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Timing Disclosure Sessions: Adding a Narrative Perspective to Clinical Work with Adult Survivors of Childhood Sexual Abuse.

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Though the literature on the diagnosis and treatment of survivors of childhood sexual abuse has burgeoned in the last 20 years, relatively little guidance is available in the popular or professional literature to assist clients or therapists about issues of disclosure of this abuse to family members. When authors explicitly focus on disclosure, the timing of such disclosure is usually framed within a psychological and/or interpersonal perspective. In this article, we suggest that attention to characteristics of the sexual abuse narrative itself offers an important additional resource to guide decision making with respect to disclosure. We also describe ways that a narrative approach to disclosure can produce empowering conversational practices. A detailed case example provides the clinical material to illustrate this narrative approach to disclosure.

The last 20 years has seen an unprecedented level of public and professional attention to child victims and adult survivors of childhood sexual abuse. Many clinicians report that adults currently in treatment or those entering treatment are turning to the investigation of past sexual trauma in their lives. These clients are both emboldened and distressed by the range of ways the subject of trauma is currently represented in the texts that they read, for example, newspapers, books, magazines; the institutions with which they deal, for example, schools, courts, hospitals; and the relationships they have with casual acquaintances and significant people in their lives.

As adult clients begin to deal with sexual abuse memories, whether the material they recall has always been known to them or not, a common question that these clients pose to themselves and their therapists is should they—do they want to—confront their perpetrator or should they—do they want to—disclose their abuse to nonoffending significant people in their lives? Though the popular and clinical literature on the treatment of sexual abuse is extensive at this point (Bass & Davis, 1988; Courtois, 1988; Herman, 1992; Trepper & Barrett, 1989; and others), little has been written specifically to help clients and their therapists think through the issues surrounding confrontation and disclosure (Courtois, 1988; MacFarlane & Korbin, 1983; Roesler & Wind, 1994; Sauzier, 1989; Schatzow & Herman, 1989).

In this article, we will present a way of conceptualizing from a narrative perspective the timing of disclosure of childhood sexual abuse to nonoffending significant others by the adult "survivor"[1] of that abuse. Whereas much has been written to chart the path of client and therapist through stages of recovery from and treatment of childhood sexual abuse, there is little to guide the work in relation to the decision to disclose the sexual abuse or not to disclose it. In our experience, when the topic of disclosure enters the therapy, it ushers in a journey parallel to the journey of remembrance, mourning, and restoration associated with the therapy of sexual abuse (Herman, 1992). The therapeutic work on whether or not to disclose, and the timing of a disclosure, can touch, displace, disrupt, and merge with work on the sexual abuse trauma itself.

With the introduction of the possibility of disclosure, the private relational space between therapist and client stretches and becomes, at times, no longer dyadic but triadic. There is another "listener" in the room: one who is shifting variously from a potential listener to a hypothetical listener to an "as if" listener. This listener is sometimes on the periphery of the therapeutic conversation between the therapist and the client and sometimes at its center.

In our experience, the client's knowledge of her[2] wish to tell plays out in the therapy with its own drama, akin to the drama of the recovery from the trauma itself. There is the cycling of wanting and not wanting to tell, reminiscent of, but not dynamically equivalent to, the cycling of belief and disbelief regarding the trauma itself. There is also a surfacing of submerged longings—for example, for belief, for protection, for restitution, and for revenge.

When the wish to disclose enters the clinical work, the therapist and client are catapulted out of the realm of the past and the concluded to the present and the possible. The therapist is no longer only a witness but may be a participant in a new phase of an unfolding work of life. Once a client indicates a wish to disclose, a sea change occurs in the clinical work.

The issue for the clinician is how best to help the client decide on, plan, execute, and make sense of a disclosure. Just as successful recovery from trauma is based upon the empowerment of the client (Herman, 1992), so too, we believe, a productive and salutary disclosure experience is one that empowers the client. While it is realistic to hope that the clinical

relationship can be based on and produce empowerment of the client, it is harder to imagine what actions the therapist and client can take to maximize the chances of a disclosure experience that will empower the client. The quandary derives from the fact that a disclosure always involves the introduction of a third party who may or may not wish to contribute to the client's empowerment.

Further, although there is general agreement about the importance of empowering clients for successful treatment of trauma, and agreement about the associated practices that are likely to produce such an outcome, there is scant knowledge about what practices produce empowerment of the client during a disclosure process. As will be discussed, the available literature proposes that the timing of disclosure be based on assessments of the client's or proposed listener's psychological status, and assessments of their current relationship, although these suggestions are not specifically tied to a rationale with regard to empowerment.

In this article, we propose a definition of empowerment based on narrative theory, and use this definition to develop clinical guidelines for assessing a "promising" time to disclose childhood sexual abuse to a nonoffending significant other. These guidelines are based on an assessment of characteristics of the sexual abuse narrative that the survivor is telling. Using these guidelines—*along with* assessments of the client's or proposed listener's psychological status, and *along with* assessments of their current relationship—may be more likely to produce an outcome in which the client feels empowered than if no assessment is made of characteristics of the abuse narrative itself. Finally, we suggest ways that the therapist and client can prepare for the disclosure experience.

Disclosure as Process, Not Event

As mentioned, the literature on the timing of disclosure sessions is sparse. The few research and clinical articles on disclosure emphasize that disclosure needs to be conceptualized as a process, not as an event (Sauzier, 1989; Sauzier, Sorensen, & Snow, 1994).

When reviewing outcomes of disclosure for children, researcher/clinicians report that disclosure produces a powerful cascade of events that usually includes family disruption, most often loss: the removal of either an adult from the home or the sexually abused child to another home (Sauzier, 1989; Sauzier *et al.*, 1994). This concomitant of disclosure for children is echoed by adults considering disclosure, who are often preoccupied with wondering whether or not they or their perpetrator will be physically or psychologically extruded from the family (Bass & Thornton, 1991).

In may be precisely this concern on the part of the survivor, child or adult, about the outcome of the disclosure on family relationships that most influences the process of disclosure. Sorensen and Snow (1991) have identified phases of self-disclosure that precede the stages of disclosure that ensue once an intervention has occurred. These phases occur when the awareness of the sexual abuse emerges within the survivor, when it is expressed and understood (Sauzier, 1989; Sauzier *et al.*, 1994). Following outside intervention, Sorensen and Snow (1991) describe five phases of disclosure that they have labeled "initial denial," "tentative," "active," "recant," and "affirm." Of particular interest for this article is the description of tentative disclosure as one in which the person appears "confused, uncertain, giving inaccurate information, often vacillating between acknowledgment and minimization or denial" as contrasted to the "active phase" in which 96% of 116 studied children were able to give "detailed, coherent, first-person accounts of their abuse" (Sauzier *et al.*, 1994, p. 10).

Psychological/Interpersonal Perspectives

Reviewing a representative sample of professional and popular articles and books on adults' recovery from childhood sexual abuse, we found little explicit focus on issues of disclosure. When authors specifically addressed disclosure, we found that the issue of the timing of disclosure was conceptualized in individual psychological or interpersonal terms (Bass & Davis, 1988; Courtois, 1988; Schatzow & Herman, 1989; Trepper & Barrett, 1989). We have generated a series of questions that we believe a clinician might ask, based on the perspectives expressed in the articles and books cited above. These questions might include, but not be limited to:

Why does the survivor want to tell the story?

What does the person fantasize will happen after disclosure?

What are the hypothesized consequences of the survivor's being believed, challenged, disbelieved, and so on?

What state is the survivor in now?

What might happen if the person were further hurt by the response of the person to whom she or he discloses?

What can the client tell you about the person to whom she or he wishes to disclose?

What is the likelihood of that person responding in a helpful/supportive or harmful/undermining way?

How might disclosure affect their current relationship?

How might disclosure affect their relationship to the perpetrator?

How might a "satisfactory" or "unsatisfactory" disclosure experience affect the therapeutic relationship?

While the material that would be elicited in conversations that addressed these questions would no doubt be useful, we believe that these questions ignore an available resource that is more within the control of the survivor, that is the sexual abuse narrative itself. Further, these questions do not explicitly derive from a conceptualization of empowerment. Thus, there is no assurance that attention to them will increase the prospects for empowerment as an outcome of a disclosure process.

Empowerment: A Narrative Perspective

Cobb (1992, 1994) has conceptualized empowerment using a discourse analytic framework. Defining empowerment as a discursive practice is in sharp theoretical contrast to the prevailing definition that views empowerment as a state of being produced by "empowering." The latter conceptualization perpetuates psychological descriptions of empowerment and discourages process-oriented ones.

Drawing on Cobb's work, we view empowerment as related to one person experiencing another person as accepting and elaborating what she has to say (Cobb, 1992). With persons who have experienced childhood sexual abuse, that is exactly what is at stake. Who besides the therapist will accept and who can elaborate (who might know something about) the sexual abuse story? Of critical importance in this context is that the story needs to be elaborated without challenging its basic integrity. Although there are many kinds of elaboration, only some will lead to a co-exploration of experience and feelings. Accusations, denial, and excuses are elaborations, but they do not foster collaboration between speaker and listener.

Conceptualizing empowerment as a function of certain kinds of conversational practices and not others shifts attention away from personal or relational issues and toward characteristics of the story that the client is telling in therapy. Some characteristics are more likely to encourage acceptance and elaboration than others. These features can be described. Although the clinical course for each survivor in relation to understanding these narrative characteristics will be idiosyncratic, some commonalities may be shared. For example, if a survivor is unable to tell a narrative that others can accept and elaborate, disclosure may be too risky for him. Forewarned that this may be so, however, the client might go forward with disclosure with no expectations of empowerment occurring between him and his chosen listener.[3] Alternatively, a client and therapist might jointly monitor the development of her sexual abuse narrative as the work of recovery progresses, thus helping the client to identify a propitious moment for a disclosure session.

Conceptualizing empowerment from a narrative perspective offers the client and therapist options. In some cases, when disclosure is the goal, these ideas about empowerment may aid the selection of elements of the sexual abuse narrative that, when shared, are likely to evoke acceptance and collaborative elaboration. For others, these ideas about empowerment will serve as criteria for examining the sexual abuse narrative. Disclosure, then, is not the goal of the therapy but, rather, the telling of a sexual abuse narrative—with the therapist as listener—such that the client perceives herself as competent and capable.

Three Characteristics of Narrative

Three features of narratives seem to have particular relevance for understanding sexual abuse narratives. These features are narrative coherence, closure, and interdependence (Chatman, 1978; Cobb 1992, 1994). While an appreciation of these features can be incorporated into any number of clinical approaches to work with people with sexual abuse histories, the illustrative vignettes that we will discuss are representative of collaborative, language-based constructionist therapy (Anderson & Goolishian, 1988; Freedman & Combs, 1994).

Narrative Coherence is established by the interrelationships between plot, character roles, and themes or values. In abuse stories, narrative coherence is highly problematic. People who are abused cycle between belief and disbelief, making it extremely difficult for them to construct coherent abuse narratives, which would require sustained belief. Other aspects of trauma experience also impinge on the capacity to construct a coherent account of the abuse. For instance, fluctuations in memory, some of which are associated with dissociative responses to traumatizing events, make it virtually impossible to construct a coherent plot line. Trauma may be encoded more often as sensation and image than as word and meaning (Shay, 1994; Van der Kolk, 1988). "Traumatic memory is not narrative" (Shay, 1994, p. 172). Survivors often have fragments of memory and therefore fragments of plots. They may have scenes with beginnings, with middles, or with ends; some combinations of these, but not necessarily beginnings, middles, *and* ends. Finally, the cognitive developmental level of the child at the time of the abuse influences the adult's memory of the abuse in complex ways (Steward, Bussey, Goodman, & Saywitz, 1993).

A coherent narrative requires the attribution of intentions to characters that survivors may be desperate to keep out of their awareness, favoring instead explanations that are self-blaming. By assigning blame to themselves, their sexual abuse stories often become nonsensical. Alternatively, they may find themselves with unsatisfactory motivation for characters, or they may have extreme descriptions of perpetrator or collateral family members that are unsatisfying or unbelievable to

others.

Finally, perpetrators often purposefully mystify their victims, producing both short-and long-term confusion about the abuse and its context. This confusion then contributes to the difficulty of telling a coherent story because aspects of the experience have been purposely manipulated or obscured by the perpetrator.

It may be very reassuring to a survivor to consider the possibility that an account of sexual abuse is almost always going to have features that render it incoherent from a narrative perspective. The task of therapy, then, is not to try to construct a coherent sexual abuse story but to accept that incoherence may be an inevitable by-product of abusive acts and their psychological sequellae.

Narrative Closure occurs when the story that is told seems to have only one way of understanding it, that is, the story resists alternative interpretation. There are two elements that help create narrative closure: *completeness* and *cultural resonance.* In regard to completeness, the more "open" the story, that is, the more the story has gaps, the more vulnerable the story is to others filling in these gaps with material of their own.[4] A story may be incomplete regarding what happened, to whom, why, where, or when. Abuse stories are rarely complete, nor can therapists help clients complete them. Especially initially, when the abuse account is beginning to be told, sexual abuse accounts may be fluid. By fluid, we do not mean that their veracity changes. We mean that the process of recovering memories and/or the acceptance of memories that have always been vivid leads to the filling in of previous gaps in the story. This inevitably produces a reconfiguration of the previously articulated narrative. Precisely because sexual abuse narratives are in flux, a common characteristic of sexual abuse narratives is their vulnerability to destabilization by new material.

In order to understand the ways in which a sexual abuse narrative has come to feel "complete," the client and therapist have to understand how the client's story formed in the first place. That is, is the client's story her own or is it the story the perpetrator provided? For example, the perpetrator may say, "You like this." The survivor may then tell an abuse narrativethat has as the element "I am bad because I liked the abuse." From a narrative perspective, the survivor's story about the abuse has been colonized; effective therapy creates a process for decolonization of the sexual abuse narrative to occur.

Also in therapy, the client and therapist can identify where the current abuse narrative that the survivor tells is vulnerable to colonization or disruption by others. Sometimes work in therapy produces more memories or more corroborating information. Sometimes others supply information in the course of conversations about other subjects. When this happens, previously "open" sites in the narrative can become (temporarily) sealed off. When the sites cannot be sealed off—that is, there remain areas of the narrative that are vague or blank—the therapist and the client need to acknowledge that they cannot be sealed off and make decisions about whether disclosure makes sense. If it does, then, the timing and handling of a disclosure session must be prepared for accordingly.

Cultural resonance is the second element of narrative completeness that is relevant to sexual abuse narratives. The greater the "cultural resonance" of an abuse narrative, the greater the likelihood that others will participate with the speaker and endorse and collaboratively elaborate the speaker's story. Abuse narratives at various times in history have had differing cultural resonance. In the last 5 years, cultural resonance of abuse narratives has been higher than in many other time periods. That is, there is popular acceptance that "some" children are abused. Recently, however, the backlash against abuse narratives—predicted in Herman's *Trauma and Recovery* (1992)—has been equally high, or higher (Jaroff, 1993; Tavris, 1993).

Narrative Interdependence refers to the interrelatedness of one person's narrative with another's. In families, one member's narrative is usually interrelated with the narratives told by other family members. In abuse narratives, this feature of narrative interdependence can be particularly problematic.

Sexual abuse narratives require that there be a victim and a victimizer, or else there is no abuse narrative. There are several ways that this narrative element can be active. Some adults who have a clear sense of having been abused, and who have a set of symptoms thought to be associated with an abuse history, may have no clear memory of the abuser. That is, the visual image may go blank at the moment the abuse happens, while the image of a person before and after is vivid. The absence of a clear visual image of the perpetrator is confusing for the survivor and makes the task of disclosure harder. What will happen when a finger is pointed at an act but not a person? What will happen to family members' stories about themselves and the survivor in the presence of this ambiguity?

Alternatively, the survivor may have no doubt about the perpetrator and his or her acts. When a survivor tells a sexual abuse narrative to a a nonabusing family member, the knowledge always repositions the listener both to the survivor and to the perpetrator. That is, at a minimum, the listener's account of his or her life experience will shift in relation to both the survivor and the perpetrator.

A further element of narrative interdependence concerns the "position" that the speaker assigns to other characters in the story. If the speaker assigns blame to other characters, who are hearing the story, this tends to trigger the listener into a sequence of speaking replete with justifications, denials, and excuses, rather than collaborative elaboration. Thus, a further

aspect of the preparation for a disclosure session involves discussing with the survivor whether or not she wants to minimize blaming statements. Blaming serves the useful purpose of venting feelings of outrage, distress, abandonment, and sorrow. However, it diminishes the chances of the listener participating in the speaker's story in such a way that the speaker feels empowered by the telling of the abuse narrative.[5]

APPLICATION OF A NARRATIVE ANALYSIS

In the following case example, the three categories of narrative coherence, closure, and interdependence were used to analyze a sexual abuse narrative told by a middle-aged woman who had recently recovered memories of her abuse. The analysis led directly to a decision about the client's readiness to schedule a disclosure session with her mother, a nonoffending family member; it provoked a revisiting of work on the trauma material, both for its own sake and to increase the chances that a disclosure session could be undertaken safely. It also offered guidance to the client and therapist regarding their conduct during the disclosure session that was eventually held. Finally, it provided one perspective from which to interpret the client's experience following the disclosure session. We will present and discuss findings related to the decision to disclose or not and to the preparation for a disclosure session.

To orient the reader, the clinical background of the client's trauma work that led to the production of a sexual abuse narrative—in an unsent letter to her mother—will be presented. It is important that the reader keep in mind that the work with the client follows the practices of constructionist, collaborative, language-based therapy (Anderson & Goolishian, 1988; Freedman & Combs, 1994; Weingarten, 1991).

Background Material

Susan, a 55-year-old mother of two adult children, has been married for 30 years. Her mother is in her late seventies and her father has been dead for over 20 years. She began couple therapy with the first author in 1987 because of chronic dissatisfaction with her "workaholic" husband; extreme dissatisfaction with her own amorphous work history; and increasing anger at her husband because of her unremitting loneliness and sense of hopelessness. Couple therapy was unsuccessful in shifting Susan's presenting complaints. After a consultative interview with a colleague, the couple and I decided to discontinue couple sessions in favor of individual therapy with Susan only.[6] The individual therapy provided some relief; Susan began to live her life more independently of her husband, with some satisfaction and with diminished investment in getting her husband to change. Treatment was discontinued after a few more months.

Two years later, Susan returned to treatment. This time, "confusion" and "feeling crazy" were her presenting problems. A few months into this second round of therapy, she informed me that her niece had disclosed having been sexually abused by her father, Susan's brother. Susan's brother did not deny the abuse, but said he had only very dim memories of it.

Following up this event in the extended family, I posed numerous questions of Susan, some of which had been asked during earlier phases of the work together. In the past, these questions had not produced answers that established a history of sexual abuse in the extended family, although the situations that Susan began to describe at this point in the therapy had been known to her well before she began therapy with me. For example, she revealed that her youngest brother had been incestuously abused by his older brother (from ages 13-15 and 23-25, respectively). When the younger brother had confronted the older brother and informed other family members a decade previously, the older brother had been supported by all family members, except Susan, in his rationalization that "it happens in all families" and "boys will be boys."

In the context of a new inquiry into the family history of sexual abuse, Susan began spontaneously to recount behaviors that she had always been conscious of but had never viewed as unusual, for example, her dislike of kissing on the mouth, anesthesia during frontal intercourse, and nightmares several times a week. One might say that the inquiry permitted her to do what Bourdieu (1988) calls "exoticize the domestic" (pp. xi-xii).

At this point, she began to suffer intense feelings of distress; she became aware of a consistent pattern of dissociation and began to be flooded with memories of herself as a child. In order to establish safety for her, she increased her therapy to twice weekly sessions, began antidepressant and antianxiety medication, and joined a group for women who had family histories of sexual abuse.

Her own memories of sexual abuse began to flood her after she recalled an episode at age 19 when she had been unable to sleep for 3 months. She remembered that she had experienced acute panic hearing her college roommates' breathing. This led to her recalling her father's breathing next to her face, and connecting her anesthesia during frontal intercourse with memories of her father lying on her chest.

Over the next 6 months, more detailed memories emerged. They emerged in the context of her methodically recollecting the various bedrooms in which she had slept, and recalling the symptoms and nightmares she had had in each of these bedrooms, the symptoms and nightmares that had always been known to her and to other family members. For instance, for years she had "dreamt" that thousands of small creatures were invading her bed and smothering her, causing her to end up curled up and naked at the far end of her bed. She complained several times to her mother about these creatures, and

recollecting the years that Susan had this fear was still part of their conversation with each other.

Ten months into this period of intense recovery of memory and mourning for the child she had never been, she introduced the idea that she would like to disclose to her mother that her father had sexually abused her. Reviewing with her some of the questions about disclosure, listed above under "Psychological and Interpersonal Perspectives," we both agreed that her investment in her mother's response was too high and that she herself would be too vulnerable should her mother respond with disbelief or anger.

As an alternative, I suggested that she write her mother a letter (Penn, 1991). I shared with her my idea that some kinds of narratives were more likely than others to produce empowerment if shared with a listener. I proposed that we could evaluate together the sexual abuse narrative that she was able to tell at this point—inscribed as a letter—by using categories drawn from narrative theory. Within a week she had composed a letter to her mother. The next step of the treatment included a collaborative narrative analysis of the letter, identifying vulnerable sites in the letter on the basis of the three categories of narrative: coherence, closure, and interdependence. Using selections from Susan's letter, we now illustrate a clinical application of the model.

Narrative Analysis

Susan brought the letter to therapy and read it aloud several times. We discussed what it was like to have the letter witnessed, albeit by her therapist and not her mother. She was surprised by the intensity of feeling brought forth by saying the words, and we discussed the significance of her moving from silence to voice. Our next step was to make the transition from the intensely powerful affective experience she was having to the more analytic task we had decided to undertake. In the interest of space, the entire 6-page letter will not be reproduced, but only sections (taken out of context) that illustrate the three narrative categories. Using the model, we analyzed the letter for several sessions, trying to identify its vulnerable parts and its potential for empowerment. In relation to empowerment, we were trying to identify sections that would invite her mother to amplify and collaboratively elaborate Susan's story, as contrasted with sections that would arouse, for example, defensiveness, denial, disbelief, or hostility.

At no point was the intention of this phase of work to suggest that Susan change her ideas about what she had experienced. Rather, the underlying premise was that she could make selections of what to tell to and what to conceal from her mother for the purposes of maximizing her safety and her mother's supportive participation with her during the disclosure session or sessions.

Narrative Coherence

As could be predicted from the model, Susan's letter told a story with a fragmented plot line. She "thought" she had been abused continually since she was a baby, but had no clear memories until age 5. Further, from ages 10 to 12 she had a puzzling "fact." She wrote: "In the back room, I had insomnia for two years. I don't recall his [father's] coming into that room." This plot fragment, though emotionally significant for Susan, floats in the letter, suspended, as it were, between two definite memories whose connection has not yet been supplied by a reconstructive process.

Susan also has difficulty attributing motivation to her family members. She does not attempt to supply any motivation or intention to her father. He appears in the sexual abuse narrative solely as a perpetrator of sexually abusive acts. He is presented stripped of any life context; he has no feelings, ideas, commitments, or responsibilities. He appears only at night and in Susan's bed.

By contrast, Susan does try to explain her mother's failure to protect herself and her daughter from the "monster" father. In a section of the letter in which Susan pleads with her mother, she writes: "If only you could have your own therapy to discover your childhood history that allowed you to remain with an alcoholic, abusing husband." Susan has no idea what this history might be, but she assigns the possibility of such a history to her mother to fill the void—the site in her sexual abuse narrative where she can supply no "coherent" explanation for her mother's failure to notice her husband's behavior and observe her daughter's distress.

Narrative Closure

When a story has "open" elements, these locations can be easily challenged by listeners, or readers. Susan's story had many open sites. For instance, she wrote: "One of the reasons I thought I was bad was because Dad was having sex with me. I think it started when I was very young, maybe even a baby..." She cannot "prove" either that her father had sex with her or that it started when she was a baby. In her narrative, she attributes "one" of the reasons she thought she was "bad" to her father's having sex with her. One can easily imagine a listener disputing her claim, perhaps chiding her that many children think they are bad who have not been sexually abused. Or, a listener might declare that since she cannot remember the abuse, why would she believe something happened for which she herself can supply no evidence?

Later in her narrative, Susan discusses contemporary symptoms that have led her to make causal connections to past experiences of sexual abuse. "The earlier abuse has felt like oral sex because I have a gagging sensation, even to this day, when someone kisses me on my mouth." This description creates another "open" site in the narrative that could be destabilized by any number of comments from a listener.

In terms of cultural resonance, Susan's sexual abuse narrative has material in it that could readily be sorted by a listener into one of two socially constructed piles: one in which injured persons are able to recover memories of past trauma because of a culturally and psychotherapeutically receptive climate, or one in which false memories are elicited from vulnerable clients by unscrupulous or unsophisticated therapists. Though Susan avidly hopes that her mother will accept her story as "true," the dominant discourse of sexual abuse (Alcoff & Gray, 1993; Foucault, 1972) has two competing strands, and any family member can draw on either to support a stance of belief or disbelief.

Narrative Interdependence

Throughout Susan's letter there are multiple sections in which her own sexual abuse narrative assigns a role to her mother. For instance, at the opening of the narrative, Susan positions her mother as ignorant of who her daughter "really" is: "And do you have any idea who I am after all this time? I could be a murderer, or a child molester, or a bulimic, or a prostitute, or a lesbian, or a battered wife. You have no way of knowing..."

Toward the end of the letter, Susan explicitly assigns her mother blame: "It's not fair and damnit you have to take some responsibility for this wreckage." It would be hard to imagine her mother not perceiving that Susan has constructed a negative position for her in the sexual abuse narrative she tells in the letter.

Discussion

The purpose of the analysis of the sexual abuse narrative as represented by Susan's unsent letter to her mother was to identify sites in the narrative itself that were vulnerable to destabilization: disbelief, discrediting, or colonization. Additionally, it was expected that Susan would be able to assess the likelihood that her current sexual abuse narrative would elicit amplifying and collaboratively expanding responses from her mother, responses that are hypothesized to lead to empowerment of the speaker. Finally, it was hoped that the analysis would provide a framework for making the decision whether or not to disclose and under what conditions.

Following the analysis, Susan felt that were she to schedule a disclosure session at that time, the story she would tell would leave her vulnerable and put her mother on the defensive. At that point she had three options. The first option entailed continuing to develop the sexual abuse narrative in the therapy through the regular, ongoing therapeutic work, and periodically taking stock of the "story" of her sexual abuse to ascertain whether disclosure seemed likely to produce an experience of empowerment. The second option entailed an assessment of the risks and benefits of going forward with a disclosure session if she were to tell a sexual abuse narrative comparable to the one presented in the unsent letter, with little or no alteration—except for selectively deleting parts of it—of the "story." The third option entailed working explicitly on the aspects of her experience that she felt placed her in a vulnerable position in relation to herself and others when she shared them. In the main, these aspects were distinguished by the presence of intense sensation without a correspondingly developed set of ideas. (Although it seems likely to us that these three options would often be available to clients, we do not intend to suggest that these three represent an exhaustive list of possible options following an analysis of a sexual abuse narrative.)

Susan chose the third option. Over a period of 7 months, she continued to work in therapy on the aspect of the story about which she felt most vulnerable, namely, her inability to supply a coherent explanation for her own behavior, in particular her reasons for not telling anyone about the incest. We reviewed each year of her life until she married. As new material surfaced, she understood that she had attempted to tell but had been rebuffed; that she had always been highly symptomatic and that no one had attended to her symptoms (including, unfortunately, her therapist); and that she had known that other family members' disclosures had been discredited. These three new "learnings" made her feel better about herself; she felt that she had tried to get help, but that others had ignored her.

During this time, Susan's mother behaved in a supportive manner to her about an unrelated but important concern in Susan's life. Her mother's solicitousness was very welcome and helped Susan let go of some of the anger she felt toward her. This, in turn, diminished her desire to include blaming elements in her sexual abuse story. In addition, she realized that she had never liked her father, had never told anyone that she had liked him, and that she had never tried to convince herself that she cared for him, even on his deathbed. This was profoundly relieving to her.

SUMMARY AND CONCLUSION

In any therapy of clients who have experienced childhood sexual abuse, a goal of the clinical work must be to establish safety, to avoid further feelings of helplessness, and to enhance empowerment. Though there is a significant literature on

how to work with clients to empower them through the process of recovery from sexual trauma, there is considerably less literature or guidance (Wheeler, 1992) to help clinicians and clients conceptualize empowerment around the issue of disclosure and its timing. In this article, we have presented a narrative description of empowerment and prodded a model by which sexual abuse narratives can be analyzed. On the basis of an analysis of the sexual abuse narrative, we believe that it is possible to ascertain whether the narrative has vulnerable sites that could produce discrediting responses from a listener. Further, we believe that when clients analyze their sexual abuse narratives to determine whether they have constructed negative positions for the listener, clients are better able to assess their goals for a disclosure session.

For some clients, the assessment helps them understand that their goal is to vent their anger and that they do not have a stake in building a positive relationship with the nonoffending family member to whom they are considering disclosure. For others, the assessment leads to a decision to work in therapy until they can disclose to the nonoffending family member in a way that maximizes the chance of this person supporting and collaboratively elaborating their sexual abuse narrative.

Further, the very process of being in a conversation about one's sexual abuse narrative with a therapist repositions survivors in relation to the sexual abuse itself. The conversation provides a phase of healing as survivors learn to see themselves as authors engaged in demystifying their injurious experiences.

Finally, we are proposing that sexual abuse narratives may share certain characteristics that inherently render them vulnerable to disbelief, discrediting, and colonization by others. If this is the case, then we believe that the timing of disclosure of the sexual abuse to nonoffending significant others should take into account not only personal and relational characteristics of the potential conversationalists, but also characteristics of the sexual abuse narrative itself. We have found that analyzing sites in the narrative that are vulnerable—for example, because they are confusing, or illogical, or lack cultural resonance—can aid the process of recovery from the sexual abuse trauma as well as increase the likelihood that a disclosure will lead to an experience of empowerment for the survivor.

We think that education about characteristics of sexual abuse narratives may be helpful to protective service workers, mental health and legal professionals. From the narrative perspective, coherence is almost impossible to achieve for the adult survivor of childhood sexual abuse because of its traumatic nature, the nature of cognitive development, and the protective functions of memory loss. Perhaps if professionals were to appreciate this feature of sexual abuse narratives, then adults who have been sexually abused as children would more often feel that the move from silence to voice has indeed re-created them as true survivors.

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[1]Throughout this article, the term "survivor" will be used to refer to a person who has experienced childhood sexual abuse. This designation is used even though many people who are in therapy for the treatment of childhood sexual abuse do not feel—or feel confident that they will ever feel—that they are "survivors."

[2]The client will be referred to as a male or female in alternation. The sex of the therapist will always be female because the two authors are.

[3]Within a psychological model of empowerment, venting one's anger with no expectation that it will elicit a sympathetic response could be considered an empowering experience. The narrative definition of empowerment that we are using does not contradict this observation. Rather, it directs our attention to different process variables.

[4]The terms "open" and "closed" as used are consistent with narrative theory. For many readers, the terms may be problematic since clinically an "open" story is often one that is associated with more flexibility on the part of the speaker and a "closed" story is often one that is associated with rigidity on the part of the speaker. Thus, clinically, an "open" story is generally preferred.

[5]In this sentence, it is important to note that the word "empowered" is being used to refer to linguistic practices that do or do not lead to the co-elaboration of the speaker's narrative. Clearly, from within another paradigm, a speaker can feel empowered by uttering certain speech elements regardless of whether or not the listener collaboratively endorses and amplifies the speaker's remarks.

[6]Since the first author (K.W.) was the therapist for Susan, presentation of the work with the client will be written in the first person.