somewhere safe only you know.

This is where I begin to have trouble. I cannot find somewhere in my head that I feel safe alone. I cannot visualize a space that I would like to be. When she calls for us to find a safe space, I can only think of being somewhere with my mother. In my quest for this safe space I imagine myself shrinking into a child. I call my mother on the telephone— this is the only way to reach her, even in my mind.

I accept that I cannot physically be with her, so I finally visualize walking through a field of grass and flowers before lying in a hammock in a forest full of trees.

When Liz announces the one hour session is over, it feels like ten minutes had gone by. I open my eyes, shocked by the intensity of my emotions. The death of my mother, which had occurred almost thirteen years earlier, was something I thought I had healed from.

“How was it?” Liz asks.

“I have been wounded and I felt pain lifting out of my heart,” Christina says.

We are all in agreement that—somehow—this exercise has been one of physical healing; our bodies *feel* different than they did when we arrived. Something has been shed.

Liz says that we should all do one nice thing for ourselves this week, and share it with the group the following week.

I leave the center still dazed and walk to the bus stop to head back to Brixton, in south London, where I am staying in a hostel located above a reggae bar. It seems incredibly far away, both from my location in north London and from my state of mind. Kids are screaming on the bus and I feel overly aware of their aggressive energy. I am experiencing soreness in my hips.

More women attend the second meditation group than the first. It is me, Lila, Maya, and Christina from the last session, plus Valerie and Brenda from the crochet group, and a new, younger girl whose name I didn't catch and who no one seemed to know.

Lila, Brenda, and Valerie all seemed to know each other well.

"Good to see you," Lila earnestly says to them both.

Lila and Christina chat about a pub quiz they attended together last week.

Liz, our fearless leader, tells us that she saw the new Blade Runner film last week. She calls it sexist, explaining that all of the naked people were women, and all of the people who got killed were women.

"You could tell it was made by a male director," Liz says.

Liz then lit three lavender tea light candles. She turns off the lights and again begins to play quiet, melodic music.

The session begins. It is similar in content to the first meditation group. Liz directs us:

Breathe deeply, in through the nose, out through the mouth.

Become aware of your body.

Roll your head gently.

Focus on relaxing the body and breathing.

The sound of us all taking deep breaths seems to fill the small, dim room. I find it difficult to consistently take a full, satisfyingly deep breath—as though although I want it to relax, my body has other plans.

Let whatever feelings come up, be felt.

Then she told us to imagine light entering through our heads and to think the word “Calm.” Alternatively, we could think “Peace,” “Love,” etc.

I couldn’t decide on a color of the light. Finally I decided on blue. I thought of my parents’ old blue blanket, and how when I slept in their bed as a child I always imagined I was sleeping in the ocean; and I felt safe.

At this point I realized that this was the second time I thought about my child self when Liz asked us to think about being calm and safe—like healing meant reverting to a state when we were “pre-trauma.”

Maybe it wasn’t about a transformation of self, but a return to self. Maybe it wasn’t about the future, but the past.

Then Liz had us take a break. We had been meditating for forty minutes.

During the last fifteen minutes, Liz guided us to a place where we felt safe and calm. I lay in a field of wildflowers. I lay on my back with my heart open wide and accessible to the sky, to others, to myself. This was hard to do, even in my mind. I imagined a clear protective dome around me, one that still let the sunshine in.

The third meditation group session finds Liz, the young girl Erica, Valerie, and I there again; we continue to work on trying to bring awareness to our body and to learn how to take slow, deep breaths. I continue to struggle with this.

The small size of the group gives this session a close-knit feel. After the break, Erica takes a pillow and lies down on the floor. We joke that she is just trying to have a nap. Valerie says softly that she couldn't seem to get comfortable in any position today.

Valerie and I find ourselves discussing my project and my original intention of running a creative writing workshop. She says that she would have loved to join a creative writing workshop. She gives me her contact address, volunteering to meet up to discuss her involvement with the center and to share poetry.

Temporality, Liminality, and Embodied Knowledge: Transformation or Return?

The question of temporality's role in healing is interesting to consider in light of my visualizations of childhood and of relative peace and safety. In the next section, I will show how the women voiced a desire to return to their selves and to transform their selves simultaneously. In meditation, we were asked to go into our bodies and reconnect with them. This, we hoped, would trigger a transformation.

Writing about trauma, temporality, and transformation, Michael Jackson stated:

“When one's life is stripped away, stolen, or degraded, one can salvage and recover it, drawing a line between now and then so that one gives oneself a second life, a life that is no longer in thrall to the past.” (2009: 172).

Similarly, liminality requires a death and then a rebirth (Turner 1969). It could be said that the women sought this death and rebirth through meditation by reconstructing the nature of their embodiment and seeking to expunge embodied knowledge or memories associated with their trauma. If the body can remember, it may also forget: and as Jackson says, “all new life requires a death—even if this death is only a forgetting” (2009: 36). The physical nature of sexual and domestic violence often cause an embodied trauma, with victims often

experiencing a variety of physical and somatic systems, including physical and mental health problems, intrusive memories, insomnia, and other psychosomatic symptoms (Winkler qtd. in Csordas 2003).

During the meditation sessions at the center, a community was formed. I came to expect to see certain faces, and myself and the other women used the meditation sessions as a gateway to future plans with other participants. According to Victor Turner, people who go through liminal rites together “tend to develop an intense comradeship and egalitarianism” (1969: 95-96). Moreover, this newfound comradeship seems to abolish formal, secular statuses or standings, instead bringing the participants together in a current, shared liminal state. Indeed, many of the women at the meditation sessions were of different ages, backgrounds, and races, but these differences seemed to have no significance within the group room and our weekly meditation sessions.

The mediation group encouraged the control of one’s own body and sought to teach the participants how to maintain this control and cultivate physical feelings of comfort and safety. In this way, the body may forget its embodied feelings of fear, gradually replacing them with feelings of peace. This embodied ‘forgetting’, however, must be linked to an existential or cognitive-discursive reconstruction as well and the control of one’s own narrative, in order to make a complete rebirth of self. It is to this endeavor that I turn now.

From Looking to Finding: The Search for Self

The center ran a filmmaking workshop in the summer before I arrived. Their decision to create and then publicly screen the film, which is about the women’s experiences with sexual and domestic violence, is indicative of their goals of re-empowering the women involved in a healing process at the center. Michael Jackson asserts that storytelling is central to re-empowerment and to do so publicly is to legitimize this re-empowerment (2002). Michael Jackson takes phenomenological inspiration from the thinker Hannah Arendt in *The Politics of Storytelling*, explaining that: “phenomenologically, the public realm is a space of appearance where individual experiences are selectively refashioned in ways that make them

real and recognisable in the eyes of others” (2002: 11). In this section, I will argue that a film made by the service-users and the center’s public screening of the film acts as a way for the women’s experiences to be ‘real and recognizable in the eyes of others’ and to reinstate agency.

The film was created out of a filmmaking workshop that took place at the center over the course of several months. The women learned filmmaking skills together with the aid of a nonprofit film organization enlisted by the center, and several had spoken out about their experiences on camera. The following words were written in the program: “Ultimately the group winds that by coming together with people with shared experience they are able to have fun, find _____⁷, and rediscover themselves.”

The center held the film’s premiere event on a Thursday evening in late October, in a multicultural area of London filled with shops selling halal meat and mobile phone accessories, pubs, coffee shops, and fast food restaurants. The venue is a local community center, which holds workshops and events.

I arrive early, having promised the director I would help out. Most of the women who have been a part of the film project are already there. They are dressed up in blazers, dresses, heels, makeup, and jewelry. The director is uncharacteristically dressed in a long black gown. The name of the film is “Finding _____”⁸, referring to the name of the center as well as a feeling commonly associated with peace, comfort, and healing.

The director is visibly stressed. She is jumpy and doesn’t seem to know what to do with me. “Okay, here’s what I’m going to do,” she says, seemingly having made up her mind about what task to me. She pauses. “I’m going to have a cigarette.”

She calms down and set up begins. I am assigned the role of ticket collector, and a red carpet is laid out.

⁷ This is a reference to the film title, which I will not name here; the reason for which is explained in the next footnote.

⁸ I have left the title of the film incomplete to protect anonymity while still being true to the symbolic nature of the title, which could not be effectively replicated with something similar.

I work alongside one of the center's full-time workers. We chat about her job. She confides in me that she has always been drawn to social service, and previously worked in a hospice for children. Working at the center, she says, is harder than that.

The filmmakers are nervous and excited. Before most of the other guests arrive, they walk down the red carpet and into the auditorium together.

I dart into the auditorium just as the director is beginning the event.

“Welcome to the celebration,” the director says. The audience applauds.

The director explains that the program she runs at the center “helps women rebuild their lives and share their experiences with other women who have experienced it.” Three of the women who worked on the film are called up to the front, and they give a short introduction.

They share with us that the film had originally been called “Looking for Me,” but upon completion was changed to “Finding _____” to express that through their work on the film they experienced a transformation in their perceptions of their selves.

The lights go down and the film begins.

Four women recount their stories to the camera with expressions full of emotion. The audience understands that this is wrong; that these women have suffered greatly. There is talk of fists, knives, lawsuits, and loneliness.

There are pictures of naked women in Alice's house to remind her that she is a woman.

Her face appears on the screen to explain:

“There's no shame in being a woman...but when you're raped or attacked, sometimes...you don't want to be a woman.”

Erica talks about having fun and going on holiday before meeting the father of her children seventeen years ago.

She describes how the relationship gradually devolved into emotional, mental, sexual, and physical abuse, leaving her a shell of who she was formerly.

The women are shown actually making the film—listening to each other tell their stories, sharing meals together, struggling to use the camera equipment, hugging, and laughing.

“We see differently as a group,” one woman says.

They assign roles—actor, producer, director.

They discuss “refinding” their selves—through art, music, physical fitness; through the film and through each other.

In the last clip, Alice is shown driving a light blue convertible; she is smiling.

“It’s a part of me, but it’s not all of me,” she says.

The film is short—under ten minutes—but its effect on the room is palpable. The lights come back up.

All six of the filmmakers go up on stage to answer questions.

What have been the effects of making the film?

“We generated a sisterhood. In everyday life we would have never met. This is now my family.”

What made you want to make this film?

“I don’t want to be in a box. I don’t want to be defined by it.”

“Being filmed has made me realize how strong...when I hear it back, I realize how strong it was to do that.”

“It has to stop. We have to say this is not acceptable.”

One woman said it was too scary for her to share her story on screen, but “maybe someday. Time is a great healer.”

After the Q & A, the women receive certificates and the room bursts into applause once again. Then we all move outside for complimentary and celebratory Prosecco.

I watch a young, eager journalist get quotes and short videos. I drink my Prosecco and feel heavy.

The director seems very happy now—she hugs me and thanks me for my help. She hugs Alice for a very long time.

I ask Lila if she will be at meditation tomorrow. She says she is unsure.

“I’m all flushed,” Lila says light-heartedly. “I could never be famous.”

The change in the film’s title—from “looking” to “finding” reflected the women’s beliefs that their healing journeys were ones of self-discovery and of having found a self that had been lost. In the analysis that follows, I argue that this sense that the self has been lost is a direct result of the existential trauma of sexual and domestic violence, which occurs when one’s agency and personhood is compromised by the overextension of another’s.

In *The Politics of Storytelling*, Michael Jackson wrote something that bears repeating:

“This oscillation between being an actor and being acted upon is felt in every human encounter, and intersubjective life involves an ongoing struggle to negotiate, reconcile, balance, or mediate these antithetical potentialities of being, such that *no one person or group ever arrogates agency so completely and permanently to itself that another is reduced to the status of a mere thing*, a cipher, an object, an anonymous creature of blind fate” (2002: 13, emphasis added).

Sexual violence against women is, according to Susan Brownmiller, “a conscious process of intimidation by which all men keep all women in a state of fear” (1975). This state of fear is a

fear of being reduced to what Jackson calls “a mere thing;” to be stripped of one’s agency and humanity. Sexual violence is dehumanizing in that it suspends the control of one’s only body and actions. The victim is radically and violently told: you do not matter. Moreover, “...only gendered crimes generate the kind of victim-blaming responses rape and domestic violence produce. Whereas forgetting to set the antiburglary alarm or getting robbed despite the ‘neighborhood watch’ does not exculpate the thieves, getting raped always elicits an investigation into the ways in which a victim might ultimately have been responsible for what happened” (Mardorossian 2002: 756).

As shown in chapter one, rape victims frequently face difficulties in judicial settings. Rape victims are frequently told that they have done something that has caused their own attack. Women’s sexuality has historically been policed. These historical, cultural, and legal conceptions of sexual violence alongside the general dehumanizing nature of the attack is what makes gendered violence particularly harmful and difficult to heal from.

In the film, many of the women mentioned feeling shamed. It is uncommon to feel shame after, for example, being robbed; but the intimate nature of gender violence as well as centuries of oppression against women and robust cultural messages of how woman should act make these women’s experiences particularly frightening, confused, and difficult to overcome.

Yet, “as soon as an experience is brought from the private into the public realm and shared, its character instantly changes” (Jackson 2009: 167). In addition, moments of existential danger give people the chance to be reborn, although this rebirth entails a loss of a previous self (Ibid 2009). After the film event, the women were happy and excited, and celebrated with sparkling wine; their public acknowledgements of trauma and pain lifting weight from their shoulders. Similarly, the ‘red carpet’ that they walked before the film premiered is symbolic of their ongoing change and initiation into a new, postliminal and healed self. Finally, it declared them agents of their own recovery, which was echoed in other workshops at the center.

In mid October, I attended a one-time workshop called the “Stress-Less Workshop,” which was aimed at service-users who wanted to alleviate feelings of discomfort and stress in their

everyday lives. Notably, all of the participants were parents (except for me). I had never met these service-users before and one again introduced myself as an anthropologist writing a Master's thesis. We were each given a worksheet to help us understand our stressors, asked to introduce ourselves, and say what our expectations were. All of the participants mentioned being stressed about parenting their children.

The women spoke about how they felt when they were stressed: tense, emotional, unable to sleep, grumpy, depressed, sweaty. They also discussed the reasons why they were stressed: the demands of their children, financial concerns, housing, deadlines, and relationships.

Some strategies were outlined by the group leader: exercise, make time for yourself, plan and be organized, and avoid unhealthy coping strategies, such as drinking, drugs, hiding indoors, and avoiding everything. At the end, we were given another worksheet to help us identify coping strategies that we could use over the next few weeks.

The women seemed happy to have fellow mothers to talk to about the demands of parenthood. Moreover, two of the three participants voiced being unhappy with their unemployment and lack of structure in their days. It seemed to me that they wanted to transform and grow; they woke up, and went to the center to attend a self-help strategy—an active strategy and choice they made to better themselves, to cope with stress and life. They were agents of their own recovery, hoping to transform. Although the center couldn't give them jobs or more time to manage their lives, perhaps the women at that workshop took back a part of their selves and their agency just by choosing to attend and commit themselves to healing that day.

On the day of the last meditation group, it is Christina, Lila, Valerie, and I there. No one wants the group to end. Liz said she hoped to return soon, once she has a bit more time. Lila gives Liz a thank-you plant.

We begin meditating. I am more comfortable doing it now. I twitch less. I can connect my breaths to my stomach sometimes. I can visualize light and safe spaces.

Lila says that she has a hard time staying still, and that her son is hyperactive. Valerie says that she is too still, and feels trapped in her stillness.

Liz asks us to visualize a long corridor. As we walk down it, we see a door numbered 10. Then nine, eight, and so on. Finally you come to a white door.

Liz makes us stand at this white door for awhile, and I think about how our expectations of what is behind a door affect our experience of the door itself. I feel anxious and strange standing at the door and not knowing what is behind it.

Finally we are allowed to enter, and it can be into any environment we wish. Somewhere we feel calm and safe.

First I visualize a field, a field during autumn, because it is autumn and Liz is now talking about colors. Then I decide I'm sick of fields, so I imagine a dim room in a home I love, with a candle burning. I imagine lying in the arms of someone I love.

Time is experienced as follows: the past leads to the present which leads to the future. It is a linear notion that is reflective of the actual, lived experience of time. A more philosophical point of view questions this, instead understanding present actions as based upon both expectations of the future and understandings of the path; and perhaps, our future selves are not as new as one might think. While participating in the meditation sessions and having thoughts about the death of my mother come up, it became clear that my present self did not seek a new, transformed self but rather a return or rediscovery of a former self who physically and emotionally did not exist anymore.

It is not known to me what arose in the thoughts of the others as we meditated in dim, candle-lit rooms together; what traumas their psyches were ready to address and what trauma their psyches are not. Yet the healing power of meditation works all the same, because the goal is to alter the feeling of being in your own body; to diminish mental health problems such as depression and anxiety; and to redefine your body and self in however one may need to.

For victims of sexual and domestic violence, this redefinition or even reprogramming of the body is especially important due to the physical nature of the trauma. Moreover, the connection of the breath to the body is indicative of how sexual and domestic violence victim-survivors experience a disconnect with the physical body as a result of trauma. In the same

way that the center offers workshops focused on body healing, the reclaiming or redefining of the existential self is equally important. To create a new world, we must first create a new self (Jackson 2009). Yet, my own experiences in meditation and the claims of the women at the film premiere indicate that in many ways, the new self is related to the old one. Therefore, one cannot be said to transform from a victim to survivor; instead, they may cycle between feeling strong and weak, being healed and still in recovery. Because the new self is always built upon a past self, it is never possible to fully cut ties with the past. The new self is not made anew, but rather rediscovered or reclaimed alongside the reinstating of agency or the recollection of the extension of the past into the present: the old self enters a new world. It is this new world—outside of the center and beyond the door, where relationships with others must be contended, employment re-established, and community re-imagined—that is the ultimate destination beyond the liminal stage. It is the possible establishment of the postliminal world for one women participating in the healing process at the center that I turn to now.

Chapter 4: Others and the Postliminal World

Introduction

In this chapter, I will argue that the center's alternatives to home and kin might not be suitable for all service-users and that the existence of reciprocal relationships are major component of the process of healing. I argue that people are constituted by our relationships, which are in flux; therefore, seeking an endpoint of healing ignores the realities of the self and of the world. Neither the new self nor the postliminal world that the 'survivor' emerges into is permanent, but rather reflects the ongoing process of meaning-making that constitutes healing and living in general.

In the followings sections, I discuss how healing is a process that cannot be an isolated endeavor because reciprocal relationships are fundamental to a person's ongoing well-being, which is a goal of healing. First, I outline my understanding of being-*well-in-the-world*, drawing inspiration from philosopher Martin Heidegger, and explain why well-being could be considered a goal of healing and why it is linked to relationships. Then, I examine how the center's constructed alternatives for home and kin groups, as outlined in previous sections, are not always satisfactory substitutes for the service-users. I come to this analysis through the use of ethnographic material from my informant, Valerie. Finally, I argue that people are constituted in part by their relationships, which are always in flux. The self, then, is always in flux, and the process of healing cannot be said to have an endpoint. Rather, as shown previously, healing is a meaning-making process and agency a recovered entity through the seeking of recovery. The relationships that people create and sustain are an important part of this meaning-making process in that they allow for a greater understanding of the self and provide the necessary context for existence.

Being-Well-In-The-World: A Heideggerian Concept

The concept of being-in-the-world, as put forth by the philosopher Martin Heidegger in his work *Being and Time*, is my inspiration and point of departure for the central question of this

chapter: what does it mean to be *well* in the world? Martin Heidegger sought to understand being itself using what he knew of self-understanding beings and their perception of time. According to Heidegger, one's being is inextricably linked to the entirety of one's personal experiences over time (1962). Heidegger argues that a synthesis of past knowledge and future expectations forms present concerns and activities, which in turn forms the essence of a being fundamentally based on the quality of his own becoming. Heidegger's understanding of time describes the three modes of time as equally important; each moment of one's life is anticipated, experienced, and then becomes the past, consistently contributing to the essence of a being with the ability to understand the significance of his actions.

Heidegger's argument is that existence for a self-understanding being is grounded in the way it organizes its concerns, sentiments, and activities, as a result of a temporal perspective, to create present experiences which utilize selected elements of the past while making certain future states possible. Being is not separate from the world; indeed, it is the way that one navigates the world over time. Moreover, being is a temporal synthesis; it is separate from neither the past, present, or future. I have already shown that the service-users anticipate a future self while at the same time calling for a 'return' to self—perhaps a pre-trauma self. How might one be both this pre- and post-trauma self at once? In the view of Martin Heidegger, a person not only can be—they must be.

Jackson—a proponent himself of Heideggerian logic—echoes Heidegger's view when he says: "Our identity is at the same time a shifting outcome of the relationships we are presently in and a residual memory of every relationship we have ever known" (2009: 116). His formulation foregrounds the role of relationships in the state of being. Indeed, while Heidegger's philosophy of being dwells on being as a state inescapably marked by temporality, Jackson makes the necessary connection to how relationships constitute a temporal being.

If to *be* in the world is to be cognizant of the past, anticipatory about the future, and affected by both past and present relationships, what might it mean to be *well* in the world? The service-users did not only want to *be* in the world—to reclaim their past selves while forging a new existence—they wanted to be *well*: to be free from feelings of sadness and shame, to be

employed and financially secure, and to experience feelings of safety and connection in the form of a home and community. To experience the totality of well-being, one must form relationships and connections with others and within the world. I argue in the following section that trouble doing so hinders the meaning-making process that constitutes healing by both denying a crucial aspect of self-understanding within the world and simply keeping a person from connecting with others, which is an irreplaceable component of well-being. Additionally, this compounds healing as a meaning-making process: “creating a sense that life is worth living” is “a condition of wellbeing” (Jackson 2008: xxii).

In this formulation, I show that the self is always in flux, and one must contend with these fluctuations in order to establish a sense of connection with others and with the world. I also argue that healing is a process of integrating your traumas into the self and learning to live with your wounds.

The Process of Becoming and the Paradox of Rootedness

Valerie was one of the service-users that I had met at the meditation workshop. We had discussed my failed plan of conducting a creative writing workshop and discovered a shared love of poetry. She volunteered to be a part of this thesis, and we made plans to meet for coffee following both the end of the meditation workshops and the screening of the film.

I want to note at this point that I also left flyers in the center, inviting any service-users who would be interested in participating in an interview to contact me. None did.

This unfortunate reality—certainly experienced by me at the time as a methodological failure—communicates how important privacy is to the service-users as well as the performative nature of healing. It is arguably more public to tell your story on screen to a room full of strangers, as many of the service-users did through the film screening, than it is to discuss it with one person. However, as already mentioned, the film screening acted as a way for the service-users to regain agency in a public forum and reap the empowering benefits of public storytelling. A meeting with me, perhaps, did not achieve such a goal.

Valerie was not a member of the film screening group, and she was often quiet at group meetings. She seemed, within the center, to be a bit of an outsider, often refraining from joining in on conversations—either due to circumstances or by her own design. I will argue that our meetings were both a small way for her to assert agency through telling her story—albeit in a less public way—but more than that, it was a means for her to experience a human connection, which she felt was lacking in her life.

It was early November and like Valerie, I was on my own in London. I was now living in a different hostel in East London, where a new traveler entered and left every day. I was frequently woken up in the middle of the night by intoxicated backpackers and all of my possessions were locked in a metal crate under my bed—although thankfully, upon arrival I had been assigned a bottom bunk. I spent most of my days at the center or alone.

Valerie and I had made plans to meet at one o'clock in the afternoon for coffee in Crouch End. We wound up being on the same bus and bumping into each other at the exit. We laughed and walked together to the coffee shop.

The comfortable armchairs—the reason Valerie had chosen this place—were taken. We had to sit in regular chairs, but she said it was alright for now and maybe we could move later.

I buy a cappuccino and she orders a black tea. She has bags under her eyes and says that she has trouble sleeping at night; a coffee in the afternoon wouldn't make things easier.

Then, courage replacing her usual worried and weariness, she began to tell me her story.

Valerie was excited to tell me that she had majored in anthropology in university in the 1970s, and explained that this was part of why she was interested in my project. Valerie is a biracial woman, and had done a project on comparing slavery in West Africa, Latin America, and the U.S. In university, she had joined many liberation movements, including anti-racism and women's movements. She described her participation in the women's movement as of the most importance to her. Later, she worked at a domestic violence center and had a happy, long-term relationship with a woman. These seem to be the experiences of her life that she is proud of and thankful for.

She had been sexually abused by her stepfather between the ages of nine and thirteen. Her mother had experienced domestic abuse by both her father and stepfather, and had died eight years ago. This event, Valerie says, had caused her enormous grief, despite the fact that her mother had not been supportive when Valerie finally revealed her abuse at the hands of her stepfather many years later, as an adult. When the story shifts to her past abuse, she is understandably emotional.

That her mother and other family members were unsupportive was “just as undermining as the abuse itself.” this is what she most wants people to know.

She also shares that she is so focused on comfort because she suffers from chronic fatigue, a condition she links with her past abuse.

After she shares her story with me, I take out some of the poems that I had brought. They were the poems I had originally planned to use for the creative writing workshop; I figured she might like them and at least a tiny part of my original plan can be enacted.

She is very happy when I bring out the poems and we read a few together.

She is familiar with many of the poets, especially Maya Angelou and Adrienne Rich. She likes the line “diamonds between my thighs” in Angelou’s “Still I Rise.”

At the end of our meeting, she thanks me for bringing the poetry and having coffee with her, and tells me that connecting with others is difficult and frightening.

I leave the coffee shop, and try to place our conversations into my understanding of the center. The center’s hope is that ultimately the service-users will make it back to society, healed. I travel back to the hostel that afternoon after coffee in a low mood, thinking about Valerie going home alone and harboring a fear that when evil is as great as it was in her case, healing might take a lifetime or never be achieved at all.

Throughout the course of our meeting, Valerie oscillated between proud declarations of what she had accomplished in the past, despite her abuse, including joining activist groups during her university years and later working at a domestic violence center, and expressions of

hopelessness, despair, and what she perceived as never-ending pain—both physical and emotional. She spoke of her own sexuality and expressed appreciation for Angelou’s empowering sentiments about female sexuality; moments later, she contended that she was deeply affected by sexual abuse she had experienced decades earlier and found it incredibly difficult to maintain close relationships. Her participation at the center, and their corresponding offerings of an alternative home and kin group, did not satisfy this need for connection; although she made it clear that the center was a big part of her life, it did not quite give her the rootedness she was looking for.

In *The Politics of Storytelling*, Jackson considers the importance of being rooted, and links it to the cultivation of relationships: “‘To be rooted,’” noted Simone Weil, ‘is perhaps the most important and least recognized need of the human soul’ (1952: 41). But rootedness is, Weil also observed, a social fact before it is anything else, inextricably linked to a person’s ‘real, active and natural participation in the life of a community’” (2002: 12). Still, to be rooted—to be well in the world—is a risk, due to the eternally changing nature of one’s self and one’s relationships. The participation in a community requires an honest appraisal that this community—like others before it—may very well be lost.

This is the paradox of rootedness and of the establishment of a new self: it is not permanent, although its potential permanence entails its attractiveness. Every stage of life could be said to be liminal; we are always in between who we were and who we are going to be. We become re-integrated, just to begin again. Self is not a static, unchanging entity but rather constituted by a process of becoming.

It is with this in mind that it can be argued that the service-users’ conceptions of their ‘selves’ as something that is re-found, reinvented, or returned to is a metaphorical tool used to empower and heal themselves according to both individual agency and the collective and communal efforts of the center. In fact, the self never really becomes lost; they never lost either their embodied, subjective life-force, as this only ends in death, neither their cognitive-discursive awareness of their selves—on the contrary, they are startlingly aware of the implications of the past events of their lives that have shaped them.

The center aims to affirm this process of becoming, but falters in its allusion that an endpoint to healing may be reached. The décor of the center, as mentioned in the first chapter, is comforting and supportive of their goals, as well as offers avenues to healing and to finding different communities of support. It is also sympathetic to their pain—it affirms both victimhood and the conviction that survivorhood is attainable. In the case of Valerie, the pain of her assault permeated through her life, affecting her cognitive-discursive self, her body, and her relationships. Although she expressed that she still very much felt the effects of her childhood assault in our meetings, she also talked about times in her life when she felt strong, happy, and loved. This suggests that ‘surviving’ something as grave and intimately violent as sexual assault or domestic violence—and likely all different kinds of traumas that one may experience in life—is not a matter of reaching a point where you are truly, completely over the event, happy all of the time, and without any lasting effects, which may very well come and go. Rather, the process of healing is one of engaging with the nature of the self—the process of becoming—once again; healing is integrating trauma into the self without letting it define you, and learning to live with your scars.

This was echoed by the director in an interview I conducted with her at the culmination of my fieldwork:

“It’s about getting to a point where you can live with it [the abuse]. It doesn’t control your life and thoughts.”

Amy also said that the goals of the center were to aid recovery from abuse in a safe setting, to build the women’s self-esteem, and offer them practical skills that can help them rebuild their lives. Moreover, she said that many women who suffer from gender violence lose their sense of self as a result and must re-discover who they were before the abuse. Finally, the center hoped to create a community in order to combat the isolating nature of abuse.

The New Self in an Old World

In addition, the healing of the self cannot be separated from one's participation in the outside world. People are constituted not only by their embodied nature and cognitive awareness, but by their relationships and experiences.

During my second and final meeting with Valerie, I learned more about what kept her from making connections with others.

I meet with Valerie, as planned at the end of our last meeting, at the main entrance of the Archway Underground station. Again, I find her instantly. She is standing right in my line of view, looking down at something at a sidewalk shop.

I approach her slowly, not wanting to scare her. "Valerie?"

She looks up. "Oh, hello!" she says. She looks happy to see me.

"We've been having no trouble finding each other, huh?" I say, referring to the fact that our two pre-arranged meetings have had us locating the other quite easily.

"Yes, we're doing quite well!"

I ask her how she's doing. She says okay, but she's still having some pain issues.

We board a bus bound for Brent Cross—the part of London where Valerie grew up. We're going to Hampstead Heath, a large, grassy public space with one of the best views of London. On the bus, many handicap seats are taken, and I am suddenly aware of actually needing a handicap seat for my companion. We cannot sit next to each other, and she offers for us to move to the back where there are empty seats. When I tell her it's alright, she seems relieved.

"It's just hard for me to even get up," she says.

Within fifteen minutes the bus arrives at the Heath. We proceed to the view, which is right near the entrance, of the London skyline.

We find the Shard and the Eye but the clouds hide Big Ben. We take a short walk towards the Kentwood house.

Valerie walks slowly and her breathing accelerates during even a short incline. She is very apologetic about the fact that she can't walk much or fast.

We sit down on a bench to eat the sandwiches I have brought: roast chicken with cheese, lettuce, and avocado. The themes of our discussion are similar to the last time and unfold unforced. She says that there aren't any group meetings at the center this week, and without them she will be very isolated. Before the holidays, she will go to a do-it-yourself plumbing workshop, a Christmas card making workshop, and the Christmas party at the center. She thinks the Christmas party is too focused on presents; she wants to play games.

She has spent the last two Christmas Days alone. Her family does not invite her to Christmas any more, and Valerie believes it is because they feel she would talk nonstop about the sexual abuse she suffered at the hands of her stepfather.

"I wouldn't bring it up in front of in-laws," Valerie says. "I only bring it up so much with them [her mother's side of the family] because I don't feel like I've ever been heard."

Sometimes she spends Christmas Eve with family, and sometimes her previous partner's children visit her, but the holidays can be very lonely for her, she says.

We laugh and talk easily with one another. She asks me what I do on holidays in the U.S. We talk about my mom, dad, and stepmother, and the recent passing of my uncle.

I ask her if she has made friends at the center. She says with some women she has had coffee or even "the odd adventure to the cinema or a restaurant" but nothing stuck. Many are in very stressful situations, such as being on the verge of losing their heat, or return to a violence partner. Valerie finds this difficult to deal with—it sends her own emotions into a tailspin.

In her youth, she lived with her two best friends, and she kept in touch with one for nearly forty years. Recently, she says, they have been having some problems.

We finish the day by looking at some art in the Kentwood house and have a coffee in the cafeteria. At one point, she brings up that she may begin volunteering at a domestic violence shelter again. She talks about being emotionally weak, and I note that she has opened up to

me, which is quite brave. At the end of the day, we walk to the bus stop together and exchange emails. She seems very happy to have spent the day with me, and I am happy to have spent it with her.

The intimate violation of sexual and domestic violence is not only a gendered crime, but a severe breaking of trust which damages one's ability to connect to others and to the world. "Connect, connect, connect to the unknown," the women told each other. "We are sisters in recovery."

The center's homelike atmosphere is comforting, and acts as a safe space to perform healing. Yet the true healing must take place outside of that door—to heal is to be engaged with *life*, and to not be afraid of it. The center cannot be a substitute for a family or for the so-called real world. Even the declaration of the formed center operates largely within the center. Perhaps the friendships between some of the women will endure, but the group itself is likely to fray when the circumstances change, as is the case with social groups that exist within a specific context. What happens when the women must return to the world—on their own? Where and who is home then?

The transition from 'victim' to 'survivor' is imagined by the center and by the service-users and used as a tool to aid them in their discovery of a post-trauma or postliminal world. All people create meaning in their lives in order to navigate events and features of the world. In the case of the women at the center, they might be survivors in the sense that they have decided they are healed. However, there is no objective measure of healing; no way to know when the transformation is complete. Rather, we choose to see it as such; we create new selves; we imagine ourselves as healed.

In meditation, the service-users physically reconnected to their bodies, which had been a site of pain, and were encouraged to think about feeling safe and loved. They restructured what it *means* to be in their bodies, how their bodies feel, thus creating a new meaning of their own embodiment. In their film and art therapy classes, they reclaimed their agency by speaking about their trauma and imaging a new self or a return to a pre-trauma self; this allowed them to make sense of their traumas and ascribe it a satisfying meaning. The reality of what has

happened is in the past, and cannot and does not change. Instead, they are assigned new meaning.

In her meetings with me, Valerie showed a desire for personal connection. She also pushed herself beyond typical physical limits, including her reluctance to sit in uncomfortable chairs or engage in prolonged physical activity due to her chronic fatigue. Although it might not seem like much, I do believe that eating a chicken sandwich with me at Hampstead Heath was, for her, a somewhat courageous endeavor into a human connection and into the world—both of which frighten her very much.

Jackson wrote that it is “sheer folly to think that one can take one’s life into one’s own hands, to be sufficient unto oneself” (2009: 10). Relationships give life meaning and also often cause personal transformations. Sexual violence isolates the self from itself, and from society. As a result, multiple re-integrations must take place. These re-integrations can be fraught with challenges, and as Valerie expressed, can be especially difficult for people who are afraid to make new connections as a result of past interpersonal violence.

Just as place is constituted by practice, people are constituted by relationships; we become who we are, in many ways, because of who we are to others. We learn how to walk, talk, and live from others, and even in adulthood we depend on others for a myriad of practical considerations: we depend on the clerk, the coworker, the teacher. More than that, we depend on *close* relationships—our parents, lovers, and friends— for emotional and physical support, and through our interactions with them, our perceptions of ourselves will either be confirmed or nullified. According to Jackson: “our identity is at the same time a shifting outcome of the relationships we are presently in and a residual memory of every relationship we have ever known” (2009: 116). In this way, it can be said that the new self can never completely transcend the old world it has lived in.

The longing for human connection is present in all of us. To heal is more than to reclaim the self and redefine the body; it is to engage with the world and its constituents in a genuine manner, to look at an old skyline in a new way, to have hope, to try again, to welcome a new friend—healing is a rebirth and there must be something to be born into. It is this old world

that the new self must go to, and perhaps leave, and go back to once more, time and time again.

Chapter 5: Conclusion

The Things Women Reclaim

I was inspired to title this thesis “The Things Women Reclaim” by the following quote by the American writer and psychoanalyst Clarissa Pinkola Estés, who has written about trauma:

“The things that women reclaim are often their own voice, their own values, their imagination, their clairvoyance, their stories, their ancient memories. If we go for the deeper, and the darker, and the less known we will touch the bones.”

This quote spoke to me because of how it captured the essence of what I have tried to convey in this thesis. Sexual and domestic violence are intimate, physical traumas that affect how women see themselves and live their lives, for long after the event. It is the kind of trauma that sneaks into your body and often stays there, unwanted, through subsequent experiences of life. It sits in your stomach and hides, occasionally making itself known from time to time—by causing intrusive memories, long term physical pain, or difficult connecting with others. What is at stake when we discuss gender violence is not just a women’s right to freedom from violence and to sexual autonomy, but the very idea that women have values, voices, and imaginations, which will all be permanently altered as a result of this existentially formative experience, and need to be sought out again after such an experience.

As I mentioned throughout this thesis, I believe that sexual and domestic violence often result in the diminishing of a person’s agency and manifests in shame due to the attack. Therefore, it is crucial that the process of healing from sexual and domestic violence encourages the remaking of agency and contends that there is nothing to be ashamed of. The attack speaks volumes about the attacker, not the victim; and though women have been taught to be ashamed of their sexuality for ions, rape is not really about sex. It’s about power and asserting your being over that of another’s.

Therefore, it is this being that must be reclaimed. As I have said, the wholly new self is an imagined construct in that we always bring pieces of the past into the future. We may never be free of our traumas, but we can learn to live with our scars. We can decide that all that makes us, us can be taken back, and perhaps, in that assertion, realize that it may never truly be taken from us ever again.

This thesis is based on six weeks of participant-observation at a nationally registered charity in London, England that provides practical and emotional support to women who have been affected by sexual and domestic violence. In this thesis, I argued that healing is a meaning-making process in which the body, self, and relationships are remade.

In the second chapter, I made the claim that the center was configured to be a healing space and the service-users were conceived as liminal beings in between past and future selves—between being a ‘victim’ and ‘survivor’—and that this was conveyed through my field site’s design and practices. I showed how the center’s embodiment contested problematic social and legal views on sexual and domestic violence. I contended that the victim-survivor binary opposition denied that healing is processual and gains made may not always be permanent.

In the third chapter, I discussed how the center at which I did my fieldwork used different therapeutic methods to help the service-users create meaning and understand their pasts, and addressed both embodied and cognitive-discursive aspects of selfhood through meditation, film-making, and mental health workshops. I discussed my own feeling within the meditation group that it was a return to a pre-trauma self that was at stake in imagining a future self, and made the claim that although we cannot forget our pasts, we may be able to shed something of the trauma associated with certain moments within them. I showed through the film premiere ethnography how public recognition may foster empowerment and healing, and how the women who were engaging in a liminal journey together came to regard each other as sisters in recovery. I claimed that agency may be uncovered in the process of healing through the very act of looking to recover it.

In the final chapter, I discussed how my relationship with one service-user led me to believe that our well-being as humans is inherently connected to our ability to be rooted and connect

with others, and how we must pursue these connections in spite of fear. Healing does not end, but rather continues because the self and our relationships are constantly in flux. Yet, we may attain a sense of well-being and gain more meaning in our lives through our relation with the world, which may allow us to imagine a new, healed self.

In conclusion, by imagining a new, better future in which the healed self may enter, and imagining the healed self as an entity that is free from its past and has transcended trauma, a victim-survivor of gender violence—or anyone, for that matter, who seeks healing— may ultimately find themselves having a kind of Dorothy in *The Wizard of Oz* experience. At the culmination of her thrilling adventure through Oz, she finds that she was always able to return home by clacking her ruby slipper together. The new self is looked for and the old self is found and remade, and the agency and sense of self that once seemed to be lost forever is confirmed through a person's ability to embark on a courageous journey towards growth and healing, and thus discovered to have been there all along.

Kokkuvõte

Mida naistel on endale tagasi võita: tervenemine, agentsus ja tähendusloome seksuaal- ja koduvägivallast taastunud naiste kogukonnas Londonis, Inglismaa. Käesolevas töös väidan, et seksuaal- ja koduvägivalla kogemisest tervenemine on tähendusloome protsess, mis keskendub enese agentsuse taastamisele kujundades ümber kolmosa, milleks on enese kehastus, kognitiiv-diskursiivne identiteet ja maailmaga suhestumine. Tegin oma välitöö mittetulundusühingule kuuluvas keskuses ja kirjeldan selles kontekstis kuidas naised, kes soovivad terveneda, nähakse liminaalsete olenditena kusagil “ohvri” ja “ellujääja” vahepeal, kuidas tervenemise protsessi kujutatakse ette liminaalsuse läbimise kaudu ja teraapia tulemuseks peetakse “uut mina”.

Käesolev töö põhineb kuuenädalasel osalusvaatlusel Londonis, Inglismaal riiklikult registreeritud heategevusorganisatsioonis, kus pakutakse praktilist ja emotsionaalset tuge naistele, kes on kannatanud seksuaal- ja koduvägivalla all. Teises peatükis väidan, et heategevusorganisatsioon — millele viitan edaspidi kui “keskus” — kujutleb oma teenuse kasutajaid liminaalses staadiumis ohvri ja ellujääja vahepeal, sealjuures minu arusaam liminaalsusest pärineb antropoloog Victor Turneri töödest. Liminaalsus on ambivalentne olek vahepealsuses, mida Turner nimetas üleminekuriituste keskmiseks staadiumiks. Tõmban selle kontseptsiooniga paralleeli näidates, kuidas teenuste kasutajad keskuses teevad läbi tervenemisrituaali. See väljendub nii keskuse disainis, esteetikas kui pakutavas teraapias. Leian, et keskus püüab valitud esteetika ja praktikate kaudu pakkuda alternatiivi puuduvatele või kadunud kodudele ja sugulussuhetele.

Kolmandas peatükis väidan, et keskuse teenuste kasutajad näevad end samuti liminaalses staadiumis olevat ja otsivad tervenemise lõpp-punkti uue, tervenenu mina näol. Nad soovivad uue minani jõuda mõtestades ümber nii oma kehastuse kui kognitiiv-diskursiivsed identiteedid. Et selgitada oma arusaama kehastusest ja kognitiiv-diskursiivsest identiteedist kui terviliku mina unikaalsetest kuid ühendatud osadest, viitan antropoloog Rebecca Seligmani tööle. Leian, et teenuse kasutajate avaldused oma uuestisünnist on viis endpärist eksistentsiaalse ja kehalise trauma kogemist väestada, aga ühtlasi on need ka subjektiivsed arusaamad üht kindlat tüüpi tervenemisest, mida keskuses kujutletakse ja läbi elatakse.

Viimases peatükis uurin, kuidas elu väljaspool keskustervenemisele kaasa aitab ja väidan, et indiviidi mina tervenemine ei saa olla eraldatud ettevõtmine, kuna suhted on heaoluks ülimalt olulised. Lisaks mõtestan mina-kontseptsiooni kui pidevalt muutuvast ja millekski saavas olekus olevat, laenates filosoof Martin Heideggeri ja eksintentsiaalse antropoloogi Michael Jacksoni ideid. Kuna käesolev mina põhineb alati mineviku versioonil, ei saa trauma kaduda või paraneda nii nagu luumurd; selle asemel tuleb trauma integreerida alati muutuva minaga. Seetõttu pole agentsus tervenemisprotsessile järgnev tulemus, vaid agentsus saadakse tagasi tänu otsusele seda aktiivselt otsida. Selle tulemusena on tervenemise protsess pidev pühendumine tähenduse loomisele — elukestev projekt, mis ei lõpe enne surma või ehk vaid ekstreemsetel meeleheite ja tagasitõmbumiste juhtudel. Uue, tervenunud mina väljakuulutamise aluseks on subjektiivne otsus, millel pole objektiivseid kriteeriume ega alust reaalsuses peale selle, mille me ise loome.

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