A Narrative Context for Conversations with Adult Survivors of Childhood Sexual Abuse

by

Frank Baird, M.A.[1]

One of the foremost needs of survivors of sexual abuse is to regain a sense of control over their lives. In the context of Narrative Therapy, therapists co-create with their clients environments wherein clients can notice and harness their own powers, capabilities and competencies, heal themselves, and provide new contexts for their experiences of themselves and their lives. In this paper I will discuss the long-term effects of childhood sexual abuse and the ideologies of Narrative Therapy that help facilitate these kinds of experiences.

Long Term Effects of Childhood Sexual Abuse

A growing body of research shows the serious long-term effects of childhood sexual abuse. Common symptoms suffered by survivors include: Anxiety (Brickman, 1984; Faria & Belohlavek, 1984), Chronic Perception of Danger (Briere, 1989), Depression (Bruckner & Johnson, 1987, Jehu, 1989; O'Hare & Taylor, 1983), Dissociation (Briere, 1989), Fear (Siegel & Romig, 1988), Guilt (Faria & Belohlavek, 1984; Jehu, 1989), Heightened Ability to Avoid, Deny, and Repress (Briere, 1989), Impaired Self-Esteem (Finkelhor, 1984), Intrusive Memories or Flashbacks (Briere, 1989), Memory Loss Of Some Portion Of Childhood Years (Emerson, 1988), Perceived Helplessness And Hopelessness (Briere, 1989), Poor Reality Testing (Briere, 1989), Self-Hatred (Briere, 1989), Self-Mutilation (Briere, 1989), Severe Difficulties With Trust And Intimacy (O'Hare & Taylor, 1983), Sexual Problems (Brickman, 1984; Brukner & Johnson, 1987; O'Hare & Taylor, 1983), Sexual Preference Confusion (Finkelhor, 1984), Shame (O'Hare & Taylor, 1983; Siegel & Romig, 1988), Substance Abuse (Brickman, 1984; Siegel & Romig, 1988), Suicidal Thoughts Or Attempts (Bruckner & Johnson, 1987; Siegel & Romig, 1988), and Unsatisfactory Relationships (Faria & Belohlavek, 1984; Siegel & Romig, 1988).

Many of the symptoms suffered by survivors are not exclusive to this population, but occur in a particular context. The meaning survivors and others make around the abusive events and resulting symptoms can make a difference in determining the ways therapists invite clients to talk about their problems. Both men and women suffer from sexual abuse. In this paper I will use the female pronoun when referring to a survivor and the male pronoun when referring to a perpetrator of sexual abuse.

Briere (1989) suggests four helpful categorizations of the effects of sexual victimization: Posttraumatic Stress, Cognitive Effects, Emotional Effects, and Interpersonal Effects.

Posttraumatic Stress

Posttraumatic stress is the earliest and many times most pervasive long-term effect of sexual abuse. The child is traumatized by her experience of fear, helplessness, horror and physical discomfort and/or pain. Frequently children fear for their lives, their livelihood, their own well-being or the well-being or lives of others.

---

[1] Paper originally published in: *Progress – Family Systems Research and Therapy*, Volume 5, 1996, pp.51-71. Encino, CA: Phillips Graduate Institute.

The perpetrator is more powerful than the child and uses his greater power to accomplish his abusive acts. The force he uses may be psychological or physical. Psychological perpetration includes terror or betrayal. Physical force has psychological repercussions, but is physical in nature, such as the physical apprehension, restraint or assault upon the child. As a result of the imposition of the perpetrator's power upon the child, the child is forced to make new meaning of her world, meaning contextualized by fear and helplessness. In this context, common symptoms of Post-Traumatic Stress as described in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) include flashbacks, nightmares, hypervigilance, feelings of detachment or estrangement from others, restricted range of affect, exaggerated startle response, etc. (American Psychiatric Association, 1994).

Cognitive Effects

Sex abuse alters the world in which the child exists. It is not only "the mechanics of the act (i.e., who did what to whom) but also . . . the matrix of other injurious events that coexist with or follow from sexual victimization." (Briere, 1989, p.2) Not only is the child's body violated in sexual abuse, but the world as she knows it is transformed. New realities are made of "trust", "safety", and "love."

The event of child abuse quickly introduces concepts and emotions that are intense, difficult and in conflict with the child's understanding and expectations of the world. The child will make meaning of her experience and will make meaning of the abuse. The child who, developmentally, is used to being taught what to do, what to think and what to feel by adults and older children will use information provided by them in her meaning making. Sometimes children are able to integrate this information in total, sometimes in part, and sometimes they misunderstand and try to integrate the information inappropriately, inconsistently or incongruently.

A perpetrator, in order to accomplish and continue his activities with the child, must help the child make meaning of their encounter, or ongoing encounters, that permits the perpetrator to accomplish or continue his abusive acts regardless of the child's feelings. The meaning forced upon the child is an integral part of the abuse. That meaning serves the self-interest of the perpetrator without consideration of the child's interest. Regardless, the child will take this meaning and try to integrate it into her own experience. Symptomatic meanings that results from abuse include "(a) negative self-evaluation and guilt, (b) perceived helplessness and hopelessness, and (c) distrust of others." (Briere, 1989, pp.11-12)

Frequently perpetrators convince their victim that she is responsible for what is happening or has happened, that the perpetrator has or had no choice but to be attracted to or to punish the victim. Unclear about how it is the she has "asked" or "deserves" this abuse, the victim will often cooperate with the perpetrator's efforts to keep the events shrouded in shame and secrecy. Unable to make any other meaning of the events, the victim believes there is something "wrong" with her and feels guilty if she tries to "blame" the perpetrator. Later in life, even if the survivor is able to hold the perpetrator responsible for the abuse rather than herself , it is often difficult to deconstruct the belief that "I got what I deserved" because of the survivor's desire for a "just world." That is, as Lerner (1980, p.14, cited in Briere, 1989, pp.12-13) notes, "people want to and have to believe [that] they live in a just world so they can go about their daily lives with a sense of trust, hope and confidence in their future." Briere (1989, pp.12-13) notes that, "This perspective invests the victim in believing that 'I got what I deserved' as opposed to the potentially more frightening notion that violence is random (unjust) and that one cannot do things to avoid being victimized. Thus, in addition to its negative effects, self-blame may serve as a defense against feelings of total powerlessness."

In fact, the child victim of sexual abuse is powerless at the time of the abuse. Unless some intervention protects the child from the physical, emotional and cognitive abuse of the perpetrator, the child may continue to feel powerless due to ongoing threats, meanings that define the event or events that are forced upon the child or developed by the child from hers feeble position.

In this context, it makes sense that a survivor will have a difficult time trusting others. The survivor may not know how to trust since, in most instances, her abuser was someone she trusted. The survivor may not know how to "read" someone and may not know how to judge behavior that is safe or unsafe for her. She may defer to a permanent defensive stance, or she may simply assume that everyone will hurt her eventually.

Emotional Effects

Emotional effects resulting from childhood sexual abuse include anxiety and depression. Briere quotes Hinsie & Campbell's psychiatric dictionary as describing some of the characteristics of anxiety to

include an, "'(a) awareness of being powerless to do anything about potentially dangerous situation, (b) a feeling of impending doom or catastrophe, (c) tension and hyperalertness, and (d) a preoccupation with personal fears and worries that interferes with effective daily functioning.' This definition also suggests that 'anxiety is to be differentiated from fear. . . [which is] a reaction to a real or threatened danger, while anxiety is more typically a reaction to an unreal or imagined danger.' (Hinsie & Campbell, 1973, p.49)" (Briere, 1989, p.15) Given the conditions in which child sex abuse occurs, it makes sense that a survivor would suffer from feelings of anxiety. If the survivor has no power to control what happens to her in her life and she has been overcome by very painful events, she may feel anxious about what will happen to her next, when it will happen, how it will happen, and how she will deal with it.

Depression, sometimes described as anger turned inward, also makes sense given the context in which sex abuse occurs. If the survivor feels responsible for the acts that have been perpetrated upon her, she may want to punish herself. If she is guilty by virtue of her existence, that is, if she were so attractive that the perpetrator just had to do what he did, then it makes sense that the survivor might want to kill herself to relieve not only herself of her own pain, but of the pain she feels she is inflicting upon the perpetrator.

Interpersonal Effects

"Because child abuse occurs, by definition, within the context of some sort of relationship, however brief or destructive, sexual abuse survivors often experience problems in the interpersonal domain." (Briere, 1989, p.18) Briere goes on to say, "Sexual abuse may be relatively unique among forms of interpersonal aggression in that it combines exploitation and invasion with, in some instances, what might otherwise be evidence of love or caring (e.g., physical contact, cuddling, praise, perhaps some positive physical sensations)." (Briere, 1989, p.19) Given the confusion that can result, it makes sense that survivors may be ambivalent about intimate relationships, especially sexual or romantic ones.

Survivors may have difficulty being in relationship with others if there is an inability to trust the other. They may have promiscuous relationships, feeling that their only worth is sexual. They may be adversarial with their partners, constantly being alert to their own self-interest and fearing their partner's motives. Frequently survivors become manipulative, trying to control their environment. Sometimes, in an effort to escape the reality of their world, survivors use drugs or alcohol, the use of which can complicate and interfere with their relationships.

Treatment of Sexual Abuse

In her review of the literature, Pearson (1991, p.32) categorizes a variety of treatments for survivors as: Relationship Building Techniques; Questioning; Family-Of-Origin Techniques; Writing Techniques; Gestalt, Role Playing And Psychodrama; Transactional Analysis And Inner-Child Work; Hypnotherapy And Guided Imagery; Cognitive And Educational Techniques; Behavioral Techniques; Life-Skills Training; and Other Techniques.

One of the foremost needs of survivors of sexual abuse is to regain a sense of control over their lives. Control was taken from them when they were abused. The symptoms they suffer continue to take away their control. Briere (1989) says:

> By definition, sexual abuse occurs in a context of powerlessness, intrusion, and authoritarianism. By the last we refer to relationships where there is a "one up" person who has some form of control or authority over a "one down" person. Since therapy for sexual abuse trauma is intended to remedy the effects of such dynamics, it is important that the treatment process not recapitulate them. Experience suggests, in fact, that authoritarian, power-laden interventions are likely to result in a variety of "negative" survivor behaviors, such as manipulation, rage, or "acting out." (p.58)

Briere (1989) suggests that "the goals of abuse-focused therapy extend beyond survival - ultimately to integration and self-affirmation." (p.3) It is important for a survivor to move from "victim" to "survivor" and beyond. It is helpful for the survivor to find a non-objectified status, a status defined by a reality the survivor determines for herself, a reality that is subjectively real, authentic and alive. Christopher Lasch (1979) comments on an American cultural tendency to convert "popular traditions of self-reliance into esoteric knowledge administered by experts encourag[ing] a belief that ordinary competence in almost any field, even the art of self-government, lies beyond the reach of the layman" (p.226). Durant & Kowalski

(1990, p.67) offer the following contrast between therapy which promotes a less helpful self-definition and a therapy that will enhance a person's self-definition:

Therapy which promotes a self-perception as "victim"	**Therapy which enhances a self-perception as "competent person"**
1. Therapist is expert... has special knowledge regarding sexual abuse to which client needs to submit.	1. Client as expert in her/his own life... has ability to determine what is best for her/him. Therapist respects this.
2. Client is viewed as damaged or broken by abuse.	2. Client is viewed as oppressed by and struggling with the effects of the abuse.
3. Deficit model... seeks to "fix" client.	3. Resource model... seeks to build on strengths and resources of the client.
4. Insight into dynamics of the abuse is key goal of treatment.	4. Goal of treatment is client viewing him/herself as competent and as having control over the influence of the effects of the abuse.
5. A cathartic or corrective experience is necessary to produce change.	5. Best "corrective experience" is client getting on with his/her life in a way which best suits him/her, and change will be promoted by experiencing this possibility.

Durant & Kowalski (1990) also comment on how the therapist might view clients' problems:

> The abuse is only a problem because of its effects. This distinction, though perhaps semantic, is important. Therapy which seeks to resolve the abuse is inevitably problem-focused and easily leads to the characteristics that we have described as constituting a therapy which promotes a view of self as victim. Since the abuse cannot ever be made to have not happened, a problem defined as the abuse can never truly be resolved. (p.72)

Narrative Therapy fits the recommendations of Briere, Durant & Kowalski. There are several presuppositions to Narrative Therapy that should be mentioned before describing the details of the therapy. They are:

Social Constructionism – Reality is socially constructed. According to Kenneth Gergen (Gergen, 1985), Social Constructionism "views discourse about the world not as a reflection or map of the world but as an artifact of communical interchange." (p.266) From a Social Constructionist perspective there is no knowable objective reality. Reality is created and negotiated between all participants. All participants have an authority and responsibility in the construction of reality.

Open Space - There is no right answer to a client's problem. Rather than narrowing possibilities toward a best solution, Narrative Therapy seeks to expand the possibilities.

Shared Knowledge - In a therapeutic conversation, both the survivor and the therapist are valued contributors. Each participates and has a responsibility in the reality they are constructing.

Non-Expert Stance and Transparency - Because both survivor and therapist are valued participants in therapeutic conversations, the therapist assumes a non-expert stance. The therapist is not one who can "fix" the survivor or the survivor's problem. The therapist is a person with faith in the survivor and certain expertise that may be helpful to the survivor. The survivor has expertise in her own life and the life of the problem that plagues her. The therapist makes transparent his knowledge, the sources of his knowledge, and the ways he uses his knowledge. He identifies that it is *his* knowledge and that it may not fit for the client. In this sense, he does not objectify the knowledge, but acknowledges its social relevancy.

Narrative Therapy – Interpretation: The Making of Meaning

Narrative Therapy is based on a theory of interpretation. Data is available to an observer who notices that data that is meaningful to her. The data that is meaningful to her is considered to be information. Information is ordered and influenced in time. What comes earlier in time influences what comes later. The observer orders information into a text. This text has "readers" and "writers" (White and

Epston, 1990). Readers are those who read the text, who find data. Writers are those who write the text, who create data.

The word "text" suggests a neutral orientation to the ordered data and "observer" suggests a neutral data collector. Because interest and power are involved in the reading and writing of text, there is neither a neutral text nor observer. Every observer is both a reader and writer of text, but where she locates herself in relation to particular data determines whether she feels herself to be more a reader or a writer. Her feelings are in response to power. If the observer feels herself to have power in relation to particular data, she will feel that she is a writer. If the observer feels powerless in relation to particular data, she will feel that she is a reader.

People make sense of their lives by situating them in stories. People are the observers, stories are their text. These words reflect the drama inherent in meaning making. A survivor suffering from a problem feels powerless to resolve it. In this sense, the survivor is oppressed by the problem that plagues her. Narrative Therapy helps a survivor recognize her own power, power to read and write her own story.

Let me introduce to you the story of Laurie, a 35 year old woman survivor who is not an actual person, but who is representative of many clients with whom I have the privilege of working. Laurie was experiencing her life as one of ruin and powerlessness. She situated her experiences in a story that began when her uncle Alan sexually abused her when she was 13 years old. Alan had been Laurie's favorite uncle and they had had a very close and loving relationship. Laurie was a very attractive girl who had just begun developing into young womanhood when her uncle's affection began to be expressed more physically. At a time when she was feeling awkward and uncomfortable with her developing body, Alan provided her with encouragement and appreciation. When he asked her to satisfy him sexually he did so in a context where her refusal could only be interpreted as unloving. Because she loved her uncle, Laurie complied with his request, not just once, but repeatedly for four years.

Laurie presented for therapy complaining about the effects depression, alienation, and sexual repulsion were having on her life and her inability to keep a job or to live in any one place for very long. At the time she presented for therapy, Laurie was living in her car. Her story will serve to illustrate the structure and experience of Narrative Therapy.

Dominant Story

A person is born in a place and time. The place is a culture, the time is a history. In this culture and history a person makes meaning of the data she observes. She is helped in making meaning with prepackaged meanings provided by the cultural and historical milieu into which she is born. She is directed to notice certain data, to ignore other data, and to interpret data in a particular manner. While being so directed, she experiences herself as a reader of the cultural and historical story. Responding to the power differential of this story, a survivor will attempt to write her personal story within the context of the dominant story. When her personal story conflicts with that dominant story, she presents for therapy. In therapy she hopes to realign herself with the dominant story by learning ways she can write her personal and preferred story within the confines of the dominant story.

The "pre-written" story in which the survivor does not have authorship rights is experienced as "objective" reality (Berger & Luckmann, 1966). This is in contrast to the ongoing "subjective" reality experienced by the survivor, a reality in which she does have authorship rights. The objective reality or dominant story is experienced as fact rather than as substantiated preference of the dominant forces in a culture. The dominant story, then, is established as Reality, while alternative stories and subjective experiences are made less legitimate and are required to conform to Reality.

The dominant story for Laurie included facts substantiated as objective reality by a variety of special interests:

Facts from the culture of family included:

- Children should respect their elders
- Children should love their family
- Children should be seen and not heard

Facts from the culture of love included:

- If you love someone, you will do anything for them.
- If you really love someone, you will not just satisfy them, but you will feel satisfied by your actions as well

Facts from the culture of gender included:

- Girls should be pretty and sweet
- Girls should care for and take care of others
- "Good girls" do not have sex
- Men are biologically driven to have sex and so "can't help themselves"
- It's a girl's responsibility to say "no" to sexual advances. If she does not say no, then she is responsible for what happens. If it happened, she did not say no and she wanted it.

Facts from the cultures of biology, psychology, marketing and mass media included:

- We are biologically determined sexual beings
- Our psychological well-being depends upon the successful appreciation and integration of sexuality
- Sex sells products. The more sex we sell, the more products we sell. The more products we sell, the happier people will be.
- Sex is so satisfying. Everyone wants sex.

Facts from Laurie's perpetrator included:

- You are so beautiful and sensitive and caring, I cannot help but be attracted to you.
- You want this as much as I do. It's an expression of our love.
- Because you want it as much as I do, if you deny me, you are a tease and you know no one likes a tease. If you do not do this for me, this is evidence that you are an unlikable person.
- If you feel anything contrary to what I want you to feel, there will be hell to pay, either by my continued harassment of you, or because I will intentionally or unintentionally confirm your fears that you are unloving and unlovable.

This is the context in which Laurie was compelled to comply with her uncle's wishes. She could not resist the overwhelming force of objective reality that dictated what kind of person she was and what she was capable of doing. The dominating story in which she considered her choices was one that cast her as either an unloving or a loving niece. She preferred the role of the loving niece.

For a survivor, the dominant story was initially authored by her perpetrator, a person of knowledge and power in her world. By his actions and words, the perpetrator authored a story wherein the child victim had no authorship rights. The secrecy demanded by the perpetrator enabled his authorship to remain unexamined and further disabled the child victim from revising that story. So a child who feels unhappy with her victimization learns either to deny or mistrust her own feelings about her victimization or to feel responsible and deserving of her victimization. Parents, friends, and others, including the culture in which she lives, also have an irresistible authorship force that may unintentionally confirm the story authored by the perpetrator. Thus, the survivor learns that her own subjective experience is illegitimate and the only valid experience is that supported by the legitimated dominant story. The child victim of sexual abuse continues to be victimized by the dominant story of her life.

In the dominant story of Laurie's life, she was cast in the role of unloving niece if she did not submit her uncle's sex. Preferring to be the loving niece, she complied with Alan's requests for sex, noticing that her love for him began to change. She wrestled silently with her physical discomfort during the sex, with her psychological discomfort with the sex acts, with the burden of the frequency of the sex and its secrecy, with the fear that each time Alan visited her he would and did want sex, with the disappointment that their love only found expression in sex. Laurie felt she could not discuss with anyone her thoughts or feelings about what was happening. When her uncle stopped having sex with her, she could not discuss her thoughts or feelings about what had happened to her, about the relief she felt from his relentless pursuits and about the sadness and confusion she felt at being abandoned and no longer loved by him. In her silence, she submitted to the more insidious aspects of the dominating story, aspects that accented the role only she knew she was playing - that of the unloving niece pretending to be loving.

As the story of her life continued, Laurie felt the implications of her character grow. She was not just an unloving niece, but an unloving person. She felt herself alienated from her family and friends. She was unable to have satisfying relationships, wanting to be loving and feeling she did not know how to be loving. Evidence of her inability to be loving was her frequent, then constant, aversion to sex. She began to be vulnerable to abusive men, feeling that they were the only men who would tolerate her inability to love or to have sex with them.

To avoid the always painful sexual advances of men, Laurie cut her hair very short and uneven and began gaining weight. She dressed in neutering clothing. She began losing jobs, typically due to inconsistent attendance and arguments with her supervisors and co-workers. She was unable to live in one place for long. Feeling afraid of neighbors and their intentions she would move from apartment to apartment. When she could no longer afford rent, Laurie began living in her car. Overcome by increasing feelings of worthlessness, Laurie began to cut on herself and attempted suicide several times. The dominant story of Laurie's life told the tragic tale of a girl who could not love and the price one pays for being unloving.

Alternative and Preferred Stories

The powerful forces of the dominant story demand a survivor subsume her personal story. Conflict occurs when her personal story is more compelling than the dominant story. Here the survivor is already writing an alternative story, but the value of that story may be unrecognized or undervalued. While focusing on data that tells her she is opposing the dominant story, the survivor remains in conflict. Focusing instead upon data that provides evidence of the alternative stories already occurring and a possible preferred story, she will not have to directly oppose the dominant story. Instead she can focus on reading and writing her preferred story within the context of the subtly changing dominant story. This fits the survivor's original purpose in seeking therapy: To find a way to more comfortably fit her story within the dominant story.

Alternative stories for Laurie would be any that cast her in roles other than unloving or loving niece, stories that provided broader definition of her character and contained possibilities for other or multiple plot-lines. These stories might include character and plot-lines relative to the diversity of a young girl's life. Some of these stories might tell of:

- a young girl's imaginative interests in elves and elf lore
- a student who consistently achieved high grades in school
- a girl who had a very close friend die in a car accident before her own eyes
- a young girl excited to have finally made the track team after working so hard for so long to be athletically successful

Laurie's preferred story would be one in which the facts of the story were subject to negotiation and personalization, where Laurie had some say in defining her role and determining the plot-line of not just the story in which she was involved, but in which she was co-authoring. Laurie's preferred story was one where she could be a loving niece and refuse her uncle's sex.

Deconstructing the Dominant Story

In deconstructing the dominant story, the survivor examines the data she was directed to notice and interpret by cultural and historical forces. She deconstructs their prepackaged meaning and makes new, more personally relevant meaning from the components. Monolithic objective reality is broken down into parts that better reflect the social context and multiplicity of its creation. Deconstructed, the parts of the dominant story are not as compelling alone as when thematically united and, with their sources are exposed, the authorities that created or perpetuated the facts can come into question. In questioning these authorities, the survivor begins to find her own authorship abilities. Though she may not yet be prepared to author an alternative or preferred story, she is considering questions that begin to create a context where she has increasing authority.

Exceptions

Exceptions are surprising data that the survivor would not have predicted from knowing the dominant story. They provide information that tell the survivor about possible alternative stories, alternative stories that already exist unnoticed and the unrecognized power the survivor already wields in relation to the problem and the dominant story.

Exceptions are previously unnoticed expressions of the survivor's authorship abilities and have the power of her lived experience life. These exceptions are helpful in asserting the value and legitimacy of her authorship authority against the objective reality of the dominant story.

Questions that served to deconstruct the dominant story of Laurie's life by soliciting exceptions included:

- When she was young, who else did she love?
- What were some of the ways she demonstrated her love?
- Did the people she loved feel satisfied by the ways of her loving?
- Did these people love her?
- If she had been able to discuss her situation with these loving people, would they have supported his interests or hers?
- What difference would it have made in her life if her interests had been supported?
- What would she have been able to know about herself in this supportive context?
- Who does she love in her life now?
- How does she demonstrate her love to those she loves?
- Do these people love her?
- Given that, at the time, she was not able to discuss her situation with others, would the secrecy surrounding her sexual encounters with Alan have been the kind that society might normally condone in respect of a couple's privacy?
- Given that, in the past, she was unable to discuss her situation with others, what effect is it having on her life talking about it now?
- What does being able to talk about her life suggest about the kind of person she is?
- Does she think of herself as courageous, talking about her life and her longings?
- What was it that might have overcome Laurie and made her vulnerable to the facts as organized by Alan?

Laurie answered these questions in relation to the dominant story. In answering them, she told the story from her perspective and cited additional facts that broadened the dominant story. In pursuit of questions like these, the dominant story broadens sufficiently to become diffused and, eventually, a different story. When the story is sufficiently different, it is no longer a question of the lovingness of Laurie, but rather, given that Laurie is a loving person, how does she express her love?

Externalizing the Problem

Objectifying people is an act of control and perpetration. It denies the objectified person's subjective reality and denies that the objectified person is indeed a person. The perpetrator objectified his victim, seeing her as the object to satisfy his desires, regardless of her wishes. A survivor who has chronically denied her feelings or accepts responsibility for her victimization has, at the invitation of her perpetrator and the continued or continuing perpetration of her culture, objectified herself. She is alienated from herself and sees herself as the problem. In externalizing the problem, the survivor does not objectify herself, nor does she accept the objectification of herself that was forced upon her by the perpetrator.

In Narrative Therapy, the person is not the problem the problem is the problem. A survivor presenting for therapy with feelings of anxiety or depression (two common survivor symptoms) has, in the language of Narrative Therapy, "come to be under the influence of Anxiety or Depression". That is, the survivor is not anxious or depressed (herein objectified) nor even making herself anxious or depressed in response to the problem (herein asked to feel responsible for conditions she does not even have the authority to be responsible for), but rather, Anxiety or Depression are inviting her to think, feel and do certain things. The person of the survivor is separate from the problem of Anxiety or Depression and is thus able to be and noticed as who she really is.

Michael White says:

> I have found the externalization of the problem to be helpful to persons in their struggle with problems. Consequently, I have concluded that, among other things, this practice:
>
> 1. Decreases unproductive conflict between persons, including those disputes over who is responsible for the problem;
> 2. Undermines the sense of failure that has developed for many persons in response to the continuing existence of the problem despite their attempts to resolve it;
> 3. Paves the way for persons to cooperate with each other, to unite in a struggle against the problem, and to escape its influence in their lives and relationships;

4. Opens up new possibilities for persons to take action to retrieve their lives and relationships from the problem and its influence;
5. Frees persons to take a lighter, more effective, and less stressed approach to "deadly serious" problems; and
6. Presents options for dialogue, rather than monologue, about the problem.

> Within the context of the practices associated with the externalizing of the problems, neither the person nor the relationship between persons is the problem. Rather, the problem becomes the problem, and then the person's relationship with the problem becomes the problem. (White & Epston, 1990, pages 39-40)

In the externalized problem, the survivor has a character in her story that she can cooperate with or struggle against. Characterizing a problem helps her look at the problem in the same way that she looks at other characters in her life. She can then dialogue with this character and relate to it in ways familiar to her. Rather than the problem remaining fixed in her life, the survivor and the problem are alive, active, changing and changeable.

Laurie had concluded that she was at fault for her predicament in life. On occasion she could appreciate Alan's self-serving manipulation of the facts and his responsibility for their sex, but she found little relief in these thoughts and feelings. In her view, Alan had come and gone from her life and she remained, the on-going source of all that was wrong. Even after examination, Alan had seemed very congruent in his expressions of love for her. She was the one that did not like the sex, not him. It wasn't Alan that was uncomfortable in love. It wasn't Alan who could not keep a job or an apartment. It wasn't Alan who had become a grotesque caricature. The one consistent factor in the misery in her life was Laurie. She was a bright woman and had been in therapy previously. She had learned that she could not hold others responsible for her life. She had learned to accept responsibility for herself.

When she had tried to learn ways to live her life differently and failed, she was convinced she was unable to change her life. Her failures were further evidence that she was inadequate and ineffectual. Laurie had tried to confront the dominant story of her life as was unable to prevail. She attempted suicide.

The purpose of deconstructing the dominant story of Laurie's life is not the force her into an authorship role. Instead, an invitation is extended to Laurie to consider what story she would prefer to live and conversations occur in therapy that facilitate her discovering how she might go about living in that story.

In a world where reality is socially constructed, her preferred story will contain elements authored by others and elements authored by herself**.** The insidiousness of Alan's initial authorship of Laurie's story is that he cited authorities other than his own. Alan's facts were intertwined with the culture's and with Laurie's. At the time and in the passing time, Laurie was unable to distinguish between her facts and his. In this context, to pit Laurie against her perpetrator puts her at odds with her culture and herself. Laurie held dear to her the values that led her to comply with Alan's request for sex. Though she was burdened by their sexual encounters in such a way that resonated throughout the rest of her life, Laurie loved her uncle and wanted him to love her. Her decision was based on her desire to be a loving person.

In this context, it was not helpful to Laurie to vilify her perpetrator nor to pursue questions of personal responsibility. Deconstructing and diffusing the dominant story allowed room for additional story elements to be introduced by Laurie. The changing plot-line allowed her some relief from the problems of the dominating story, but she still felt the burden of her character. Laurie began to feel that though she better understood the plot of her life, she still expected that a person of her character was doomed to a life of misery.

In considering the exceptions Laurie had described earlier, the qualities of her character came into question. Given that there was evidence (produced by and meaningful to Laurie) that suggested she was indeed a loving person, what was it that made her vulnerable to the facts as presented by Alan? What was it that took Alan's authorship of her story and continued it in a more complex and farther reaching manner?

These are very different questions than "Why does Laurie suffer in love?" or "Why is Laurie an unloving person?" The latter are the kinds of questions thematic to the dominant story of Laurie's life. The new questions are a result of the changing context of the story in which she is involved. What kind of information does this reveal about Laurie? If she is a person capable of love, is she a loving person? If she is a loving person, what was it that stood in the way of her knowing herself as loving? What was it that stood in the way of her appreciating and promoting herself as a loving person? What was *it* that took authorship of Laurie's life story?

These questions serve to separate Laurie from the problem that made her vulnerable to Alan's presentation of the facts and the same problem that has continued to plague her life since then. It is not the

case that Laurie was and is an unloving person. Instead, Laurie noticed how she had come to be under the influence of Fear.

Fear had invaded her life when her body began to change from girlhood to young womanhood. Fear had convinced Laurie that the changes in her body made her deformed. It told her she would stand out in a crowd and be the object of derision, especially from boys. She had grown fond of boys and did not want to lose their interest in her. Fear had told her that all an ugly girl had going for her was her willingness to comply with the wishes of others. She would never be a leader, only a desperate follower. She had to sacrifice herself for the interest of others because that's what ugly girls do. When Alan made his request for sex, he had enlisted the aid of Fear to convince Laurie that did she not comply, she would be alone and lonely in the world, an ugly deformed freak. In reassuring and appreciating Laurie, he knew she sought relief from the influences of Fear. The relief he offered was self-serving and dependent upon the on-going influence of Fear.

Had Fear not plagued Laurie, would she have been as vulnerable to the facts as Alan presented them? Laurie believed she may have been able to resist his sex. Were she not still under the influence of Fear, she believed her life might be quiet different.

At first, Laurie felt responsible for having surrendered to Fear. In conversations where Laurie itemized the ways of Fear, she noticed the ways in which she was vulnerable to it, both in her youth and at present. She believed that other people suffered from Fear as well and that she was not alone in her struggle against it. Laurie began to consider that she was not to blame for having been vulnerable to Fear and instead considered her struggle and herself to be a common one. Laurie began to think of herself as "normal".

No longer was Laurie the unloving character doomed to a life of misery. Instead, she was a woman plagued by the powerful and seemingly irresistible Fear. Relieved of the responsibility for her problem, the subject of her character was now open for discussion. In this context, new responsibility was possible: Laurie could determine for herself whether she wanted to be in charge of her life or let Fear continue to run her life for her.

Relative Influence of the Problem

Not only is the person not the Problem, but there is more to the person and her life than the Problem. It is helpful to examine the relative influence of the Problem on the survivor's life. In this examination, both the survivor and the therapist have the opportunity to see what effect the Problem is having on the survivor's life. They can also examine what effect the survivor is able to have on the Problem.

The things that the Problem makes the survivor think, feel or do are frequently those symptoms described by diagnostic manuals. So, for example, Anxiety might make the survivor's heart race, make her sweat, tremble or shake, it might choke her, etc. (symptoms of Anxiety from the DSM4) (American Psychiatric Association, 1994). The Problem may also be making the survivor suffer other symptoms unique to the survivor and not specifically mentioned in a diagnostic manual. In examining the relative influence of the Problem, the therapist and survivor explore all the ways in which the Problem is interfering with the survivor's efforts to live her life the way she wants.

Laurie began to notice ways that she might be able to stand up to Fear, ways that would put her in charge of her life rather than Fear. These ways were developed by her, based on her experience and knowledge of the ways that Fear specifically plagued her. She noticed how Fear sometimes announced its coming and at other times surprised her. She noticed what she did when she saw Fear coming or when she noticed its presence. She noticed when she was particularly vulnerable to Fear. She noticed the things Fear made her think and feel. She noticed the things she did in response to the thoughts and feelings promoted by Fear. When asked about times when she was able to have influence over Fear (i.e. resisting Fear, reducing its impact on her, etc.), Laurie provided information about these exceptions that revealed to her ways she might further resist Fear. In performing meaning around these exceptions, Laurie began vigorously authoring her preferred story.

Reauthoring a New Story

Reauthoring her story can begin when the survivor discovers an exception and recognizes her ability to resist the Problem. In her conversations about exceptions, she begins telling a new story.

The story that Laurie began to tell was one of a bright, energetic and loving young woman who came under the debilitating influence of Fear. Though she tried her best to live a good life, to live up to the standards of her parents, of her culture and of herself, she was chronically unable to. Fear stood in the way

of her being able to express herself and succeed in life. Fear had tried to influence her prior to the changes of puberty, but she had been able to remain in charge of her life. Alan's request for sex was so stunning to Laurie that it left her disoriented, depressed and weak. Into this environment stepped Fear, a strong force in anyone's life, particularly able at taking over vulnerable children.

As her constant companion since young womanhood, Fear had made Laurie feel alienated from the people she loved and who loved her. It encouraged her to involve herself in relationships with men whom she now saw as unloving and self-serving. It had convinced her that she would be alone and lonely if she did not involve herself with these men. Fear had told her that she would not be able live alone and lonely.

In this new story, Laurie saw Fear not as her friend and protector, but as the self-serving and irresponsible wrecker of her life. Fear had made a mess of Laurie's life, not Laurie. When Laurie was given a choice about how to live her life, she decided that she was better qualified to be in charge than Fear. She decided that the story she would author would be a happier, more productive one.

Performing Meaning

Meaning is performed around exceptions. They are contextualized, discussed and acted upon. These discussions and actions, these "performances of meaning", are the acts of authoring a new and preferred story, a story where the survivor has power, influence and authorship rights. In the performance of meaning, the survivor is located in a space that permits her exploration of the exceptions and allows the possibility of her preferred story. The more the survivor is asked to consider and discuss exceptions and her preferred story, the more meaningful that story becomes to her. The more meaningful her story is to her, the more likely she will continue to author her preferred story and feel her personal power in relation to her Problem, the dominant story, and her life.

The more she spoke of her newly revealed character the more Laurie embraced this character as the Real Laurie. Slowly at first, but with increasing rapidity, Laurie was able to be more in charge of her life than Fear. She noticed the difference between the world she was creating for herself and the world Fear had created for her. She no longer cut on herself and no longer contemplated suicide. She lost weight and began taking better physical care of herself, eating better food, bathing regularly and taking pride in her appearance. She related to people, especially men, differently. Respecting her lived experience and distinguishing between the truths and lies of Fear, the facts Fear frequently cited to have its ways, Laurie became cautious rather than fearful. Knowing the insidious ways of Fear, she found ways to asses situations by her own standards rather than Fear's. She found herself to be a source of courage and promise in situations where previously Fear had convinced her she was unloving and inadequate. She was able to find and keep a job and an apartment. She had fewer and less severe arguments with her supervisors, co-workers and neighbors. With each passing day, Laurie found herself better able to be and demonstrate herself as the loving person she was.

Making Public the News of Difference & Circulation of the Preferred Story

Making public the news of difference is an invitation for the survivor to perform public meaning around exceptions and an invitation for the public to participate in the creation of new meaning and to perpetuate the meaning created. The news of difference may be made public by the survivor's conversations and actions outside of therapy, letters between survivor and therapist, certificates, celebrations, reflecting teams, and more.

Performing meaning in public is an opportunity to engage legitimizing social forces in support of Laurie's new story. A legitimated story finds wider circulation in the social milieu. Wider circulation means that the preferred story has greater support than contrary stories.

What once seemed to Laurie to be only wishful thinking came to be substantiated as fact as more people began to know her as a loving person. Her preferred character became publicly known first in her conversations with her therapist. In the quiet of his office, he was the one other person who shared her belief that she was a loving person. Letters he wrote to her as a part of their on-going therapy provided evidence outside of his office that she was not alone in her beliefs.

Laurie imagined what others might think where they to come across these letters. The letters usually commented on the conversations of recent sessions and asked questions about her on-going efforts to take charge of her life. Laurie imagined that she would be proud to share these letters with others because they documented the story of her self-discovery and efforts at overcoming Fear.

Laurie found that it became easier to talk about her life with others. No longer trying to hide the unspeakable truth about herself, she celebrated her loving self with new friends, acquaintances and lovers. The people Laurie shared herself with frequently shared their stories and experiences of Laurie with others. Laurie became a popular member of the communities she inhabited. She was valued as an employee at work, as a reliable and generous neighbor, and as a caring and dedicated friend and lover.

Though Fear still had influence in Laurie's life, she had taken charge. No longer submitting to the story authored by Alan and Fear, she was authoring her own beautiful and inspirational story, a story truly of her choosing.

Conclusion

Narrative Therapy offers a context wherein a survivor has the opportunity to not only free herself of the constraints of the story authored by others, but to appreciate ways she can free herself of constraints in other contexts as well. Narrative Therapy can be helpful not only in the pursuit of symptom alleviation, but of personal growth. It invites clients and therapists to notice who they are, who they want to be, what they want to do, and the context in which each and all of these considerations occurs. It focuses on personal competency and authorship rights. It is expansive and appreciates the lived experience of clients, preferring their stories and their evaluations of their stories even in the context of the dominant story and objective reality.

References

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders (4th ed.)*, Washington, DC: Author.

Berger, P. & Luckmann, T. (1966). *The Social Construction of Reality*, New York: Doubleday & Company.

Brickman, J. (1984). Feminist, Nonsexist, and Traditional Models of Therapy: Implications for Working with Incest. *Women and Therapy*, Vol. 3, no. 1, pp.49-67.

Briere, J. (1989). *Therapy for Adults Molested as Children*, New York: Springer Publishing Company.

Bruckner, D. F. & Johnson, P. E. (1987). Treatment for Adult Male Victims of Childhood Sexual Abuse. *Social Casework*, Vol. 68, no. 2, pp.81-87.

Durrant, M. & Kowalski, K. (1990). Overcoming the Effects of Sexual Abuse: Developing a Self-Perception of Competence. In: M. Durrant & C. White (Eds.), *Ideas for Therapy with Sexual Abuse* (pp. f2). Adelaide: Dulwich Center Publications.

Emerson, S. (1988). Female Student Counselors and Child Sexual Abuse, *Counselor Education and Supervision*, Vol.. 27, pp.15-21.

Faria G., & Belohlavek, N. (1984). Treating Female Adult Survivors of Childhood Incest. *Social Casework*, Vol. 65, pp.465-471.

Finkelhor, D. (1984). *Child Sexual Abuse: New Theory & Research*, New York, The Free Press.

Gergen, K. (1985). The Social Constructionist Movement in Modern Psychology, *American Psychologist*, Vol. 40, March 1985, pp.266-275.

Jehu, D. (1989). Mood Disturbances Among Women Clients Sexually Abused in Childhood. *Journal of Interpersonal Violence*, Vol. 4, pp.164-184.

Lasch, C. (1979). *The Culture of Narcissism*, New York: Warner Books.

O'Hare, J. & Taylor, K. (1983). The Reality of Incest. *Women and Therapy*, Vol. 2, no. 2, pp.215-229.

Pearson, Q. (1994). Treatment Techniques for Adult Female Survivors of Childhood Sexual Abuse. *Journal of Counseling & Development*, Vol. 73, no. 1, September/October 1994, pp.32-37.

Siegel, D. R. & Romig, C. A. (1988). Treatment of Adult Survivors of Childhood Sexual Assault: Imagery Within a Systemic Framework, *The American Journal of Family Therapy*, Vol. 16, pp.229-242.

White, M. and Epston, D. (1990). *Narrative Means to Therapeutic Ends*, New York: WW Norton & Co.

Author's Biography

Frank Baird graduated with a Master of Arts degree in Marriage Family Child Counseling from Phillips Graduate Institute, North Hollywood, California. He is currently an MFCC Intern at Phillips in the Brief Therapy Program, receiving further training in Narrative, Solution-Focused and Collaborative Language Systems Therapies. He is also a Certified Sexual Assault Counselor and MFCC Intern at the Valley Trauma Center, Northridge, California, specializing in treatment of survivors of sexual assault.