Class notes for May 12: Intervention and Prevention
(Focus on Epistemology and Discourse)

Epistemology and Discourse of Trauma in Psychotherapy and Literature

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We can understand human experience through many modalities. Long before the advent of psychotherapy, writers have explored traumatic phenomena. Newnes (2002) asserts that its effort to ally itself with the natural sciences, the field of psychology has disregarded potentially important contributions from other sources, including personal experience, literature, and the arts. We aim to explore the perspectives on trauma that literature may offer psychology. Some of the ways psychological and literary approaches converge include emphasizing the importance of disclosing traumatic events (e.g. Pennebaker), highlighting common posttraumatic reactions, and describing pathways to recovery. Examples of the ways these fields differ in their approach to trauma include attention to idiographic experience, emphasis on language, and approaches to meaning. Psychologists have at times turned to literature to articulate trauma effects. Though there is considerable debate within the field of psychology regarding the most useful approach to trauma experience and treatment, the field as a whole could benefit from the realms of trauma that literature explores. In addition, literature reflects and informs our culture's understanding of traumatic processes. Barry Lopez writes, "Our national literatures should be important to us insofar as they sustain us with illumination and heal us." This sentiment emphasizes the healing role played by literature itself. Our upcoming paper reviews some established connections between trauma and literature, explores the ways the fields differ among themes of context, dissociation, memory, truth, language, narrative, meaning, healing, and recovery, and emphasizes the ways these differences may inform psychology practice.

How do we know what we know about trauma?

Discussion: People may gain their information about trauma through their own experiences, through the experiences of friends, family members, clients, or strangers, through viewing media images of trauma, through news sources, and through books and movies. In addition, people may come to know about trauma through psychological inquiry, such as psychologists' theories or through the empirical work of trauma researchers.

Ross' (2000) Descriptions of Healing and Recovery

-The goal of therapy is independence, autonomy, and self-validation

-The problem is not the problem
-Symptoms always have a social context and function
-Ross emphasizes the principle of therapeutic neutrality, stating, "As soon as the therapist takes the position that he or she can validate the client's memories, a power imbalance has been created" (p. 245).
-Trauma therapy aims to avoid the perpetrator-victim-rescuer triangle.
-The patient, not the diagnosis: the diagnosis is a coping strategy, and does not determine the treatment plan. The goal of treatment is to provide healthier coping strategies.
-Stages of recovery include stabilization, safety, education, active work, and resolution or completion.
-Stages of trauma therapy involve: (1) the PTSD stage, where people feel horror, fear, anxiety, or panic; (2) the grief stage, where people exhibit quiet, less acting out, sadness, and grief, and mourn the loss of positive outcomes; (3) Consolidation, integration, and resolution.
-General principles of trauma therapy include the following:

1. Intrinsic worth of human beings
2. Mourning the parents "you never had" (p. 286)
3. Trauma affects all aspects of a person's being.

-Adult responsibility: Symptoms are voluntary, as evidenced by:

1. People can recover
2. Symptoms are randomly distributed across place and time
3. Behavioral interventions affect symptom frequency
4. Patients rise to staff expectations

-Trauma therapy is cognitive-behaviorally based, but psychodynamically informed. It also includes many systems principles. Yet, Ross asserts trauma therapy is not eclectic.
-Trauma therapy attends to the problem of attachment to the perpetrator, and a locus of control shift
-Absolute assumptions include:

1. Human beings have value
2. People are intrinsically worthy of respect
3. Human life has meaning

Questions for Discussion

- Diagnose the main character to Ross' Trauma Model. How well does Ross' treatment model fit the character and their circumstances?

Discussion: In diagnosing the main character, Bone, from Dorothy Allison's Bastard out of Carolina, conventional systems might assign her Acute Stress Disorder. However, other models might conceptualize this as Betrayal Trauma (e.g. Freyd, 1996). The model for this situation is complex, since the failure of the character's mother to provide care is in a sense even more painful than the physical and sexual abuse perpetrated by the character's stepfather.

1. Do you agree with the proof that Ross provides that symptoms are voluntary, such as "symptoms are randomly distributed in time and space," and "patients rise to staff expectations." (From Chapter" General Principles of Trauma Therapy)

Discussion: These phenomena are not necessarily evidence that symptoms are voluntary. While clients affected by trauma do play active roles in their own recoveries, evidence does not seem sufficient to indicate that symptoms are entirely under their control. In addition, symptoms are often NOT randomly distributed. Many clients express a desire for symptoms to remit, but are unable to bring changes about by themselves. Relational models emphasize the role of healing relationships for recovery. This is especially important for recovery from interpersonal traumas. Viewing symptoms as voluntary may exacerbate victim blame. Perhaps it would be better to view "voluntariness" in terms of self-empowerment. Symptoms may at times have functional purposes. Lan Cao's Monkey Bridge describes Mai's mother as wearing trauma like a badge, in the form of a scar that is visible, not hidden, and contrasts this with Mai's more internal trauma, which is hidden from others.

2. Telling the story of trauma, or "intense recollection" is essential to recovery (Ross). Do trauma narratives in fiction or non-fiction function as cultural recovery if we consider the narrative as an "intense recollection"? Is literature by its very nature an "intense recollection"?

Discussion: McCall's memoir Makes Me Wanna Holler demonstrates the ways intense recollection heals abreaction, and helps assuage traumatic effects all at once. The novel shows how traumatic memory can be incorporated into identity. Is this "recovery"? Does the absence of trauma symptoms always and only define recovery? Perhaps people need to be on the road to recovery before beginning intense recollection for that process to be therapeutic. Processing experiences may lead to healing, but it is unclear whether intense recollection signifies whether one is finished with the work of healing. Social norms may play an important role. For instance, McCall will always be a Black man with experiences related to his cultural identity in both past and future. Cultural elements of recovery could address the self-hatred described by McCall as the internalized racism within himself and everyone he knew. They may also address the question of whether perpetration of trauma is itself traumatic. Cultural features also take the shape of consciousness-raising, where all readers, both those who have experienced similar situations and those far removed, play a role in witnessing and understanding the forces involved in McCall's descriptions of traumatic events and their meanings.

Other forms of "intense recollection" may more closely resemble PTSD symptoms. For instance, Lan Cao describes recollections in the form of intrusive sensations, such as smells, sights, and sounds, and "perplexing temptations of hope." Other emotions described are anxiety, fear, anger, and vivid memories and flashbacks. Similar to debate among psychologists, it is often unclear how to differentiate recollection that is related to "pathological" PTSD symptoms versus recollection that serves a healing purpose.

3. What is the difference between remembering and integrating the traumatic memory versus "actively holding onto the traumatic scene, either as self-punishment, as a testimonial to the reality of the abuse, or as a core component of identity" (312)? How important is memory and remembering in the process of recovery?

Discussion: Literature may describe differences in the ways individuals remember or integrate trauma. For instance, Silko's Ceremony accents the importance of land as a holding place for memory. The novel describes trees, earth, and climate (rain and dryness) as connections to a cultural past and as features of recovery.

4. In what way is the trauma survivor's account of the past event limited by language or influenced by conceptual frameworks that delineate acceptable forms of violence, trauma, or loss in a particular culture?

Discussion: In the excerpt from Allison's Bastard Out of Carolina, the metaphor of a car can be viewed as a symbol of potential escape. While Bone's mother prepares to drive her to the hospital following Bone's rape by her stepfather, she lets go of the steering wheel in order to tend to the perpetrator's distress. Her letting go of the steering wheel symbolizes the loss of hope of escape for Bone. In addition, the "car as escape" metaphor is portrayed by the characters' positions in the car: Bone is fully in the car, her mother is halfway inside the car, and Daddy Glen, her stepfather, is an outside force.

5. In what ways does literature provide information about trauma and traumatic memory that cannot be accessed in a therapy session? Does literature allow access to the workings of the mind that is otherwise inaccessible?

Discussion: Fiction could be a safer, easier way to describe trauma than other modalities. Talking about trauma through fiction can be safer than describing actual experiences, but also more empowering. The act of writing down trauma can be a political statement, and can transform trauma through fiction. For instance, the author could provide a happy ending. Creating fiction can be therapeutic, though in fiction, there is no feedback, save for the reaction of the reader and critics. However, these reactions are removed, and fiction may be safer in that there is no immediate approval or disapproval. For therapists, fiction can provide a broader view and can reveal more details than are customary in interchanges with clients. Fiction thus often provides a more comprehensive perspective than many methods of psychological inquiry.

6. Trauma scholar Cathy Caruth writes: "History, like trauma, is never simply one's own . . . history is precisely the way we are implicated in each other's trauma" (*Unclaimed Experience,*24). What are the positive and negative implications of this statement?

Discussion: Silko's novel Ceremony illustrates how a culture can become stuck in a nightmare, while simultaneously being affected by a traumatic legacy that is painful yet invisible. O'Brien's The Things They Carried also illustrates the collective loss felt when

one soldier dies, the loss regarding failure to make connections that could promote healing, and the trauma involved in killing and dying in a war with inevitable long-term cultural consequences.

In answering the questions above, please consider the following:

How do you feel literature and psychology differ in their approaches to healing, meaning, truth, context, dissociation, language and memory?

Discussion: Several class members described feeling more disturbed following the readings for this section of the class than they felt after reading more generalized and abstract writings about trauma. They noted that these readings accounted for complex contextual features, such as social class, in ways often neglected by psychological inquiry. The class described abstract thinking about trauma as "safer," and "less traumatic" than the fictive and memoir accounts that included many graphic and personal details. These writings "take you to a different place" and insist that you share and witness the trauma of the characters. The class noted that each experience was quite different, and that this marked idiosyncrasy was incompatible with standard definitions of trauma, or even less mainstream definitions such as Ross' model. Though trauma theories are always modern, actual clients, as well as fictional characters, are always postmodern, and their experiences do not conform to broad categorical descriptions. Though treatment models, such as Ross', often assume that human life has meaning, they are often less clear whether traumas themselves have meaning, except in articulating distorted meanings created by trauma survivors. Literature and psychology also differ in their attention to truth. Though some psychologists, such as Ross, assert that it is important to remain neutral, others view trauma therapy and research as intrinsically political (e.g. Herman, 1992), and assert that it is impossible to remain neutral. In literature, there are no assumptions of neutrality; in fact, it is expected that authors are not neutral toward their characters (or toward themselves, if it is a memoir). Literature is often quite similar to psychology in its portrayal of dissociation and memory following trauma, though allows for more contextual factors than most psychological models. Finally, literature often depicts characters as the chief actors in their own healing, whereas psychology often describes treatment as arising from others. Both relational therapies and many literary descriptions emphasize the role of connectedness in healing from trauma.