Trauma & Resilience through the Postmodern Lens

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Collaborative Learning Experience

Relational approach to presenting.

Knowledge is not the possession of one person (McNamee, 2007).

What are you hoping to learn that might be different than what you’ve learned in the past?
Why this topic for us?

1. We are postmodern therapists and we think it is important to make space for alternative voices on this topic.
2. Concern about not being able to see the people we are working with because we have been hypnotized by consensus reality.
Learning Objectives

- Define the **concepts of trauma and resiliency** through the lens of social construction, the postmodern lens, and within the context of history.
- **Deconstruct** the current socially constructed understanding of trauma and resilience and consider the ways that this might aid or impede healing or growth.
- Demonstrate skills for participants to consider alternative frames for the experiences and behaviors commonly thought of as trauma and resilience and reflect on the ways that these alternative frames might aid or impede healing or growth.
- Teach participants the ways in which the postmodern and strengths-based psychotherapeutic stance could be used in their work with clients, touching on **Narrative, Collaborative, and Solution-focused** approaches.
Trauma as human experience?

Experiencing trauma is an *essential* part of being human: history is written in blood (emphasis added).

– Bannink, 2008
What is the postmodern lens?

Social construction - an epistemology that understands language as the vehicle/means by which we construct reality.

The construction of social things by social means*

Language enables people to describe and organize their experience.
The postmodern two-step

Deconstruction - awareness of own assumptions (e.g., cultural, linguistic, etc.) – horizon of understanding – forestructure of understanding in place (Gergen, 1996).

Reconstruction – co-creating a working understanding of an idea or concept in collaboration
Deconstruction helps people explore their stories in such a way that they become aware of the way in which the stories were constructed (Freedman & Combs, 1996).

The construction of preferred stories is an integral aspect of the process of deconstruction.
“The lack of social support predicts PTSD better than prior history of trauma experiences, mental disorders, and the severity of the traumatic events”

Figure 1. Percentage of improvement in therapy clients as a function of therapeutic factors (Asay and Lambert, 1999)
What is trauma?

What differentiates trauma from “non” trauma?

What does our language imply?
History of Medicalization of Trauma

- Ambroise Tardieu publishes *Un etude medicolegale sur les Attendats aux Meours*
- Pierre Briquet begins to link the symptoms of hysteria to childhood stories of trauma.
- Freud writes on the nature of hysterical attacks in "Physical Mechanism of Hysterical Phenomena".
- Pierre Janet undertakes some of the first systematic studies of the relationship between trauma and psychiatric illness.
- Sandor Ferenczi's "The Confusion of Tongues Between the Adult and the Child: The Language of Tenderness and the Language of Passion is published".

Medicalization (Conrad, 2007)

- The *process* through which a problem or experience comes to be known in medical terms.
- Problems are not viewed as pathological until they are defined as such.
- Diagnostic expansion.
- With regard to trauma and resilience, who or what are the agents of medicalization? ...for what purposes? What do they have to gain (Hubble & O’Hanlon, 1992)?
Labeling ("diagnosing")

Practice of power.

Concretization of the conceptual (reification).

Our activity might not involve a formal diagnosis, but are we “looking” through a diagnostic lens?
“Trauma” in context.

A particular person, at a particular time, in a particular culture.

In Western societies, there is an ever increasing fusion of distress with “trauma” (Summerfield, 2001).

Diagnostic expansion/ concept creep (Conrad, 2007; Haslam, 2016).

“Trauma industry”.
“Trauma” in context.

Shifting narratives away from rugged individualism (Bracken, 2001).

Trauma unique to contemporary “postmodern culture.”

Decline in psychoanalytic approach.

Emergence of political movements.

Developed by professionals, adopted by the public.
“Trauma” in context.

An act of nature becomes a social problem (Echterling & Wylie, 1999).

Events inspire interpretation and meaning making.

Individuals and groups shape the issues emerging in the aftermath of a disaster.

Framing of disasters as mental health issue.

Need for clinical services are rarely necessary following a disaster (Meichenbaum, 2017).
“Trauma” in context.

The performance of “trauma” (Goffman, 1967; Shotter, 2016). Approaches, labels, models, and diagnoses act to orient us in any given situation, and along with the situation impose on us requirements or, “‘involvement obligations.” Our reactions, words, and thoughts to fit step-by-step expectations.
What is resilience?

What does our language imply?
What is resilience?

What does our language imply?

“Resilience is the normative response to experiencing trauma and victimizing events” (Meichenbaum, 2017).
What is resilience?

Client and extra-therapeutic factors.

When the Red Cross sends an army of mental health professionals – what is implied about the resiliency of that particular community/group of people?

Well-intentioned actions and provision of resources; however what do these acts imply or suggest?
What is resilience?
Latin: Resilio, resilire
To leap or spring back
To rebound
To recoil
To shrink (back again)
Resiliency - Popular Discourse

‘Children are resilient’

Victim/Survivor

Transgenerational Trauma Resilience*

Posttraumatic Growth (Tedeschi and Calhoun, 2004)

Wabi-sabi and Kintsugi – Japan aesthetic

*(Braga, Mello, & Fiks, 2012)
Deconstruction in the therapy room

Full disclosure of our own assumptions.

Approaches: Solution Focused Brief Therapy (SFBT), Narrative, and Collaborative Practices.

General points on the use of deconstruction in psychotherapy.

“How to...”
Solution Focused Brief Therapy & Trauma

Assumptions/Keys: Language matters; questions matter; preferred future (hope); small change(s) create ‘ripple effect’; trust client’s strengths & competencies

Focus: Prioritization of solutions and clients’ strengths. Discretional mention of trauma.

Stance: Present and Future; Both/And; ‘Change is inevitable’

(Connie, 2017; DeShazer, 1985; Bannink, 2008; Lee, 2007)
SFBT Guidelines - “Post-traumatic success”

- Define goal of treatment.
- Ensure client safety.
- Do not assume client wants to work through traumatic memories.
- Look for resources and strengths.
- Look for and identify skills in other areas (e.g., making the decision to start therapy).
- Validate and support client’s experience and sense of self.

(O’Hanlon, 1999)
- Do not give impression client is ‘damaged’ from trauma. *Change occurs in language.*
- Gently challenge self-blaming or invalidating identity stories.
- Three C’s of Spirituality: Connection, Compassion, and Contribution.

(O’Hanlon, 1999)
Narrative Therapy

Chronic PTSD--statistically and clinically significant symptom reduction (Erbes, et al., 2014).

No requirement to recount traumatic event.

Chronic PTSD--statistically and clinically significant symptom reduction.
Narrative Therapy

Deconstruction is a fundamental aspect of the narrative approach (Freedman & Combs, 1996).

There are myriad possible meanings contained in every story.

Problem story (dominant narrative) vs. preferred (subordinate) narrative (White, 2007).
Narrative Therapy

The exposure of dominant discourses empowers the people that we work with to act against them (Stillman, 2010).

Ethical stance--therapist is cognizant of their own issues, beliefs, and values, so not as to perpetuate the effects of discourses.
Collaborative Practices

‘Not Knowing’ about others’ experiences

“Even if you have done extensive research and are a specialist in trauma relief, or had your own experience with trauma... Approach people with a curiosity about their experience.”

Being aware of your intentions to avoid ‘psycho-tourism’

Polyvocal Response to Trauma (Bava, Levin, & Tinaz, 2002)
Hearing other’s stories can be difficult - Important to acknowledge when you may be having a hard time listening

Perspectives change quickly - there are multiple realities

Polyvocal Response to Trauma (Bava, Levin, & Tinaz, 2002)
“Using a medical or diagnostic model to work with people leaves you interviewing them in a limited context...Questions are informed by purpose, to diagnose and treat the pathology... This keeps you from being able to listen to people the way they want to tell their stories.”

Polyvocal Response to Trauma (Bava, Levin, & Tinaz, 2002)
Discuss how you might incorporate these ideas into your approach?
Tips for Dialogical Deconstruction

Inviting and sustaining collaborative-dialogue requires a shift in orientation.

Dialogue requires collaborative design.

Dialogue is a natural, spontaneous activity that occurs moment-to-moment.

Differences are critical to dialogue.

Tips for Dialogical Deconstruction

- Speaking, listening, hearing and responding.
- Complete trust and openness to the other and their difference.
- Openness to being questioned, critiqued and not agreed with by the other.
- Carefulness to not assume you know what the other person means and to not fill in the blanks or details of the other person’s story or what is thought to be behind the story.
- Understanding from the other’s sense-making/logic map, not yours.
- Checking-out to make sure you understand the other’s perspective as best you can.
- Understanding does not mean agreement.
- Time for inner and outer talk.
- Time for inner and outer reflections.
- Pauses and silences; they provide opportunity for reflection, inner talk and preparation to speak.

Tips for Dialogical Deconstruction

Actions that do not invite dialogue.

- Trying to persuade the other to understand or agree with you, either explicitly or implicitly.

- Trying to get the other to understand or agree—you are not in dialogue with yourself or the other.

- Asking questions you think you know the answer to or to get the answer you want does not invite dialogue.

- Striving for consensus or synthesis.

- Trying to trace back to a starting point, a significant moment or a person—these are observer punctuations.

Tips for Dialogical Deconstruction

The intent and hope of the inviter of dialogue is:

- To Invite and engage one’s self and the other in dialogue.
- To be open to where the dialogue takes you.
- The hope is to create a process of “dynamic sustainability.”
- The process, however, is not duplicable but adapts to the uniqueness of each situation and persons.
- As well, the inviter must not hold onto their intent or hope but must be able to respond in the moment.

Case Vignette

Marla is Latinx person in their mid-30s. Marla successfully completed a Master’s Degree in Music and is an accomplished musician. They recently quit their career and moved back home from out of state in order to live with their mother, who is retired. Marla states they moved back home due to a significant decrease in their ability to deal with daily stressors. Marla reports experiencing outbursts of anger, panic attacks, difficulty sleeping, disturbing dreams, and an inability to find pleasure in performing music or socializing with others. Marla attends sessions with their mother, because Marla is “afraid to talk about what is really bothering them.” During the course of treatment, Marla discloses an experience of sexual assault by an adolescent family member when she was very young. Marla recently learned that a cousin was also sexually assaulted by the same family member. Marla’s goals for therapy are to “get back my energy and drive” so that they can regain motivation to continue their career.
Contributor impressions?

As participants in this collaborative learning experience, what were you moved by?

Where are you skeptical?

What surprised you?

Other thoughts?

Thank you!
References and Resources

Scan QR code for complete references, updated powerpoint and handouts, and presenter contact information.