

The Use of Optimism in Narrative Therapy with Sexual Abuse Survivors

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Abstract

Examining the victim's causal attributions and attribution style associated with sexual abuse may add to the understanding of how survivors make meaning of such experiences and create the related narratives. Through the use of optimism in narrative therapy, the survivor is encouraged to deconstruct the dominant story of being a victim and making new, personal meanings in order to broaden the possibility for other plot-lines and preferred stories with the problems related to sexual abuse being attributed to external, unstable and specific factors. By using the questions that the authors of this paper propose, the therapist can help to deconstruct their dominant stories and create a more optimistic subjugated story.

Introduction

The effects of sexual abuse trauma are complex and potentially long lasting. Duration of the abuse and the relationship to the abuser influence the outcome and recovery of the victim, with longer duration and abuse having occurred by a close family member exacerbates symptoms for survivors of sexual abuse. The impact of sexual abuse can vary, particularly with the victim's perception of the abuse. The perception of the experience of sexual abuse, as well as the meanings attributed to the experience, may change over time, depending on social support, disclosure, and other occurring life events (Leahy, Pretty, & Tenenbaum, 2003). Examining the victim's causal attributions and attribution style associated with sexual abuse may add to the understanding of how survivors make meaning of such experiences and create the related narratives. Research has supported that interventions that focus on improving the explanatory style prevents depressive symptoms and

anxiety (Seligman, Reivich, Jaycox, & Gilham, 1995). Through the use of optimism in narrative therapy, the survivor is encouraged to deconstruct the dominant story of being a victim and make new, personal meanings.

Sexual Abuse

There are a range of characteristics associated with sexual abuse, including (but not limited to) emotional, familial, and social problems, depression, sexual dysfunction, anxiety, dissociation, posttraumatic stress disorder, relationship difficulties, and lower self-esteem (Sweson & Hanson, 1998; Zurbriggen & Freyd, 2004). Other common symptoms of sexual abuse are the tendency for victims to feel little or lack a sense of personal power, and have feelings of helplessness (Engel, 1994). Feeling powerless is a common consequence of being trapped in an abusive situation where self-efficacy and coping skills are compromised, with the victim

viewing herself as incapable of escaping or protecting herself (Finkelhor, 1988). Powerlessness is associated with low self-esteem, depression, and external locus of control, as well as impairment of a person's sense of efficacy and coping skills (Finkelhor & Browne, 1986; Shapiro, 1995). Further more, if the victim has experienced abuse on repeated occasions, s/he may feel powerless to stop others who are trying to manipulate or harm them (Finkelhor & Browne, 1986).

Two other related, frequent consequences of sexual abuse are feelings of self-blame and helplessness (Shapiro, 1995). Self-blame seems to be related to the victim's sense of responsibility for the abuse, and feelings of helplessness based on the belief that the abuse was caused by external factors, outside the victim's control (Shapiro, 1995). Presumably, survivors view the abuse as within or outside their control, inevitably promoting feelings of guilt or powerlessness (Shapiro, 1995). Viewing oneself as responsible for negative events may sustain a sense of personal control, while not blaming oneself may lead to an implication of helplessness, and the inability to prevent painful experiences from occurring in the future (Shapiro, 1995).

The self-blame and negative attitudes toward the self are also thought to be acquired by the stigmatization of sexual abuse. Survivors of sexual abuse report feeling "sexually stigmatized," with not just the sexual victimization being traumatic, but the reaction from family, friends and community adding to the traumatization (Finkelhor, 1984). Stigmatization occurs when the victim begins to not only gain self-awareness of the abuse and the inappropriate treatment s/he has experienced, but also in recognizing "different-ness" from others, and perceiving herself as "bad" (Lynn, Pintar, Fite, Ecklund, & Stafford, 2004). This negative view of the self as being worthless, and perhaps even responsible for the abuse, is internalized, therefore promoting feelings of shame and guilt (Lynn et al., 2004). Examining the victim's causal attributions and attributional style associated with trauma may add to the understanding of how survivors make meaning of such experiences (Leahy et al., 2003). Studies have also suggested that external and internal (behavioral self-blame) attributions for victimization experiences lead to better adjustment (Leahy et al., 2003).

Narrative Family Therapy

Narrative therapy is a social constructionist therapeutic model that allows clients to deconstruct their stories. White and Epston (1990) argued that we cannot have direct knowledge of the world and can

only know life through experience. As a result narrative therapists try to understand the client through their stories. A problem-saturated story refers to a client's dominant story about a problem that does not allow an alternative story to be considered (Monk, Winslade, Crocket, & Epston, 1997). Freedman and Combs (1996) stated that when the dominant stories of individuals have damaging meanings, the narratives can be altered by highlighting life events that were formerly untold. One way to facilitate the discovery of subjugated stories is by re-authoring. Monk et al. referred to the re-authoring as, "developing an alternative story in therapy" (1997, p. 305). One way of re-authoring is externalization. In Narrative Means to Therapeutic Ends, White and Epston (1990) explained externalization as mapping the influence of the problem by asking how the problem affected their lives and relationships. This allows for a different way of thinking and viewing the problems (1990, p. 16).

Narrative therapy is an empowering approach that does not focus on the problem, but instead views the problem as existing outside the client (McKenzie, 2005; White & Epston, 1990). Both the therapist and the client contribute to, and are responsible for, the construction of the reality, with the therapist assuming a non-expert stance.

Explanatory Styles and Optimism

The way in which an individual explains good and bad events is described as their explanatory style. (Abramson et al., 1978). Explanatory style concept was developed from the attributional reformulation of the learned helplessness model. When people experience uncontrollable aversive events they become helpless and attribute their helplessness to a cause that can be stable or unstable; global or specific; and internal or external (Abramson et al., 1978). This chosen attribution also affects whether the expectation of future helplessness will be constant or acute; extensive or narrow; and whether self-esteem will be affected by this helplessness (Abramson et al., 1978).

The reformulation of the learned helplessness model states that when individuals with a pessimistic explanatory style are confronted with a bad event they are more likely to suffer the motivational, cognitive and emotional characteristics of helplessness than individuals with an optimistic explanatory style. The individuals with optimistic explanatory styles believe that the causes of bad events that happen to them are temporary, specific and external, while the individuals with opposite

explanations are supposed to have a pessimistic style (Abramson et al., 1978; Seligman, Abramson, Semmel, & von Baeyer, 1979; Peterson & Seligman, 1984). Individuals with an optimistic explanatory style also believe that the causes of good events are internal and permanent which lead them to try even harder after they succeed. They also attribute good events to universal causes which make them more hopeful.

Seligman (1990) indicated that optimistic people are individuals that can bounce back from defeat, not get discouraged easily, and can produce more. These individuals are also considered to be high achievers and believe defeat is a temporary setback (Seligman & Schulman, 1986). In addition, optimists are likely to do better in school (Peterson & Barret, 1987), fight off depression better, and are healthier than pessimists (Peterson, Seligman, & Vaillant, 1988; Seligman, 1990).

In explaining a negative event, a pessimistic person might tell himself or herself "I'm worthless" (an internal, stable, and global attribution) while an optimistic person might think that "I had a bad day at school today" (an external, unstable, and specific attribution). When an optimistic person explains a positive event, they explain the event as internal, stable and global. On the contrary, a pessimistic person thinks of the causes for the positive event as being external, unstable and specific. Reformulated learned helplessness theory (RLHT; Abramson et al., 1978) might help us to comprehend the mental process of a sexually abused individual. RLHT suggests that when facing a negative event the attributions a person makes for that event can put a person at risk for pessimism and depression. RLHT examines the risk of pessimism and depression under three types of explanations, which are (1) attributing the negative event to stable and global causes, (2) assuming catastrophic consequences for the event, and (3) assuming negative characteristics for self. Sexually abused adults can explain their experiences using these three types. In order to break these ways of explanations, the explanatory styles should be altered.

Integration of Optimism in Narrative Therapy with Sexual Abuse Survivors

When Epston or White are in action, you can tell they are absolutely convinced that people are not their problems. Their voices, their postures, their whole beings radiate possibility and hope. They are definitely under the influence of optimism. (O'Hanlon, 1994).

One of the needs of sexual abuse survivors is to regain control over their lives (Baird, 1996). Research on the treatment for survivors of sexual abuse indicates that it is helpful for the survivor to move from "victim" to "survivor" and find a non-objectified status (Baird, 1996). Specifically, defining him/herself by a reality that is self-determined is helpful for the survivor in developing a sense of competence and self-affirmation. The abuse not only includes the various effects previously addressed, but the experience of the abuse (more specifically the client feeling responsible for the abuse) creates a dominant story that continues to victimize the survivor (Reavey & Warner, 2001). A victim of sexual abuse feels powerless to resolve the problem/dominant story, and the related effects and symptoms associated with the abuse continues to take away from his/her sense of control (Baird, 1996). A narrative approach encourages the survivor to focus on evidence of alternative stories already occurring, without having to directly challenge the dominant story. Deconstructing the dominant story of being a victim and being responsible for the abuse allows the client to make new, personal meanings-- to broaden the possibility for other plot-lines and preferred stories (Baird, 1996).

Narrative therapy is applicable with these goals in that the reality is constructed by the interaction and exchange between participants, not something that is objective or permanent. Narrative therapy expands the possibilities of this reality, this construction of meaning around the abusive experience, and the client's life (Baird, 1996). Both the therapist and client contribute to, and are responsible for the construction of the reality. In addition, in narrative therapy the therapist assumes a non-expert stance and is therefore not serving to solve the survivor's problems or repair the survivor from the abuse, but offer knowledge as the therapist's information, not as objectified knowledge (Baird, 1996). This emphasis on the survivor being an expert in his/her own life and on the experience of sexual abuse emphasizes self-perception, strengths and resources of the survivor. Rather than focusing on the abuse as a problem (which cannot be un-done), the therapist views the client struggling with the effects of the abuse, and builds on the client's strength and resources in having control over the effects. Narrative therapy is also useful in encouraging the client to explore the possibility of moving on in her life in a preferred way (Baird, 1996).

Narrative therapy is an empowering approach that intends to not focus on the problem, but views the problem as existing outside the client (McKenzie, 2005; White & Epston, 1990). In addition, studies on narrative therapy support the use of externalizing

conversations in making people feel responsible for their behavior. (Freedman & Combs, 1996). With the problem being externalized and not part of the person, the person then has the responsibility for how he/she interacts with it. The conversation between client and therapist allows for the opportunity to identify and discuss a time when the client was able to have control over the effects of the abuse, and organize the client's experiences that are conducive to a preferred story and a preferred way of living (McKenzie, 2005). Through the use of narrative techniques, the therapist and client modify narratives that are unhelpful or ineffective for the client. In addition, narrative therapy helps the client work through the sexual abuse and challenges the abuse-dominated stories. In combination with optimism, narrative therapy allows a preferred way of storying the past and experiences, as well as their present and future experiences. Narrative therapy helps the sexual abuse survivor recognize her own power to create and recognize new stories (Baird, 1996). In some studies, pessimistic explanatory style is linked to abuse (Gold, 1986; Kaufman, 1991). There is also evidence that suggests that the interventions that focus on improving the explanatory style prevent depressive symptoms and anxiety (Seligman et al., 1995; Seligman et al., 1999). These interventions rely on the cognitive behavior therapy approach and the authors of this paper suggest using narrative therapy as a different approach to improve the explanatory style of individuals.

Example Questions to Integrate Optimistic Explanatory Style

Re-authoring process is very crucial when working with sexually abused clients because of the inability they had to author their own life stories due to the internalized negative attitudes about themselves. Adapted from the nine steps in Jill Freedman and Gene Combs' Narrative Therapy Social Construction of Preferred Realities (Freedman & Combs, 1996, pp. 100-103), the following are questions that can be used to integrate optimism through the use of narrative questions. These questions can serve as a guideline in working with clients that have been sexually abused.

1. "Begin with a unique outcome." Freedman and Combs describes unique outcomes as the experiences that do not fit into their problem saturated stories. The therapist might try to learn more about these outcomes. An example can be; you have mentioned that the thoughts about the abuse

lead you to feel pessimistic about the future-which you do not want to experience. When was the last time that this awareness helped you turn pessimistic thoughts away? Or "Has there been a time that the pessimistic thoughts could have taken over but did not?"

2. "Make sure the unique outcome represents a preferred experience." This step is for processing with the client for evaluation of the unique outcome. Exploring the victim's causal attributions and attributional style for the experienced abuse might help to understand how the survivors make meaning of their traumatic history. (Leahy, Pretty, & Tenenbaum, 2003). Such questions could include the following: Was the experience of attributing the cause of abuse to something external more helpful for you? Do you want more of this kind of thinking? Do you think this way of thinking might be useful for you? Would you like to implement this way of thinking into your life?
3. "Plot the story in the landscape of action." What exactly did you do to change your attribution about the sexual abuse? Was there an image or something that you told yourself that led you to feel more optimistic? How was the experience for you? How was it different than before?
4. "Plot the story in the landscape of consciousness." What does it say about you as a person that you could attribute causes of the abuse to external, temporary, and specific sources, and therefore help you to have a more optimistic explanatory style? What personal characteristics does it show about you? How could this apply to your goals for your life?
5. "Ask about a past time that has something in common with the unique outcome or the meaning of the unique outcome." Were there times when you could use optimistic explanatory style before? What kinds of examples come to mind? Who would have thought that you could use more optimistic attributions?
6. "Plot the story of the past event in the landscape of action." This question is similar to question 3, yet emphasizes the unique outcome once more. What did you do in that situation where you changed your attribution about the abuse? How was the experience for you?
7. "Plot the story of the past event in the landscape of consciousness." (similar to question 4) What does it say about you that

you could have more optimistic explanations for the abusive incident?

8. "Ask questions to link the past episode with the present." If I could go back in time and ask your old self about these recent developments, what would your old self say? Does the experience of going back in time and looking at your recent changes in your attributional style put things in a different life?
9. "Ask questions to extend the story into the future." What do you expect the next step will be? How is your view of the future impacted by your changes in attribution now? How do you think you would feel if you could use more optimistic explanatory style?

Limitations of Using Optimism in Narrative Therapy

Narrative therapy may not be effective for clients that have expectations for therapist-as-expert, or to focus on the problem, rather than solutions. In addition, the narrative approach may be challenging and ineffective for clients that lack intellectual capacity or articulation in expressing their narrative. Subsequently, interventions will not be effective if the sexual abuse is denied, if the victim continues to be abused, or if the victim will not be protected from someone who is abusive (Engel, 1994). The narrative question examples that the authors suggest should not be used before the survivor can accept a different way of thinking about her problems. Generally these questions can be used after the trauma issues are mainly resolved.

Conclusion

Examining the victim's causal attributions and attribution style associated with sexual abuse may add to the understanding of how survivors make meaning of such experiences and create the related narratives. Through the use of optimistic explanatory style in narrative therapy, the survivor is encouraged to deconstruct the dominant story of being a victim and make new, personal meanings. In addition, to broaden the possibility for other plot-lines and preferred stories, the survivor is also encouraged to view the problems related to sexual abuse as being attributed to external, unstable and specific factors. Due to the self-blame and internalization and responsibility associated with sexual abuse, this use of optimistic attribution style and externalization is

significant in helping the client gain a sense of power and influence over his or her life. Optimism and narrative therapy is helpful in focusing on client's strengths and competency, as well as encouraging personal growth in expanding and appreciating the experiences of clients and their preferred stories. By using optimistic questioning the clients also gain hope for the future and can bounce back quicker than before.

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