ME AND MY SHADOW: THERAPY WITH SEXUALLY ABUSED PRE-ADOLESCENTS

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ABSTRACT: The purpose of this paper is to describe the use of solution focused techniques with preadolescent children who have been sexually abused and to present a therapeutic model that: 1) represents a blending of traditional psychological theoretical ideas with the more recent solution focused techniques; 2) presents a unique time-limited group format for assisting children to come to know and like their authentic selves; and 3) provides the therapist with the opportunity to expand his or her roles. In this model, the path from “false self” to “authentic self” is conceptualized as an interplay among abuse events, family relationships, and other life contexts.

KEY WORDS: solution focused therapy; sexual abuse; child treatment.

“Remember only this one thing,” said Badger. “If stories come to you, care for them. And learn to give them away where they are needed. Sometimes a person needs a story more than food to stay alive. That is why we put these stories in each other's memories. This is how people care for themselves” (Lopez, 1990, p. 48).

Traditional theoretical approaches to sexual abuse of pre-adolescent children range from defining the abuse as having minimal effects on the children to defining it as a very terrifying and emotionally damaging experience, quite capable of producing post traumatic stress symptomatology in adulthood (Finkelhor & Browne, 1985).

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Equally confusing are the therapeutic approaches available to the abused child. Approaches to therapy with these children have traditionally sought to recreate the experiences associated with the original trauma/s in a safe environment and then to assist them through the remaining psychological stages of development. However, these traditional approaches are generally long-term, and there are few outcome studies reporting on the efficacy of these therapies. In addition, while there are a preponderance of articles written about sexual abuse in general, there is very little in the literature that reports on specific treatment issues with this age group. Recently, however, considering accumulating evidence (Friedman, 1993; de Shazer, 1991) and pressures from managed care (Butler, 1994), the brief solution focused therapies have been relevant and effective in working with abused children (Dolan, 1991; de Shazer, 1991; Webb, 1991).

The child who undergoes sexual victimization is faced with complex social, emotional, and cognitive tasks in trying to make sense out of the experiences that threaten body integrity and life itself. At a time when most children are becoming acquainted with their individuality and autonomy, and developing a sense of discovery, the abused child is learning to interpret and fulfill the psychological demands of his or her caretakers. Each new day finds the child absorbed in the task of physical and psychological survival. Over time, as the neglect and abuse persist, the child learns to make little distinction between his or her psychological self and that of the abusers. He or she has developed a “false self,” a self that exists only to fulfill the needs of the parents in order to obtain their love. The child unconsciously discards all other unique traits, fearful that their appearance will bring parental wrath or disapproval, and, with it, more abuse. Consequently, the child’s perception of self becomes blunted by the burden of being forced into becoming the psychological extension of his or her guardian. The resulting tragedy is the development of the false self. The trade-off is the suppression of the child’s authentic self, the experience of the self as whole and unique.

The purpose of this paper is to use solution focused techniques with preadolescent children who have been sexually abused and to present a therapeutic model that: 1) represents a blending of traditional psychological theoretical ideas with the more recent solution focused techniques; 2) presents a unique time-limited group format for assisting children to come to know and like their authentic selves; and 3) provides the therapist with the opportunity to expand his or her roles. In this model, the path from “false self” to “authentic self”