

# The Process of Transforming Meanings Regarding Traumatic Experiences in a Woman in Her 20s from a Narrative Approach

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## Abstract

Sexual abuse is a profoundly traumatic experience that can have long-lasting psychological and emotional effects. This case study explores the counseling process with a woman in her 20s (hereafter referred to as Alice) who experienced sexual abuse and struggled with severe social withdrawal. Although the initial presenting issue involved difficulties related to employment, the counsellor's attitude of valuing what was important to Alice led her to begin discussing her traumatic experiences of sexual abuse. By diving deeper into the recurring theme of frustration within her narrative regarding the sexual abuse, Alice was able to shift her focus towards how that very frustration had acted as an empowering force to better help her in her adversities. This shift in narrative from one of helplessness and avoidance to one of confronting challenges using the power of her frustration resulted in significant behavioral changes, including increased social engagement and motivation to seek employment. Subsequent counselling sessions also revealed that she was not only able to engage in greater self-reflection, but was also able to find the motivation to fill up paper works and secure a job position. In the current study, how the counsellor had focused on Alice's dominant narrative through the discussions of her traumatic experiences, and how the meaning behind those experiences had transformed for Alice will be examined.

**Keywords:** Narrative Approach, Trauma, Sexual Abuse

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## 1.0 INTRODUCTION

Childhood sexual abuse has significant long-term impacts, leading to sexual dysfunction, experiences of homosexuality during adolescence or adulthood, and evidence of depression even into adulthood (Beitchman et al., 1992). Consequently, care is essential, but it has been noted that sexual abuse is particularly difficult to talk about (Lemaigre et al., 2017), thus making it challenging for survivors to seek counseling. Despite the critical need for intervention, many studies on sexual abuse begin only after survivors have already disclosed their experiences. This results in a gap in understanding the factors that facilitate or hinder disclosure. Identifying the attitudes and external factors that encourage survivors to open up about their experiences is crucial for improving support systems and intervention strategies.

Furthermore, among various approaches, narrative approach has garnered attention as a potential method for addressing the psychological impact of sexual abuse (Deblinger et al., 2010; Salloum & Overstreet, 2012). Narrative approach is defined as "a method that approaches reality by working with narratives as a means of engagement" (Noguchi, 2005). It has been argued that narrative therapy helps clients confront their experiences of sexual abuse and challenge the narratives in which abuse has dominated their lives (White et al., 1992; Sahin & McVicker, 2009). However, in Japan, little research has examined how survivors of sexual abuse disclose their experiences through narrative therapy, how their narratives evolve, and the overall effectiveness of this approach. Therefore, there is a pressing need to investigate the specific changes brought about by the application of narrative approach for survivors of sexual abuse in Japan and to clarify the process through which these changes occur.

The current study examined how a counsellor's attitude and techniques used based on the narrative approach contributed to changes in a case where a woman, unable to leave her home due to sexual abuse, began to disclose her experiences.

## 2.0 LITERATURE REVIEW

Sexual abuse is currently a significant issue. According to Unicef (2024), the lifetime prevalence of child sexual abuse is 20% among females. In Japan, 2,451 children who suffered sexual abuse by their guardians were reported to child consultation centres in 2022, and this number is increasing annually (Children and Families Agency, 2022). Children who have experienced sexual abuse tend to suffer from anxiety, depression, post-traumatic stress disorder (PTSD), and other psychological difficulties (Taj et al., 2024). Additionally, sexual abuse has long-

term effects, with many survivors experiencing sexual dysfunction, instances of homosexuality during adolescence or adulthood, and evidence of depression into adulthood (Beitchman et al., 1992).

Moreover, barriers to disclosing experiences of sexual abuse have been identified (Lemaigre et al., 2017). According to Lemaigre et al. (2017), these barriers stem from various factors, including fear of negative consequences from disclosure, self-blame, shame, and guilt. These barriers can prevent victims from seeking support, care, and treatment. However, many studies on sexual abuse begin with disclosed narratives, often overlooking the factors that contribute to survivors deciding to disclose their experiences.

Furthermore, therapeutic approaches for sexual abuse survivors are often inconsistent, with limited scope and methodological flaws, leading to a lack of consistent evidence for their effectiveness (Narang et al., 2019). Nevertheless, trauma-focused cognitive behavioral therapy (TF-CBT) has been identified as an effective approach for addressing sexual abuse (Putnam, F.W., 2003; Deblinger et al., 2010). A key component of TF-CBT, the trauma narrative (TN), has been shown to be particularly effective in reducing distress, anxiety, and fear caused by sexual abuse (Deblinger et al., 2010; Salloum & Overstreet, 2012). This highlights the importance of narrative in the care of sexual abuse survivors. One psychological intervention that utilizes narrative is the narrative approach. The narrative approach involves exploring how individuals construct their reality through personal narratives (Noguchi, 2005). In this study, the narrative approach was used from a constructivist perspective to explore how the client's narrative shaped her reality and how the counsellor and client could collaboratively create a new narrative. This approach has been shown to help clients confront and reframe the abuse-dominated narrative (White et al., 1992; Sahin & McVicker, 2009). However, in Japan, there has been limited examination of how clients who have experienced sexual abuse disclose

## 2.1 Objectives

The purpose of this study was to reveal, through a case study, the process by which a Japanese woman began to narrate her traumatic experiences, how her narrative evolved, and the impact of this evolution on the client. It also aimed to identify which narrative approaches could facilitate these changes. Through this case, the author seeks to explore the potential for interventions with women who are suffering from sexual abuse, an experience that is particularly difficult to disclose.

## 3.0 METHODOLOGY

### 3.1 Research Participant

Alice (alias) is a 27-year-old woman with a history of sexual abuse who was unemployed at the time of the case study. She attended a rework facility the counsellor used to work at. Her father had been separated from family approximately X-5 years (X year as the time the initial session took place). Her mother worked part-time, and her elder brother died in a traffic accident X-7 years ago.

Alice had been an active child from kindergarten through junior high school, with no notable presenting problems. However, during the second or third grade of primary school, her brother began touching her body inappropriately. Despite this, Alice joined the brass band in junior high school and enjoyed her three years there. In the middle of her first year of high school, Alice suddenly began experiencing cold sweats and muscle stiffness, and became afraid to go to school. This eventually resulted in her dropping out of high school. She spent the following year at home while undergoing medical examinations. During this time, Alice began wondering why she was not doing well and was constantly having suicidal thoughts.

Alice worked at a local café for two or three years, but resigned when the chef changed, making the working environment difficult for her. Around this time, her brother died in a head-on car crash. At the age of 20, Alice re-enrolled in a correspondence high school and graduated at the age of 28, despite fluctuations in her condition. Alice had difficulty establishing a stable therapeutic relationship, changing hospitals five times due to poor compatibility with her doctors. For the past year, she had been attending her current clinic due to self-injurious behavior. She engaged in overdosing (OD) two or three times a week. There were times Alice thought about dying when she felt overwhelmed. She would attempt suicide by drinking huge quantities of medicine with alcohol so she could die but each attempt was unsuccessful. When she was 17-years-old, she tried to jump off a building but survived. Alice realized that her brother's actions constituted sexual abuse when she obtained a smartphone in high school and began to understand the nature of his behavior. This realization deepened her feelings of disgust toward her brother. However, she had not disclosed the abuse to her doctor and had been diagnosed with depression and fear of disfigurement.

### 3.2 Initial Session Process And Assessment

In March of Year X, Alice came to the rework facility, requesting a meeting to discuss her anxieties about finding employment. A counseling session was subsequently arranged. During the session, Alice shared that she had suffered from insomnia since elementary school, which had disrupted her daily routine. Additionally, she mentioned feeling too unattractive to leave the house, making it difficult for her to attend the rework facility regularly. Alice expressed fear that she would be unable to secure a job due to what she perceived as her weakness, being troubled by such minor issues, and how this uncertainty often led to her overdosing. Alice frequently sought advice and decisions from the counsellor, reflecting signs of a lack of self-confidence.

The counsellor focused on Alice's perception that her insomnia and difficulty leaving the house were minor issues and her belief that struggling with them made her weak. The counsellor framed these challenges as part of a narrative that was causing Alice significant distress and acknowledged her struggles. Through this narrative, the counsellor emphasized that Alice's suffering was very real and not insignificant. Despite her struggles, Alice was still able to attend the rework facility a few times each month. During these times, the counsellor encouraged Alice to talk about her experiences.

The turning point came when the counsellor expressed interest in learning more about Alice's desired lifestyle and employment goals, initially hesitant to share her thoughts, Alice was reassured that her desires would not be judged or evaluated and that the counsellor valued her story. Hearing this, Alice became tearful and shared her wish to dress fashionably and her preference for a job where she could wear her

own clothes. The counsellor acknowledged Alice's courage in expressing these thoughts and encouraged her to discuss her hopes further. The counsellor also conveyed a willingness to work together at Alice's pace to explore possible next steps.

Towards the end of the session, after a brief silence, Alice revealed something she had never told anyone before; she believed that her insomnia was related to the sexual abuse she had suffered at the hands of her brother. She expressed a desire to explore her feelings about the abuse with the counsellor, who agreed to support her in this process.

The clinical formulation identified Alice's apparent difficulties as including insomnia and an inability to leave her house, both of which prevented her from securing employment. However, beneath these issues lay a deeper sense of self-devaluation, as Alice believed her problems were trivial and that her inability to overcome them diminished her self-worth. Alice's willingness to express a desire to process the sexual abuse during this session represented a significant shift. By adopting an approach that emphasized Alice's subjective feelings and experiences, Alice felt able to open up. Additionally, Alice had a history of regular overdoses and had not yet disclosed the sexual abuse to her primary doctor, making a trauma-focused CBT (TF-CBT) approach potentially dangerous because this approach focused on traumatic incident directly and it might cause excessive distress. Therefore, a narrative approach was adopted, which allowed Alice to take the lead in organizing and making sense of the sexual abuse she was sharing for the first time, while respecting her internal world. This method enabled her to reflect on how she wished to integrate these experiences into her life, with a sense of control over the process. Based on this approach, the counsellor suggested a continuation of sessions, to which Alice agreed.

### 3.3 Treatment

The narrative therapy techniques of externalizing conversations and re-authoring conversations were employed. Externalizing conversations involved objectifying the problem and separating it from the client's identity (White, 2007). Re-authoring conversations, on the other hand, viewed the client's narrative as a story that organized their experiences into meaningful frameworks. This technique identified the dominant story that governs the client's life, while focusing on the exceptions overlooked by the dominant story. The client and counsellor then work together to construct an alternative story that aligns better with the client's preferred sense of self (White et al., 1992; White, 2007). First, an analysis of recurring themes within Alice's narrative was conducted to identify the dominant story. This was followed by the process of externalising the themes, encouraging Alice to examine the exceptions and multifaceted aspects of her experiences that had been overshadowed by the dominant story. Through this, Alice was supported in constructing an alternative story that felt more meaningful and satisfactory to her. Specifically, the therapeutic approach focused on respecting and valuing Alice's subjective experiences as a foundation for building a therapeutic relationship. The plan involved carefully listening to Alice's accounts of her experience of sexual abuse and understanding how she had navigated her life despite these challenges. Through this process, an alternative narrative could be co-constructed to support Alice; one that reflected her resilience. During the counselling sessions, the counsellor would refrain from evaluating Alice's attendance at the rework facility or the frequency of her self-harm, instead framing these as valuable data points that simply reflected her current state.

### 3.4 Data Collection

For the counselling sessions, a total of 13 counselling sessions were conducted biweekly from April to September X year, data were collected from verbatim transcripts of each session, along with Alice's feedback on the counselling and the counsellor's reflections, recorded at the end of each session. Additionally, monthly data were gathered on Alice's attendance at the rework facility and the frequency of her self-harm until she found employment and left the facility. The self-harm data were based on Alice's self-reports while number of attendances was based on objective rating by the counsellor.

### 3.5 Ethical Considerations

This study was conducted in accordance with the "Ethical Guidelines" of the Japanese Association of Clinical Psychology. The purpose of the study and the handling of personal information were fully explained, ensuring participants could withdraw at any time, and that the publication of findings would not allow individuals to be identified. Consent was obtained including for academic publication in writing, with a clear statement that the information collected would not be used for purposes outside the research.

## ■4.0 RESULTS

### 4.1 Phase 1 (#1-#4): Identifying The Theme Of Frustration With "Keeping The Peace"

#### 4.1.1 Intervention

By the fourth session, the counsellor had carefully listened to Alice's narrative, focusing on both the nature of her suffering and how she had battled against it. A recurring theme emerged: Alice's frustration with how past events had been dismissed and the sense of personal frustration she carried. Alice was encouraged to explore in detail how this frustration had impacted her life. The counsellor facilitated the externalisation process by validating the reality of the frustration Alice felt as a result of the sexual abuse and the fact that it had been overlooked. To further explore her feelings towards this frustration, which Alice named "Hotneck boy", the counsellor suggested she create a story in which "Hotneck boy" was the protagonist, offering Alice an opportunity to view the issue from multiple angles.

#### 4.1.2 Transformation Of The Narrative

Alice began to reflect on the trauma of sexual abuse. She described feeling disgusted being touched while asleep, the fact that her brother never acknowledged his actions, and her parents' failure to take the situation seriously. She expressed her frustration with this. Alice also recalled suffering panic attacks in high school, which eventually led to her leaving school. She felt frustrated that she couldn't attend school regularly. After this, she started working part-time at a café which she initially enjoyed, but the stress at work, along with the sleepless nights caused by her brother's sexual abuse triggered more panic attacks. Feeling overwhelmed, she quitted her job. Alice explained that despite her efforts, she couldn't make things work and was often frustrated with herself.

During this time, Alice's brother died in a car accident. She felt she shouldn't dwell on the past, thus she enrolled in a correspondence high school and eventually graduated after six years. Although she tried to stay positive and focus on getting a job, she would still find herself thinking about her brother and resenting her family for visiting his grave. Alice described how feelings of shame over the abuse led her to believe she was "dirty," fuelling body dysmorphia and causing her to become fixated on her appearance in the mirror. The anger and frustration tied to memories of the sexual abuse often traumatized her, making it difficult for her to leave the house.

Alice highlighted that the most frustrating aspect was how her parents and brother acted as if nothing had happened, and how they continued living as if the abuse "never existed." She also realized that in trying to move on, she might have been trying to convince herself that it hadn't happened either. Through the process of externalisation, Alice named her frustration "Hotneck boy". She described how "Hotneck boy" would exhaust her, leaving her bedridden, distorting her reflection in the mirror, and leading her towards self-harm. Alice was highly aware of "Hotneck boy" as an existence that made her life difficult. When invited to create a story about it, Alice imagined "Hotneck boy" as a lone figure who was unable to cooperate with others in a team sport, would run off on its own, ultimately ending up isolated and curled up, knees to its chest, because all it really wanted was to be noticed. Reflecting on the story, Alice remarked that "Hotneck boy is powerful, but clumsy. Maybe it is unfair of me to see it as an enemy."

#### 4.1.3 Changes In Behaviour

Alice began to express a desire to take better care of herself. The number of self-harm incidents decreased, and during weeks when she had counselling sessions, she didn't engage in self-harm at all. Though her attendance at the rework facility remained inconsistent, she was able to attend her counselling sessions without fail.

### 4.2 Phase 2 (#5-#9): Re-Evaluating The Relationship With Frustration And Constructing An Alternative Story

#### 4.2.1 Intervention

The counsellor viewed "Hotneck boy", the externalized embodiment of Alice's frustration, as an entity with energy, and encouraged Alice to reflect on moments when she was able to manage it successfully and consider its other dimensions. Alice was invited to think about how incorporating the times when she had transformed frustration into energy to achieve things might impact her life. Although the frustration could lead to harmful outbursts, Alice also explored the possibility that it could drive positive change in her current situation. Together, the counsellor and Alice celebrated the shift in Alice's perception of her sense of feeling "tainted." The counsellor also acknowledged Alice's desire for others to understand her frustration and worked with her to explore how she may express these feelings to her primary doctor and mother in a way that felt right to her.

#### 4.2.2 Transformation Of The Narrative

Alice shared that while "Hotneck boy" sometimes inflicted harm on her, there were also moments when it helped her manage her stress before she became too overwhelmed or redirected its energy towards overcoming challenges. She recognized its positive influence, such as protecting her from external threats and motivating her to take on new challenges. These reflections helped Alice see that although her frustration had kept her from going out, it had also prompted her to start working part-time at a café and to enrol in a correspondence high school. She realized that despite her setbacks, she had always wanted to move forward with her life.

Alice recalled that she had not given up entirely, such as when she successfully graduated from her correspondence high school. This realization led Alice to want her mother and primary doctor to acknowledge the presence and role of "Hotneck boy". After discussing this with the counsellor, Alice was able to open up to her mother and primary doctor about the pain caused by the sexual abuse and how the lingering frustration continued to affect her life. Her mother responded with an apology letter, and her doctor adjusted her medication. Being heard by others and recognizing that she had used her frustration as fuel to move forward shifted Alice's focus from seeing herself as "tainted" to recognizing herself as someone who had "used frustration as a springboard to make progress."

Additionally, Alice and the counsellor set new goals for activities at the rework facility by using her frustration as a source of motivation. Alice also learned to soothe "Hotneck boy" or turn its outbursts into challenges she could overcome, which made it easier for her to leave the house. With the medication adjustments made by her doctor, Alice also started to sleep better.

#### 4.2.3 Change In Behaviour

The number of self-harm incidents decreased further, and Alice was able to attend the rework facility two to three times a week.

### 4.3 Phase 3 (#10-#13): Empowerment And Conclusion As Alice Became Able To Confidently Articulate A Narrative Of Self-Support

#### 4.3.1 Intervention

The counsellor put emphasis on Alice's ability to manage her frustration and navigate life through her own strength, highlighting her reports of progress, including new challenges like taking on tea duty at the rework facility. The counsellor empowered Alice by acknowledging her newfound capacity to handle frustration and make progress in her daily life. The counsellor also noted positive changes, such as Alice's ability to seek help when needed and to confidently express her desires and plans when she felt stuck or faced challenges. The counsellor proposed concluding the therapy sessions, helping Alice reflect on the strengths she had discovered, like transforming frustration into energy. Together, the counsellor and Alice also devised strategies to help Alice cope when she felt overwhelmed by frustration or self-doubt.

#### 4.3.2 Transformation Of The Narrative

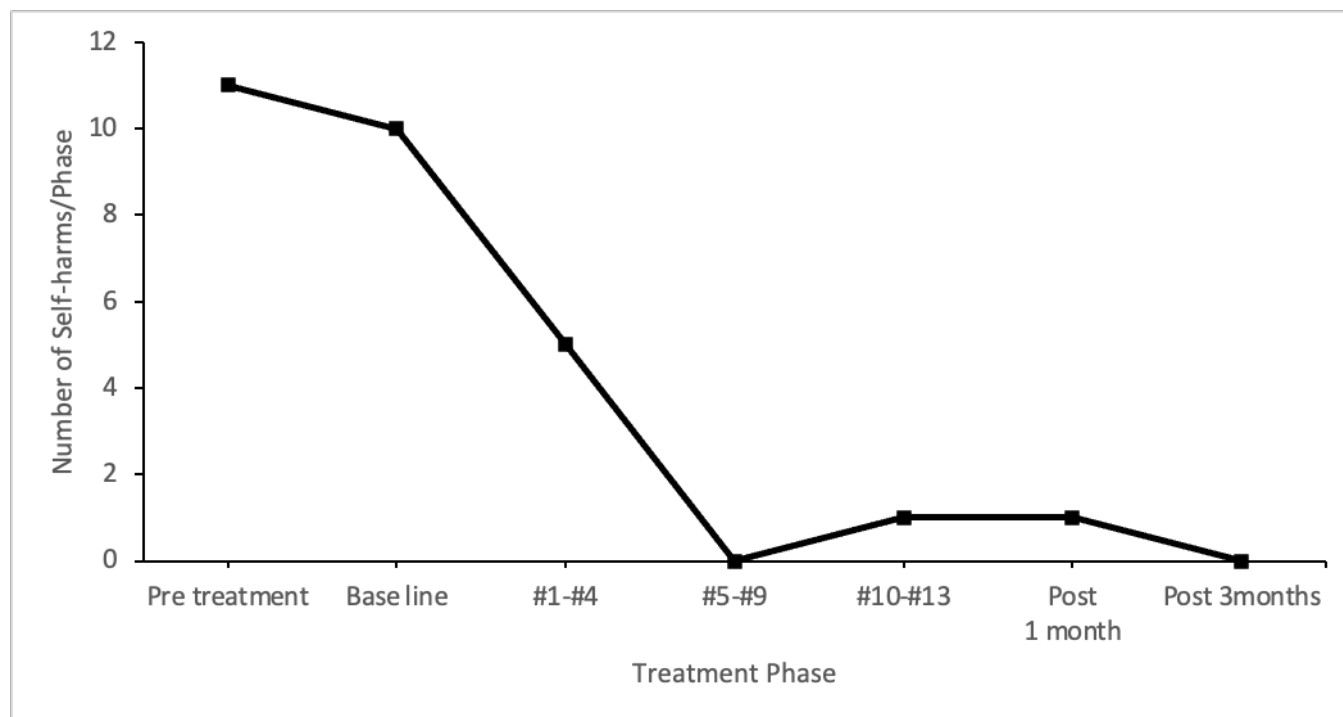
Rather than thinking, "I'm tainted, and my past experiences are why things never work out," Alice began reaching out to the counsellor and other staff in the rework facility, saying, "I'm being overwhelmed by these thoughts—can we work through this together?" She expressed confidence in her ability to manage her frustration, even if she still could not forgive her brother or mother.

While Alice still found it difficult to go out at times, she noticed a change: she recognized her frustration as "clouding the mirror" and smiled at herself, saying, "It's okay." This shift allowed her to leave the house, even if she was running late. Previously, she wouldn't leave unless she felt 10/10 in terms of appearance or confidence but now, she could leave with a 6/10, even if she thought her clothes made her look fat or her face seemed unattractive.

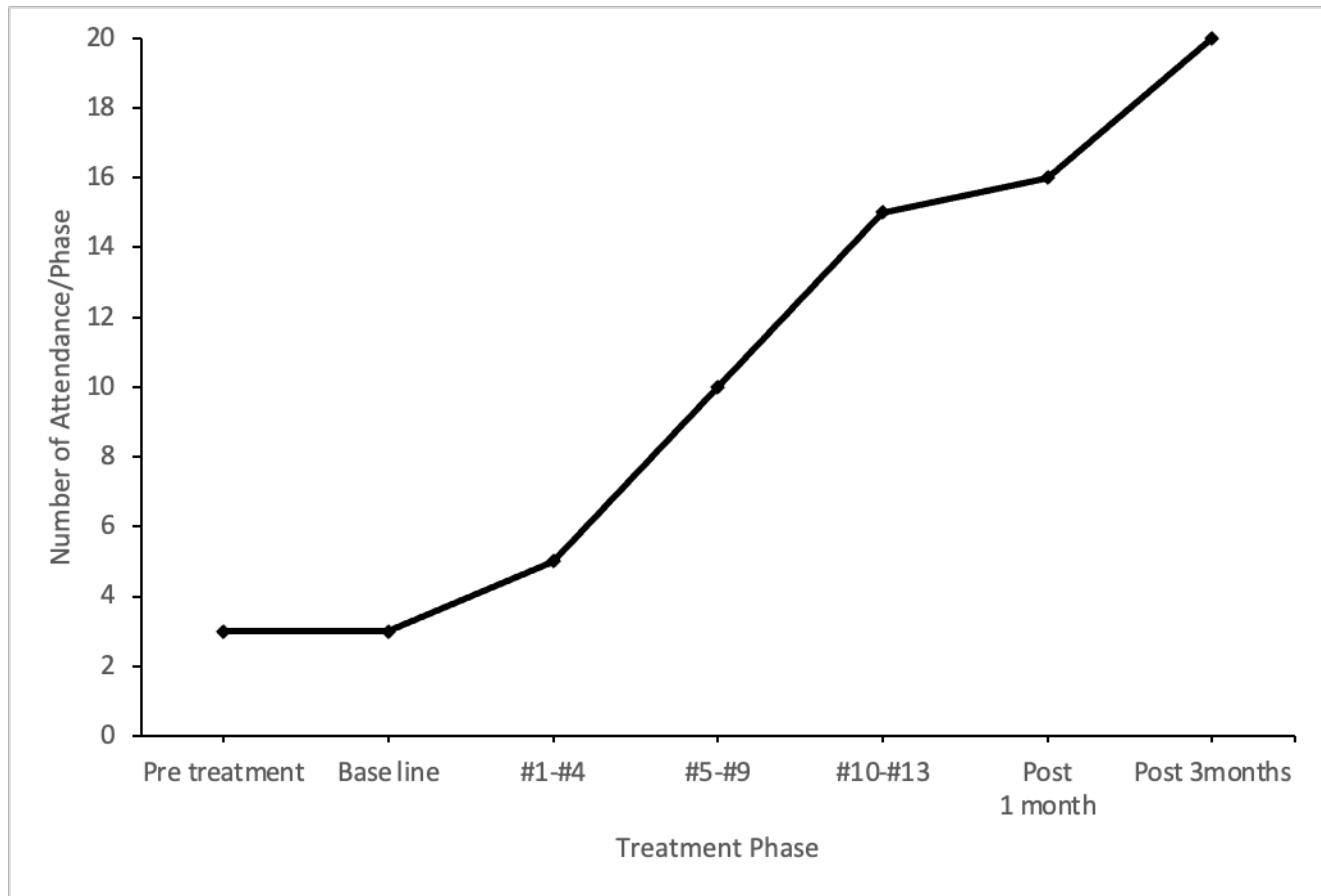
#### 4.3.3 Behavioural Changes

Alice set a goal to stop blaming herself when she couldn't control her frustration. She began working towards this without relying on therapy and provided updates on her progress. From the 10th session onward, she stopped self-harming altogether. She also started attending the rework facility consistently, three to four times a week. Six months later, Alice was able to secure a job.

Finally, the following figures illustrate changes in the number of overdoses Alice experienced (Figure 1) and her attendance at the rework facility (Figure 2) from the start of treatment until three months after its conclusion, when she successfully found employment.



**Figure 1** Changes in the frequency of the client's OD incidents observed from the start of the treatment until three months after its completion



**Figure 2** Changes in the number of days attended at the rework facility observed from start of the treatment until three months after its completion

## ■5.0 DISCUSSION AND RECOMMENDATION

### 5.1 Triggers That Allowed Alice To Confess Her Trauma

The turning point that led Alice to open up about her sexual abuse came from a therapeutic approach that respected her subjective world. The counsellor encouraged Alice to speak about what she considered important in her life, without imposing any external evaluation on what was shared. Instead, the counsellor focused on understanding why these topics were important for Alice. This narrative-based approach, which placed value on Alice's subjective experiences and the meanings she attached to them, created a safe space for her to confess the abuse. Through this method, the counsellor gave emphasis on Alice's subjective world, recognizing its importance and encouraging her to speak freely. This respect for Alice's perspective helped her realize the significance of her suffering and allowed her to confront the possibility of addressing how she could view the trauma of sexual abuse differently.

This was consistent with cases presented by White et al. (1992), where female clients, who had never previously disclosed sexual abuse, were able to open up in therapy. The narrative approach appeared to facilitate the sharing of significant events for the client. In Alice's case, while it was not uncommon for presenting issues to shift during the first session, it was rare for a client to reveal a history of sexual abuse in an initial meeting. This suggests that the narrative approach may be particularly effective in establishing trust, especially in cases where a deep rapport needs to be built quickly.

Moreover, this approach can be utilized not only by counsellors but also by healthcare and welfare staff working with people with disabilities. By adopting a narrative approach, these professionals can form meaningful relationships with their clients and recognize the fundamental causes of surface-level concerns, such as fluctuating health, thus allowing for a more effective and holistic response.

### 5.2 The Importance Of Shifting From A Suffering-Centred To An Empowerment-Centred Narrative

During the phase of a suffering-centred narrative, there was no significant behavioural change, though Alice's number of overdoses decreased. The primary reasons for committing an overdose were "escaping from the situation" and "obtaining relief from a terrible state of mind" (Bancroft, et al., 1976). Previously, overdoses had been her way of coping with suffering. However, as she felt her suffering was being understood by the counsellor, and as she began to recognize the weight of her own distress, the need to reduce her suffering through overdoses diminished. This case indicated that narratively processing her experiences of sexual abuse may have contributed to the decrease



in overdoses. On the other hand, during this period, Alice's attendance at the rework facility did not improve significantly. It was possible that revisiting her suffering placed an emotional burden on her, or that a suffering-centred narrative made it harder for her to enact behavioural change.

Nonetheless, the counsellor did not feel it was necessary to force Alice to increase her attendance. Therapy influences a client both within and outside the session. It was important that Alice had the time to reflect on how much she had been suffering. In narrative therapy, the process of constructing a detailed dominant story could provide clients with a sense of understanding about their subjective world and suffering.

Two key elements contributed to the transformation of how Alice interpreted her feelings of frustration. The first was the externalization of her frustration, symbolized by the character "Hotneck boy", and the second was encouraging her to recount exceptions where "Hotneck boy" had been helpful. Externalization allowed Alice to separate herself from the entity that had been causing her distress. However, dialogue alone did not change the negative image she had of "Hotneck boy". Thus, the counsellor introduced the idea of writing a story featuring "Hotneck boy" as the main character. While not a standard narrative therapy procedure, this intervention allowed Alice to view "Hotneck boy" from a different perspective, further distancing herself from her suffering. Writing a story based on an externalized character enabled Alice to explore multiple aspects of her narrative, suggesting that this technique could be an effective way for clients to engage with their narratives from various angles.

As Alice began to focus on the positive aspects of her frustration, such as her ability to use it as a driving force, her attendance at the rework facility increased. The act of leaving the house was significant, as it symbolized her ability to construct an empowering narrative for herself. Through the collaborative construction of an alternative story with the counsellor, Alice shifted her focus from being someone who had been oppressed by her frustration to someone who would use it as a source of motivation. As a result, she began to feel more in control of her frustration and her actions. The energy that once tethered her to the past was now redirected towards activities and goals she wanted to pursue, thus creating a positive feedback loop where increased attendance led to greater self-confidence.

It was important to note that increasing attendance was never a direct goal mentioned in therapy. In this case, the narrative approach did not focus on solving problems directly, but rather on helping Alice reconstruct her story. By shifting the focus from being someone impacted by external factors to someone actively influencing her current situation, Alice was able to align her actions with her own values. This approach may be particularly beneficial for victims of sexual abuse who feel passive and powerless in relation to their symptoms and struggles.

Furthermore, in this study, Alice's progress was monitored for three months after the conclusion of therapy. There was no increase in overdoses and she had a steady attendance at the rework facility until she found a job and graduated from the rework facility. This suggests that the changes prompted by narrative therapy could be lasting. The stories individuals constructed about their experiences play a crucial role in shaping their actions and relationships (White et al., 1992). In this case, the process of constructing an alternative story placed importance on Alice's sense of ownership, allowing her to discover and articulate her story, which became a source of strength and support for her.

### 5.3 Significance And Outlook

The significance of this study laid in its detailed presentation of the therapeutic process that enabled Alice to feel comfortable enough to disclose her history of sexual abuse, a process that has rarely been addressed in previous research in Japan. It was shown that listening to and valuing the client's subjective narrative was key in prompting her to open up on the abuse.

Additionally, the study highlighted how carefully drawing out the dominant story within a narrative approach helped Alice feel understood, leading to a reduction in the number of overdoses. It also demonstrated that the act of creating a story during the process of externalization could support the client in adopting a new perspective on her suffering, which in this case, was 'frustration'.

Furthermore, by constructing an alternative story that resonated with Alice, the study suggested that positive changes occurred, such as increased interaction with others and more frequent outings. This case demonstrated the potential significance of applying narrative therapy to victims of sexual abuse.

Although the counselling sessions were relatively short-term, the study showed that the positive behavioural changes brought about through the narrative approach persisted for up to three months after therapy concluded. This suggested that narrative therapy could be an effective option for clients requiring short-term psychological treatment.

In terms of future prospects, this case study lacked data beyond Alice's employment. Thus, it was desirable for future research to examine longer-term effects. Additionally, as this study was based on a single case, generalization would be difficult. Therefore, gathering data from multiple clients, as well as conducting quantitative research, would help to identify key considerations and optimal practices when applying narrative therapy to clients who had experienced sexual abuse.

## 6.0 CONCLUSION

This case study in Japan demonstrated that adopting a narrative approach, which valued the subjective world of the client, enabled Alice to disclose her past experience of sexual abuse, which had been a source of profound suffering. Furthermore, the process of externalising and re-authoring conversations helped Alice construct an alternative story revolving around her frustration, encouraging her to take action. This resulted in a reduction in overdoses and an increase in the number of days she was able to engage in daily activities.

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### Conflicts of Interest

The author(s) declare(s) that there is no conflict of interest regarding the publication of this paper

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