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# Disequilibrium and Loss of Narrative Coherence in Identity Construction: A Piagetian Perspective on Trauma in Adolescent Victims of Sexual Abuse

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Previous authors have presented contradictory views of trauma as either the over- or under-elaboration of experience. This article provides a new theoretical perspective on trauma by incorporating Piagetian constructivism. On a theoretical level, it argues that both forms of narrative disruption following a traumatic episode are not contradictory. Rather, both over- and under-elaboration indicate disequilibrium and loss of narrative coherence in the construction of personal identity. Results are presented from an empirical study of the autobiographies of 15 adolescent victims (between the ages of 12 and 17) of sexual assault. Participants were enrolled in the initial stage of a psychotherapeutic treatment program for abuse in Santiago, Chile, at the time of study. Analysis of participant autobiographies reveals multiple forms of disorganization. The majority of adolescent narratives referred to predominance of traumatic experiences, whereas a small number of cases excluded traumatic experiences altogether. Discussion of study results shows that both forms of narrative disorganization indicate disequilibrium and loss of narrative coherence. Piagetian constructivist theory provides insight into this phenomenon by supporting and advancing understandings of trauma from a constructivist perspective. Implications for therapeutic treatment of sexual abuse, which may help generate clinical guidelines, are presented.

## INTRODUCTION

The present study contributes to the existing literature on trauma by incorporating Piagetian theory, which has largely been absent from constructivist approaches to trauma. Constructivist perspectives have made significant contributions to advancing knowledge of trauma (e.g., Erbes, 2004; Neimeyer, Herrero, & Botella, 2006). In addition, a number of authors have conceptualized the impact of traumatic experiences on personal identity (Berntsen & Rubin, 2007; Neimeyer & Stewart, 1996; Sewell & Williams, 2002), exploring the role of trauma in disrupting the continuity of experience and interfering with the development of a coherent self-schema. For example, individuals who have experienced trauma may find it challenging to create a life story that integrates a traumatic episode (McAdams, 2006; Neimeyer & Stewart, 1996; Reviere & Bakeman, 2001). Within this framework, Sewell and Williams (2002) suggested that traumatic

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experiences are disruptive to developing personal narratives and, as a result, produce a “broken narrative.” This occurs when an individual is unable to integrate images of him- or herself into the present, past, and future.

The present article takes as its starting point Sermpezis and Winter’s (2009) discussion of two contradictory hypotheses: the under- or over-elaboration of traumatic events. Their conclusion that traumatic events are more elaborated than other events contrasts with that of other authors (e.g., Sewell et al., 1996, cited in Sermpezis & Winter, 2009), who conceptualize post-traumatic stress as an under-elaboration of experience. In a study of 36 adults receiving psychological treatment for a traumatic episode, Sermpezis and Winter (2009) found that individuals suffering from posttraumatic stress disorder elaborated on traumatic experiences more than nontraumatic experiences, and that these events were central to their conceptual systems. Indeed, traumatic experiences may serve as reference points for organizing personal narratives and as central components of personal identity (Berntsen & Rubin, 2006; 2007; Sermpezis & Winter, 2009).

In one instance, Neimeyer and colleagues (2006) developed a theoretical and case analysis of an adult woman who experienced traumatic loss. They argued that disruptive life events interfere with the development of personal narratives according to three lines of action: disorganizing the narrative, creating dominant narratives, and disassociating the narrative. Here, narrative disorganization refers to the impaired capacity of an individual to create a consistent and coherent self-narrative following a traumatic event. Narrative dominance implies that a problem-saturated personal narrative, which revolves around the traumatic event, may constrict other identity options. Finally, narrative dissociation refers to the exclusion of a traumatic event from the personal narrative.

In the present study I suggest that trauma may complicate the development of personal narratives in a number of ways, proceeding from Neimeyer et al. (2006). Based on my research of adolescents who have been sexually abused, I argue that under- and over-elaboration are not contradictory forms of organizing narratives, as Sermpezis and Winter (2009) presumed. Both forms of narrative disruption suggest a loss of narrative coherence and disequilibrium in identity construction, which hinders the ability to assimilate a traumatic experience. Drawing on the concept of disequilibrium proposed by Piaget (1967), we may understand traumatic narrative disruption in its many forms, all of which imply disequilibrium.

This article contributes to the discussion of trauma by incorporating a Piagetian constructivist perspective and analyzing research in which both forms of disorganization are seen among adolescents. Piagetian theory, and specifically the concept of disequilibrium, allows for a more integrated understanding of how trauma disrupts personal narratives. Disequilibrium serves as a theoretical tool for better understanding and incorporating different forms of narrative disruption into the existing paradigm. This is a significant contribution to constructivist research on trauma.

The object of this study is to better understand the role of traumatic events, including sexual abuse, in the personal narratives of adolescent victims using a Piagetian constructivist perspective. It maintains that although experiences of sexual abuse may be constructed as traumatic experiences, the individual ultimately determines whether an experience is traumatic (Ronen, 1996).

Furthermore, this study aims to generate clinical guidelines in cases of sexual assault. This is particularly relevant as it explores traumatic experiences associated with sexual assault among adolescents who are involved in the process of identity construction—a key developmental task at this stage (Sepúlveda, 2013). Moreover, it contributes to the study of trauma, particularly

among adolescents who have experienced sexual assault and associated interpersonal violence. It is important to note that throughout the world, rates of sexual violence are high among children and youth (Pereda, Guilera, Forns, & Gomez-Benito, 2009; United Nations Children's Fund [UNICEF], 2012). In Chile, approximately 9% of male and female youths are affected (UNICEF, 2012).

First, I develop a theoretical discussion of trauma that integrates concepts of Piagetian theory. Second, I present an analysis of autobiographies taken from a qualitative research study of 15 adolescents (between the ages of 12 and 17) who have been sexually abused. Participants were actively enrolled in a public treatment program in Chile and were in the initial stages of psychotherapeutic treatment at the time of study.

### The Concept of Trauma, According to a Piagetian Perspective

Many authors have incorporated Piagetian theory into their research and conceptualizations on a variety of clinical topics (Feixas & Villegas, 2000; Kegan, 1982; Rosen, 1985; Sepúlveda, 2013). An evolutionary constructivist approach grounded in Piaget's genetic psychology (Feixas & Villegas, 2000) is particularly relevant as it addresses the construction of meaning through processes of transformation and change while considering developmental variables (Sepúlveda, 2013). One fundamental concept concerned with change and permanence is equilibrium (Feixas & Villegas, 2000). According to Piaget (1967, 1985), *equilibrium* refers to a series of active compensations on part of the subject in response to external disturbances. It favors individual adaptation, or the stability of a system in exchange with its environment (Piaget, 1967, 1974). Assimilation and accommodation together play a key role in equilibrium, which is achieved through their balance. *Assimilation* refers to the incorporation of external stimuli (objects or events) into an existing psychological or cognitive schema, and *accommodation* is the ability to modify this framework in response to new situations (Piaget, 1967, 1974, 1985).

According to Piaget (1985), equilibrium is key to development. Nonetheless, when conflicts (either external or internal) arise and are not successfully incorporated by an individual, disequilibrium is produced. This occurs when an episode causes excessive distress or when an individual has insufficient schema and lacks the resources necessary to address the problem at hand. The psychic system then initiates a series of movements in order to correct the imbalance. This consists of assimilating and accommodating new elements to improve coherence of the system and generate reequilibrations, which allow an individual to progress into higher levels of structure (Piaget, 1985; Sepúlveda & Capella, 2012). Generally, during the process of equilibrium, disequilibrium, and reequilibration, the subject experiences changes without compromising continuity (Piaget, 1985).

Disequilibrium is therefore necessary for developmental progression. Indeed, without disequilibrium there would be no maximizing equilibrium (Piaget, 1985) or improved equilibrium. A new organizational capacity is more adaptive in the sense that it allows for greater flexibility when resolving problems (Rosen, 1985). Nonetheless, when an individual experiences a state of permanent disequilibrium, it becomes an issue of psychopathology (Rychlack, 1988; Sepúlveda & Capella, 2012). According to Piaget (1967), durable disequilibria constitute pathological (organic or mental) states.

A Piagetian perspective allows us to understand how trauma produces permanent disequilibrium, which hinders assimilation of new events and compromises the ability to organize personal

narratives. Trauma occurs when a subject is confronted with a disruptive and precipitated external event and lacks resources for responding to the situation. Erbes (2004), who employed a constructivist framework focusing on how people construct their reality and give meaning to events (Ronen, 1996), stated, "an event is a 'trauma' to the extent that it violates or disrupts a person's core beliefs about self, world, and others, and causes great distress either at the time of the event or at some later point" (Erbes, 2004, p. 208). Ronen (1996) agreed that the ways in which individuals assign meaning to an experience, particularly one deemed "traumatic," are crucial.

Within constructivist circles, it is also interesting to note the distinction between a disruptive event and a traumatic experience, which has been addressed by psychoanalytic authors such as Benyakar and Lezica (2005). Traumatic experience is just one label for a disruptive event. Its application depends on the relationship between the object (disruptive event) and the subject (its meaning or importance). In this way, trauma presupposes the meaning that a subject gives to a disruptive external event that exceeds his or her coping mechanisms and alters previous existing schemas.

Often, sexual abuse is viewed as a traumatic event. However, experiences may not appear to be traumatic in absolute terms. Important considerations that determine whether a disruptive event such as sexual abuse is traumatic or not include how a subject experiences and assigns meaning to sexual abuse (Capella, 2011). According to a constructivist point of view, the subject actively defines an event (Ronen, 1996), which can cause disequilibrium.

In addition, psychoanalytic authors have also referred to trauma as a situation that cannot be assimilated (Benyakar & Lezica, 2005). In agreement with the Piagetian concept of assimilation, a traumatic experience cannot be incorporated when it is disruptive with previous schemas and the individual has insufficient structures to integrate the event. Here, schematic changes are necessary to ensure that structures are accommodated and an event successfully integrated. An experience is considered traumatic when disequilibrium is permanent and the situation is so disruptive that important structural changes are needed for the situation to be assimilated.

A situation that is not assimilated may manifest in symptoms (posttraumatic memories, psychosomatic symptoms, etc.). Because the experience cannot be integrated, it becomes a central component of an ongoing cycle of repetition that seeks to assign meaning and incorporate the event into existing schemas. On one hand, it is dealt with in a maladaptive manner and becomes an obstacle to achieving equilibrium. As argued by Ochs and Caps (1996), the experience may be so devastating that an individual is unable to incorporate it into his or her personal history, and as a result it manifests as symptoms. An individual may be unable to narrate a coherent sequence of events and reactions of him- or herself in the past. On the one hand, when one is unable to locate the event in time, the experience cannot be integrated into one's life story. The cycle therefore repeats as part of the present moment, and it becomes central to one's experience (Benyakar & Lezica, 2005) and self-narrative. In this sense, it produces disequilibrium. On the other hand, a failure to incorporate the event into one's narrative also implies disequilibrium. When a relevant event is excluded from the life narrative, the past is not integrated.

From this point of view, and in line with Neimeyer et al. (2006), there are different forms of narrative disruption related to trauma. These different forms all involve disequilibrium. The overarching question guiding the present research asks: How can a Piagetian constructivist perspective allow us to better understand how traumatic events like sexual abuse emerge in adolescent narratives?

## METHODS

### Participants

The present study is part of a larger research study on identity among adolescent victims of sexual abuse, which forms part of my doctoral thesis and preliminary study (Capella, 2011). The material presented here is based on an analysis of 15 adolescents (13 females and 2 males) between the ages of 12 and 17 who experienced sexual abuse and were participating in a psychotherapeutic treatment program relevant to that experience. At the time of study, participants were in the initial stages of treatment (0 to 6 months of therapy). Although a greater number of individuals took part in the research study, only participants involved in the initial stages of treatment are considered in this article. It is important to note that individuals in the final stages of treatment were enrolled in the program for 18 months or longer, although they are not examined here.

The larger study is divided into different stages. In the first stage, 7 children and adolescents were selected for a preliminary study of their autobiographies in order to pilot the technique for gathering and analyzing information. All adolescents over 12 years of age in this stage (3 cases) were included in this article. Next, 17 participants in different stages of treatment were selected to write an autobiography. All cases in the initial stage of therapy that involve autobiographies were included in this analysis (10 adolescents). Finally, in the third stage of the larger study, interviews were carried out with 7 participants enrolled in different phases of treatment in order to complement the information gathered by written autobiographies. Of the adolescents interviewed, only 2 (1 male and 1 female) were in the initial phase of treatment. They were not asked to write an autobiography. It is important to note that all adolescents participating in the larger study who reached the criteria of being 12 to 17 years old and in the initial stages of therapy were included in this article ( $n = 15$ ), regardless of whether they were asked for a written autobiography or interview.

At the time of study, participating adolescents attended a specialized Center for the Treatment of Sexual Abuse (named CAVAS) in Santiago, Chile, the country's capital. All participants were actively involved in legal proceedings regarding sexual assault. Moreover, all participants were living with their nuclear or extended family. Families are associated with lower, middle-lower, and middle socioeconomic status, which is characteristic of participants in these treatment centers.

With regard to the characteristics of sexual assault, 9 cases indicated severe sexual abuse and 6 involved rape. The aggressor was a family member in 11 cases. It was a parental figure in 7 of those cases, and in the remaining cases the aggressor was a cousin, uncle, brother-in-law, or step-grandparent. In 4 cases the aggressor was an acquaintance from outside the family (neighbor, family friend). Sexual assault occurred on a repeated basis in the majority of cases; it was an isolated event in 3 cases. One adolescent was exposed to both situations: She was sexually abused by a step-grandparent during infancy; later, in adolescence she was abused by strangers, which was an isolated event. The primary symptomatology presented by adolescents at the beginning of treatment was posttraumatic symptoms, anxiety, and depression. In some cases it was accompanied by self-harm and, in one particular case, a suicide attempt.

One female participant interviewed had given birth to a child as a result of the rape experience 11 months prior to the interview, and a second adolescent who produced a written autobiography was pregnant as a result of rape by her stepfather.

## Materials and Procedure

Participants were asked to either develop a written autobiography or participate in a life-story interview (Atkinson, 1998) designed to elicit their life story. Both written autobiographies and life-story interviews served as personal documents and biographical techniques for performing qualitative social science research. These instruments allowed for observation of how individuals developed personal narratives about themselves and their lives and provided insight into the process of identity construction. Moreover, these methods are consistent with constructivist forms of assessment (Capella, 2013).

Autobiographies reveal the ways in which individuals elaborate on their life stories and personal relationships (Bernsten & Rubin, 2006), while also highlighting the significance of personal identity constructs. In addition, life stories are appropriate for analyzing elements of personal identity and nuclear aspects of self-image (Duero & Arce, 2007) as they allow participants to develop an image of themselves and the world. During the process of writing autobiographies or providing life-story interviews, subjects are asked to narrate an overall story or detail segments of their life (Capella, 2013).

The format used for soliciting written autobiographies was proposed by Sepúlveda (2007, cited in Capella, 2011). It was adapted to the present study with minor changes (made by Capella, 2011) and has been used in a number of research studies (Capella, 2013). The modified format asked adolescents to develop an autobiography with a free-writing style using the following guidelines:

Please write a story about yourself and your life. You may include an introduction of yourself, who you are, life events or situations that are important to you, or a description of how you imagine your future, among other aspects.

The researcher, or in three cases the therapist, asked adolescents to write an autobiography after providing them with these guidelines during one of their visits to the center—either before or following a therapeutic session. This was performed once the study was explained to participants and caretakers and informed consent and assent were obtained.

In addition, some adolescents participated in in-depth interviews characterized by a life-story format. This helped to complement and expand on elements of identity revealed in written responses, as well as gain access to oral autobiographies. Two adolescents in the initial stages of treatment were invited to participate in interviews. They are included in this sample. In terms of the procedure, the researcher carried out story-based interviews with adolescents in the center where they received treatment once informed consent and assent was obtained by all parties. Interviews took place in a private setting, where therapists and caretakers were not present. Life stories were collected in either one or two in-depth interview sessions. Interviews were recorded on tape and then transcribed word-for-word in order to produce a document for narrative analysis (Duero & Arce, 2007).

Interview guidelines provided context on the study, inviting participants to speak freely about themselves and their lives. In order to facilitate narration, the interviewer included open-ended questions and comments. Despite using different techniques for gathering information, both written and oral autobiographies were successful in obtaining participant personal narratives. According to Bruner (1990), these narratives may be accessed when writing or speaking. Indeed,

White and Epston (1990) argued that while written and spoken language may come from different domains, they share a common ground.

Therefore, both written and spoken autobiographies were used for gathering information. This procedure complements study results by allowing different elements to be integrated and analyzed (Capella, 2013). Moreover, these methods allowed researchers to access different forms of narration. Although written narratives require greater organization and active use of linguistic resources, information, and experiences (White & Epston, 1990), interviews promote a dialogical and relational context for developing personal narratives (Capella, 2013).

## Analysis

Information obtained through written and oral autobiographies was examined using narrative analysis, a form of qualitative analysis widely employed in social science research (Riessman, 2008). This method was epistemologically consistent with the constructivist approach of the present study.

Thematic and structural analyses outlined by Riessman (2008) were applied when analyzing participant narratives. Thematic analysis focused on narrative content (organizing themes, sequences of events, people involved, etc.) and structural analysis, referring to the ways in which narratives are constructed (structure, selected words and phrases, use of metaphors, etc.). Throughout the study, narratives were analyzed in their entirety and were not segmented, which is important when working with participant narratives (Capella, 2013). Moreover, methods for collecting data and the context were taken into consideration, although they were not a central focus of analysis.

First, cases were individually analyzed using different aspects of thematic and structural analysis described above in order to expand on particularities in the autobiography or life story of each participant. Subsequently, a transversal, intercase logic was adopted, analyzing continuities and discontinuities in personal narratives between the different cases. This allowed for the emergence of thematic-analytic axes and comprehensive and transversal hypotheses (Capella, 2013). The following section presents a transversal analysis of cases. The researcher developed the analysis and received supervision from experts in methodology and narrative analysis, thus providing triangulation of the results.

## RESULTS

Given the scope of the present article, even though analysis includes other aspects, only results that are relevant to principal themes, central events and turning points, and excluded experiences of participant narratives are explored here. This allows us to answer the primary research question, which focuses on how experiences of sexual abuse are incorporated into the life stories of adolescents. Study results taken from written autobiographies and interviews are presented together in an integrated manner. In order to illustrate some of the study results, vignettes are presented based on the narratives of participants. Numbers were used to identify participants, in order to respect confidentiality.



## Main Themes

In terms of content, principal topics or themes that emerge in written narratives are personally salient life events. For the majority of participants, these include experiences of abuse. In some written autobiographies, histories of sexual abuse dominate the narrative while additional elements that are not associated with this experience are briefly examined. Some of these narratives are structured as legal statements that directly reference times and places, inferring participants' involvement in legal proceedings. In these cases, narratives do not include the future tense. For example, one participant opened her autobiography with the following statement: "When I was 11 or 12 years old, my dad abused me" (Autobiography of Participant 9, female, 13 years old). Her biography is relatively short, and of the 131 total words, 100 words are used to recount topics related to abuse.

When referring to an abusive experience, a large number of adolescents described the impact or consequences of abuse in their lives. Many clearly stated negative impacts, such as depressive symptoms or the loss of a school year, among others. For example, one adolescent commented, "Four years ago my father tried to abuse me, and it was a huge blow to my life because he was the person I most valued" (Autobiography of Participant 3, female, 16 years old).

Here, the adolescent not only referred to the negative impact of sexual abuse per se as a "blow," but also to her relationship with a person she loved and valued (Capella, 2013). In their study of narratives of children and adolescent victims of sexual abuse, Foster and Hagedorn (2014) called attention to broken trust as a consequence in cases in which assault is committed by an acquaintance or family member.

Similarly, a female interviewee referred to the consequences of sexual abuse. The negative impact of the experience is a central theme in her narrative, and it dominates the interview and marks the beginning of her personal narrative. In this case, she referred to the birth of a son following sexual assault as a significant event and consequence of the abusive experience: "and before I thought that, that E (the child) was going to erase everything that happened to me, and that I would continue to be the same as before, but it wasn't like that" (Interview of Participant 11, female, 14 years old).

Adolescents' perception of abuse and its consequences on their lives influences personal narratives. Many narratives show the profound and lasting (typically negative) impact of sexual assault on their identity. In one particular case, a participant referred to the abusive experience as a "mark": "I was assaulted, and that's a mark that I think I will always have" (Autobiography of Participant 6, female, 16 years old).

This description highlights the difficulty in visualizing the possibility of overcoming the abusive experience, since it acts as a stigmatizing element (a "mark") that is unshakeable and long lasting ("always").

Here we observe that the majority of participant narratives focus either on episodes of sexual abuse or on the consequences of abuse. That is, narratives focus mainly on the experience of sexual abuse or its impact on individuals' lives and their vision of themselves.

Episodes of sexual abuse and its consequences play a central role in adolescents' narratives. This is particularly relevant given that autobiography guidelines and interviews did not explicitly refer to sexual assault, and the interviewer did not directly ask participants about abuse. Nonetheless, we are unable to rule out the influence of the study context. Narratives were solicited in the same center for treatment of sexual abuse attended by adolescents, and study information

given to participants made mention of how adolescents involved in the treatment program viewed themselves. Given the context, participants may have expected to share their stories of abuse.

Nevertheless, it is interesting to note that when asked to speak about their lives and themselves, many participants emphasized the abusive experience and its consequences. This may indicate the role of sexual violence in interfering with adolescents' ability to make sense of their lives and identity, thus compromising narrative coherence. The fact that adolescents were enrolled in the initial stages of psychotherapy at the time of study may also help us understand why adolescents were particularly affected by the experience. In their study on narratives produced during the therapeutic treatment of sexually abused children, Mossige, Jensen, Gulbrandsen, Reichelt, and Tjersland (2005) described how young children struggled to make sense of an abusive experience.

### Central Events and Turning Points

One important aspect of the present study is the weight given to sexual abuse as a central event in adolescents' lives. Experiences of abuse also serve as a turning point in participant narratives as they produce changes in the individual. By central events I refer to experiences that serve as reference points for organizing personal narratives; these are a major component of personal identity. Pillemer (1998, cited in Berntsen & Rubin, 2006) stated that some central events act as turning points in the life story of an individual, meaning that certain episodes alter or redirect the course of life.

While many of the central events and turning points presented in participant autobiographies and interviews are perceived in a negative light, an important part of the adolescents reflect on how experiences of abuse or its consequences significantly changed their lives: "It wasn't until the worst happened that they had me in psychotherapy, when I was sexually assaulted and raped. It was that way, how I started to get depressed, and I still am" (Autobiography of Participant 2, female, 14 years old).

Here, the participant explained how sexual abuse factored as a key negative event in her life story ("the worst happened") and as a turning point that changed the course of her life and vision of herself ("they had me in psychotherapy" and "I started to get depressed").

In other cases, episodes of sexual violence marked a turning point away from a previously happy life, thus causing disequilibrium:

When I was little I would dance and I was very happy with my mom until she fell in love with M. (the aggressor). Well, years later the three of us were all happy until one day I stayed alone with M. I was 9 years old at that time . . . he made me masturbate him. (Autobiography of Participant 4, female, 15 years old)

It is interesting to note that sexual abuse appears to be a turning point in the stories of adolescents who have experienced multiple episodes or isolated incidents of sexual violence, irrespective of the aggressor. This may help to understand the need to narratively organize an experience that, regardless of recurrence or the nature of the relationship with an aggressor (for example, ongoing abuse committed by a parental figure), produces a significant breaking point in adolescent life stories.

However, in the majority of cases, sexual abuse was not the only central event in the lives of adolescent victims. Rather, it emerged side-by-side with associated aspects, such as the moment they disclosed abuse, when they felt discredited by close friends or family, when the perpetrator

was sentenced, or during their involvement in legal proceedings. Here, not only the experience of abuse figures as a central event, but also the disclosure of the abuse and its consequences. For example:

Until one day I blew up at school and I told my friends everything. They told the inspector . . . then the policemen arrived and asked me some questions . . . they took my dad out of the house and arrested him. (Autobiography of Participant 7, female, 13 years old)

In relation to these central events, during one participant interview, a young woman commented on the birth of her child following sexual abuse. The moment of birth served as a turning point in her life, and details of associated experiences during the birthing process, conflicts regarding adoption, and her relationship with her son ultimately dominated the narrative. The impact of having a child adds a level of complexity to the situation. While narrating her experience, conflicts emerged such as feelings of guilt and the challenge of incorporating the child into her life story, which entails accepting the child as part of herself. Although the participant has positive overall views of her son, herself, and her family background, she struggles to accept him as her own child and therefore refers to him as a brother: “and so that’s how I imagine myself in the future, studying, but I still don’t see a husband, or children, nothing. I still don’t see that” (Interview, Participant 11).

Another adolescent, who was pregnant at the time of study due to rape, provided insight into her own struggles with her unborn child. The following statement reflects her process with making sense of her son and his presence in her life, as well as understanding that he is not guilty: “Now I’m waiting for the arrival of my son. I’m very happy to have him, because he’s not guilty and he is my savior” (Autobiography of Participant 15, female, 14 years old).

Both negative and positive life events beyond episodes of sexual abuse and its consequences also act as central events and turning points in the lives of adolescents. Experiences of theft, memories of a mother’s new partner, violence between parents, parental separation, death, or distance from a family member, among other events, show that associated experiences also have a significant impact on adolescents’ lives. Nonetheless, experiences of abuse play a leading role: “I have acid reflux problems and thoughts of suicide. This is all because of problems that I’ve had, that seem like a lot to me, not only rape but also problems with my mother and being gay” (Autobiography of Participant 8, male, 16 years old).

In this vignette, the adolescent male clearly shows how problematic situations from his past are responsible for present challenges, such as suicidal thoughts (“this is all because of”). These events constitute turning points in his life. In addition, he regards sexual abuse as a central event and turning point, but together with other problems (“not only rape”) such as a poor mother-son relationship and his struggle with homosexuality. Indeed, it is common for sexual abuse to occur in families with other difficulties (Putman, 2003). Therefore, it may be arbitrary to distinguish between the effects of family dysfunction and abuse in the construction of identity, seeing as both are integral parts of the domestic context and may play an essential role in identity formation (Erbes & Harter, 1999).

The predominance of experiences of sexual abuse in adolescents’ narratives reveals a loss of coherence because they face difficulties integrating multiple events into their personal stories.

## Excluded Experiences

In two cases, one female participant who developed a written autobiography (Participant 14, 12 years old) and one male interviewee (Participant 12, 14 years old) did not spontaneously name the sexual abuse or refer to its consequences. This differs from the experience of other participants, who struggled to integrate sexual abuse into their life stories because of its dominant role in their personal narratives. We may presume that avoiding contact with the topic of sexual abuse and associated emotional impacts altogether reflects a struggle to incorporate these experiences into their life stories because they produce disequilibrium. In the case of the male participant, this may result from his desire to appear normal and develop an ideal vision of his life. This was observed during the interview:

I came here (to the treatment center) searching for answers, because I had a lot of doubts about myself, if I was normal, a regular person . . . and if it's not normal I'm going to have to deal with it and be weird . . . but, given everything, I feel normal. (Interview of Participant 12, male, 14 years old)

Moreover, this adolescent possessed a limited capacity to narrate his experiences, similar to what Dimaggio and Semerari (2001) called “impoverished narratives.” Contrary to other participants, his spontaneous narrative was brief and required significant help and encouragement on part of the interviewer. Additionally, it was difficult for him to identify and incorporate important life events aside from academic achievements, which he was better able to narrate.

Moreover, the female participant communicated a positive image of herself and her life. Her autobiography focused on her desires for the future and revealed her own challenges with integrating past events.

On one hand, we may speculate that sexual abuse is not recounted during the interview or writing process because it is not a salient or relevant experience for the adolescent. On the other hand, it is plausible to think that these adolescents struggled to integrate experiences of abuse into their life stories and therefore excluded them entirely. The omission of events from personal narratives also may be understood as a loss of narrative coherence. Overall, we see how traumatic experiences take different forms in personal narratives—as dominant or excluded aspects of adolescents’ life stories. Nonetheless, it is important to also take into consideration the possible role of gender and age differences in defining narrative capacity. Between the ones who excluded abuse from their narratives, the male participant was one of two males in the study, and the female was the younger of the sample.

Stark differences are noted between written and oral autobiographies. Whereas a majority of adolescents with written autobiographies explicitly referred to the abuse, interviewees either made no direct mention of the abuse or only referred to the consequences of an abusive experience. This may be explained by the fact that different forms of language are accessed in oral and written narratives. In addition, the relationship between participant and interviewer may have a greater influence on the thoughts and opinions expressed during the interview (Capella, 2013). It is possible that adolescents were unable to express themselves openly during interview sessions. As mentioned, one interview alluded to the consequences of sexual abuse—in this case, the birth of a child—whereas a second revealed one adolescent’s challenge with incorporating sexual abuse into his personal narrative.

Written autobiographies provide insight into the challenges adolescents face when integrating past events, particularly abusive experiences. Abuse tends to play a dominant role in participant narratives. It often serves as a negative turning point in the lives of adolescents, together with other central events that are not easily incorporated into life stories. Furthermore, a large number of participants had trouble envisioning themselves in the future. This may be attributed to the need to first integrate past events into their life stories before addressing future projections. In some cases, adolescents' views of the future may be so affected by past experiences that looking into the future serves to retraumatize them, seeing the future as presenting more trauma: "I am kind of scared that my children will suffer the same fate as me, and I hope I don't have a family like mine" (Autobiography of Participant 13, female, 17 years old).

## DISCUSSION

In the cases presented here, sexual abuse and its consequences were either central to or completely absent from adolescent narratives. It is clear that adolescents who have experienced sexual abuse face a variety of challenges to achieving narrative coherence, all of which result in disequilibrium. In this case, disequilibrium occurs when adolescents are unable to incorporate an abusive experience into their life stories along with other personally salient events, shown by excluding it from their narratives or when the experience becomes a central point of reference for constructing their personal narratives.

Consistent with the findings of previous studies, I have observed how adolescents construct narratives of trauma associated with experiences of sexual abuse. Sexual abuse has a significant negative impact on the ways in which adolescents view themselves, and it presents a challenge to integrating abusive episodes into their personal narratives. Considering previous theoretical discussions, these results help us understand how disequilibrium and lack of personal coherence associated with trauma emerge. Disequilibrium is shown in narratives that privilege traumatic experiences (similar to what is referred in the literature as over-elaboration, or when a narrative is dominated by the problem) as well as narratives that exclude the experience (similar to what is named by other authors as under-elaboration or disassociation). This allows us to incorporate both narrative possibilities from this perspective into the existing paradigm.

This is a significant contribution to the area of trauma because it uses integrated analysis in order to reevaluate previous contradictory findings (Bernsten & Rubin, 2006; Sermpezis & Winter, 2009). The present study affirms that adolescent narratives that either foreground an abusive experience or exclude it entirely (despite a higher incidence of the former) are not contradictory, as proposed by Sermpezis and Winter (2009). Rather, both examples indicate a lack of narrative coherence and disequilibrium in the construction of personal identity, which hinders the assimilation of an abusive experience.

I have approached this topic from a different angle by integrating a Piagetian perspective with other constructivist and narrative concepts. Previous studies have often turned to personal construct theory, established by Kelly (Sermpezis & Winter, 2009; Sewell & Williams, 2002), and use methodologies such as the repertory grid technique (Sermpezis & Winter, 2009) or single-case study (Neimeyer et al., 2006).

Based on the theoretical discussion and analysis of participant autobiographies presented here, sexual abuse emerges as a traumatic experience that disorganizes adolescent narratives and

personal identity. Adolescents whose narratives are dominated by an episode of sexual abuse or its consequences, and those who exclude the experience entirely, are unable to achieve coherence between the past, present, and future. As a result, disequilibrium is produced. In the majority of cases, adolescent narratives regard traumatic experiences as a turning point in their life stories (Bernsten & Rubin, 2006). Narratives are dominated by the experience (Neimeyer et al., 2006) because it serves as a central point of reference in their life story and view of themselves.

Gonçalves (2002) describes a similar phenomenon when exploring narratives without narrative multiplicity or narratives that integrate diverse life experiences. When narratives are centered on a single experience (for example, sexual abuse), and particularly an experience that shapes a negative view of oneself, thoughts and ideas are isolated in groups of structural invariants. It is possible that sociocultural signifiers of sexual abuse may also reinforce stigma. As a result, narratives become inflexible and personal identity hinges on the specific meanings ascribed to an abusive experience, which excludes all experiences not associated with these thematic invariants. Therefore, narratives that do not include experiences outside of the context of abuse lack both coherence and narrative multiplicity.

In addition, lack of narrative coherence also may be caused by incomplete narratives. In other words, personal narratives are disassociated when significant life events are unsuccessfully incorporated (Neimeyer & Stewart, 1996). This is shown by the case of 1 male and 1 female adolescent who were unable to successfully integrate experiences of abuse and instead excluded or avoided the topic.

Lack of coherence is also given when a relevant experience is not incorporated into personal narratives as it presents a challenge to overall narrative storytelling (Gonçalves, 2002). Along the same lines, Mossige, Jensen, Gulbrandsen, Reichelt, and Tjersland (2005) found that child narratives of sexual abuse are lesser developed or elaborated, less coherent, and more disorganized than stories of other experiences. This lack of coherence ultimately hinders the ability of an individual to make sense of his or her abusive experience.

A small number of cases (2) demonstrated a loss of narrative coherence from the omission of sexual abuse from personal narratives. Specific characteristics of these participants within the sample (one is male and the other is the youngest female in the sample) make any conclusions about this tentative, at best. In addition, these cases presented what Dimaggio and Semerari (2001) called "impoverished narratives." It is unclear whether this implies an inability to integrate experiences of abuse or reflects an impaired capacity to reflect on oneself and express the complexity of meanings in narrative form. Although a small percentage of the sample, these cases are important because they point to the possibility of underrepresentation. Some individuals may face similar difficulties when narrating experiences of abuse in a clinical setting. This should be approached in more depth in future studies.

Results show that lack of narrative coherence is present when adolescents either describe an experience of abuse as a major organizing theme of their narratives or avoid it entirely. In both situations, adolescents are unable to incorporate and connect various significant life experiences in the process of developing a continuous and multifaceted view of themselves (Gonçalves, 2002). This is consistent with the findings of constructivist authors such as Neimeyer and Stewart (1996), McAdams (2006), and Riviere and Bakeman (2001), who have stated that trauma is associated with loss of narrative coherence.

Drawing from conceptual references and narrative analyses developed in the present study, we can conclude that sexual abuse is a disruptive situation for adolescents and cannot be integrated

with previous experiences. It becomes a traumatic experience once it alters previous existing beliefs about self and the world. In addition, an experience is traumatic when it cannot be incorporated into an individual's life story or assimilated because it causes disruption, which is indicative of disequilibrium.

Disequilibria is also observed in terms of identity. An abusive experience creates discontinuities in how adolescents view themselves and their lives, and they may find it difficult to visualize their futures. Moreover, traumatic and disruptive situations prevent adolescents from discerning continuities in the present, past, and future. Sewell and Williams (2002) argued that patients suffering from trauma generally do not have a clear sense of the future or, rather, view the future as presenting only more trauma.

Experiences of sexual abuse are therefore responsible for producing disequilibrium. In other words, disturbing events that are not easily incorporated into personal narratives result in a lack of personal and narrative coherence. According to McAdams (2006), coherence is not based on form but on content, and life stories should be coherent. As shown by the present study, lack of narrative and personal coherence and disequilibrium among adolescents may be caused by the predominance or exclusion of a disturbing experience in their life stories.

This view allows for a wider and more integrated focus on the different case studies presented in clinical practice. Nonetheless, my conclusions are tentative due to the small number of cases in which experiences of abuse were omitted from personal narratives. A larger sample should be considered in future research.

Finally, study conclusions have important implications for the psychotherapeutic process. Psychotherapy addresses new ways of understanding reality, aiming for greater adaptability and flexibility so that assimilation of experiences does not result in disequilibrium. This also implies cognitive restructuring, in which new accommodations to reality are made and psychic equilibrium is reestablished (Sepúlveda, 2013). The psychotherapeutic process encourages the assimilation of abusive experiences in order to accommodate existing schemas about oneself and the world and to achieve reequilibration. In cases of trauma, psychotherapy may facilitate the integration of traumatic experiences into an individual's history and personal identity in order to overcome the disequilibrium generated by the event. This supports reequilibration and the development of narrative coherence whereby new meanings of the experience are produced.

According to Ronen (1996), psychotherapy helps individuals to resignify traumatic events and facilitate processes of change within the context of a therapeutic relationship. Changing the meaning of an experience requires reconstructing events and empowering the subject to define how he or she would like to live with the experience. Narrative coherence and integration, as well as assimilation of a disruptive event, are achieved when the meaning of a traumatic experience is reconstructed. Along the same lines, reconstructing personal identity in order to achieve coherence entails resignifying a traumatic event (Neimeyer et al., 2006). Psychotherapy is therefore concerned with achieving coherence, complexity, and multiplicity of personal narratives (Gonçalves, 2002).

Although the present study focuses primarily on experiences of sexual abuse, study conclusions may be relevant for understanding other traumatic experiences. Nonetheless, it is important to consider study limitations, particularly the clinical sample, which may present bias. Recommendations for future study include evaluating the effects of gender and age on narrative capacity and experiences of trauma. It would also be of interest to evaluate the progression of reequilibration and integration during the therapeutic process.

Finally, it should be noted that in the larger study from which the present research was drawn (Capella, 2011), as well as in later works (Capella et al., 2016), adolescents in the final stages of treatment were shown to overcome sexual abuse by integrating the experience into their personal identity, thus achieving narrative coherence and maximizing equilibrium.

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