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**Tip of the Iceberg:
An exploratory study of transformative practice based on the reflections of counsellors
who work with individuals who have experienced trauma.**

by

Rose Stanton

**A thesis submitted to the Faculty of Graduate Studies and Research
in partial fulfilment of the requirements for the degree of
Master of Social Work**

Thesis Advisor: Dr. E. Whitmore

**School of Social Work
Carleton University
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September 12, 1997

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reflections of counsellors who work with individuals who have experienced trauma”

submitted by Rose Stanton, B.S.W.

in partial fulfillment of the requirements for
the degree of Master of Social Work

Thesis Supervisor

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September 15, 1997
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Abstract

This qualitative study explores how transformative counsellors integrate their world view into their interventions with individuals who have experienced trauma. Twenty-three counsellors who self-identified as holding a transformative world view (critical of the status quo) answered questions about their practice with survivors of trauma. The research found that a transformative world view reflects a complex interweaving of political and personal theories about the social world and the nature of the individual that draws on feminism, humanism, existentialism and socialism as well as theories of the body, spirituality and theories derived from life experiences. Transformative counsellors' definition of trauma and practice reflected their complex world views. Elements of transformative counselling praxis include: deconstructing concepts, stereotypes and myths, consciousness raising, a conscious use of respectful non-pathologizing language, modelling a respectful relationship and challenging internalized harmful constructs in the individuals with whom they work.

Acknowledgements

The land upon which I live sustains me. Being able to look out the window and see the green of spring arrive, to smell and hear the changing of the seasons, to feel the cool of the shade on hot days and the power of nature during thunder storms reminds me of my place on this planet.

Almost every day I have worked on this paper, I have been accompanied by two of my dog friends, Penny and Demeter. They remind me that a thesis is not life. Life is running, sleeping, eating and hanging out with your friends. Thanks to my human friends who hung out with me, especially Jan and Colleen. Thanks to my daughter Megan and my other daughter Rachel for their pride and their support. Thanks to my loving, supportive partner Sally, who made coffee, brought food, couriered material, reviewed my work and believed in me.

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But, the individuals I most want to honour on this page are the counsellors themselves. Working day in and day out trying to transform the impact trauma has on individuals is hard, often thankless work. I want to especially honour all the women in the violence against women movement who have over the years been dismissed, ignored, threatened and misquoted, but who have persisted in the face of such hostility to live into the vision of a world free of violence against women and children. And finally, thank you to the counsellors who participated in this research. Your thoughtfulness about your work and your respect for the people you work with, was apparent throughout your submissions. Thank you for taking the time and for putting so much of yourselves into your answers. Without you, there would be nothing to acknowledge.

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Chapter One

Presentation of the Problem

Introduction

It is much easier to articulate a theory of practice than it is to articulate practice theory.

The first term refers to knowledge which is borrowed in a relatively unmodified form from the social sciences; the other indicates the implicit knowledge base of social work [or counselling] practice which is rarely codified as discrete 'theory' as such...We think that 'practice theories' are an assemblage of signposts which social workers [and counsellors] have accumulated in the course of their work. These signposts are made up of a combination of explicit theoretical knowledge, practice wisdom, experience, feelings and observations. (Curnock and Hardiker, 1979, pp. 159-60 quoted in Elliott, 1995, p. 6)

Many theories of practice have emerged in social work since 1970. For example, radical, Marxist, feminist, anti-racist and structural are all theories of social work practice which represent a perspective or ideology of the social world. These theories are critical of the traditional liberal and conservative models of the social world. However, differences exist between theorists within these theories about the role of individual casework or counselling. Some critical theorists advocate for change only at the macro level. Casework or counselling is often perceived from this standpoint as a form of social control or victim blaming at worst or as ineffective at best. However not all critical theorists agree. Galper, writing about the radical approach in 1975, stated that:

Casework's stance is not an inevitable outcome of one-to-one counselling or of a helping relationship itself. Rather, it is a reflection of the fact that casework has not been sufficiently self-conscious and critical about the philosophies and politics of

the society in which it functions. (p. 119)

Galper goes on to say that “neither casework nor community organizing is inherently conservative or progressive in itself” (p. 135). Practice, then, is influenced by ideology. Casework can challenge the status quo depending on the ideology or world view of the worker.

Theories which are critical of the status quo give shape to the world view of social workers, but they have had mixed success at articulating practice theory. One exception is feminist theory which has contributed to a large and growing body of work in the area of feminist counselling. “Do I know what I do, and do I do what I know” (Wheeler & Chinn, 1991, p. 4) is one way feminists have expressed the relationship between theories for practice and practice theories. Each informs the other. This flow is also referred to as “the personal is political” in contrast to the polarity suggested by the personal or the political. I believe this is what Marx means by praxis or theory in practice and what Freire means by conscientização or critical consciousness (Freire, 1970). The intent of this research is to explore this “flow” or praxis or critical consciousness in counsellors who hold a transformative world view.

Research Question

I have struggled for five years to integrate theory and practice in my work as a counsellor. In my five years of study in social work, I have also had numerous discussions with students and faculty about this topic. Theories of and for practice inform and explain while practice theories tell us what to do. The flow between practice and theory is much

harder to articulate. Case studies often reduce individuals to one dimensional characters made up of a series of facts. The dynamic interplay between theory and practice that exists when two live beings meet in a counselling relationship is lost.

Meanwhile, through my reading on trauma I came across a mention of the work of Ronnie Janoff-Bulman, a psychologist, who describes the impact of trauma as shattering our assumptions about the world (1992). This concept fascinated me. I began searching the literature on “assumptive world” and started to see occasional references to the concept “world view” and some articles on the relationship between world view and the impact of trauma (Carmil & Breznitz, 1991). I also found a couple of references to the impact of the counsellor’s world view on counselling interventions (Sim, 1994; Ornstein, 1993). My struggles to integrate theory and practice and the realization that world view could affect the impact of trauma led me to wonder about the relationship between a counsellor’s world view and practice. This question seemed similar, if not the same, as the question I was asking myself about the relationship between theory and practice in social work. This brought me to the question: **How do individuals with a transformative world view integrate their world view into their practice with individuals who have experienced trauma?”**

The term world view includes ideology, philosophy or theory. I have used the term transformative as defined by Carniol (1984) to describe world views which challenge the status quo. Participants were asked to define trauma and their transformative world view in terms that made sense to them. I focussed on individuals who practice as counsellors

because it is a form of practice that is often criticized for de-politicizing the personal. I focussed on trauma because of the many political debates and issues it contains and because it is an area in which I already have some knowledge and experience.

Similar Research in the Field of Inquiry

There has been little research done on transformative practice or transformative counselling let alone transformative counselling with individuals who have experienced trauma. Most counselling research is done within psychological frameworks and in those frames it is usually research on “treatment” or “treatment-outcome”. Therapists are rarely considered variables. The closest to similar research I have found is the work of Maurice Moreau and colleagues into the practice of structural social workers, a transformative approach to social work taught at Carleton University’s School of Social Work. Moreau’s study examined “the difficulties involved in practising the Approach, the source of those difficulties and the factors believed to facilitate its practice (Moreau, 1989, p. vii). Moreau and his colleagues identified a need for future research “to identify skills and techniques structural social workers use in their direct work with clients” (1989, p. 279). They also identified a need for “research on the assumptions structural social workers make about the role of individuals in the creation of their own social problems and the work structural workers reportedly do in this area (p. 279). Moreau advised future researchers to “avoid researcher-expert-elitism and place its participants at the centre, rather than at the periphery of the process” (1989, p. 280). Moreau’s advice, vision of transformative practice and methodology informed the design of this research.

Conclusion

Social work educators have debated for years the merits of direct practice. At different times, this debate has been characterized as cause versus function, social policy versus direct practice or the political versus the personal (Lecomte, 1990). The debate centres on whether social change work can be done at the individual level or whether social change work can only be done effectively at the community or policy level of practice. One implication of this debate is that social work practice only takes place in relationship with clients, whether they are individuals, groups, communities or societies as a whole. However, social work requires workers to interact with many individuals, groups and communities who are not clients. I believe social work practice from a transformative world view is not just about how we practice with clients but the way we live. In speaking about psychotherapy, Hill said, "this means that our "therapeutic stance" - which for most of us represents our most respectful possibilities - cannot be reserved only for our clients....We can, and should, expect the best from ourselves and one another in the dangerous work that is psychotherapy. But we can do so in a context that honors *all* of who we are" (1990, p. 64). The same applies to social work from a transformative world view. "There is no greater challenge for any social movement than to live the vision of the change it seeks" (Pence, 1987, p. 20)..

Another reason I chose this question was because of my own experience as a counsellor with a transformative world view who works with survivors of trauma. My conversations with colleagues have convinced me that the work we do with individuals is

very political but rarely articulated. I have spoken with many feminist counsellors who work day after day with women who have been abused in childhood and/or raped or battered in adulthood. Through their work, these counsellors have seen hundreds and hundreds of women (and some men) but rarely does their work get written up, let alone published. In part, I believe this is because of the amount of time required to reflect and write about practice, which many of them don't think they can spare. In part, I believe many of them think that what they do is too basic to bother writing up; "it's just common sense" or "it's just what I do". In part, I believe that many of them know there are few outlets for publishing transformative perspectives of practice. It is my hope that through this research, some of these rarely heard but eloquent voices will be heard.

This first chapter has provided a broad overview of theory and its relationship to practice and the difference between theories of practice and practice theory. I have introduced the research question, how I arrived at it and what I intend to do. I have introduced three broad concepts that come together in this study: theory, practice and trauma. Each concept contributes to the question in a different way; therefore each will be explored separately in the literature review which follows this chapter. Section one of the literature review explores the relevant literature on theoretical frameworks and proposes a model for describing and comparing theory. Section two will use this model to explore theories of practice. Section three will use the same model to explore the literature on trauma dividing it into definitions of trauma and models of intervention. The conceptual framework in chapter three will present the terminology, describe my theoretical approach

to the research and analysis, and list the assumptions and biases that informed the research design. Chapter four will present the methodology used in the research, the response rate and the method of analysis. Chapter five will present the analysis of the data in two sections. The first section will present the data organized according to the research questions, weaving the focus group input with passages from the respondents who submitted in writing. The second section will present additional themes or categories which emerged from the data as they relate to the concepts explored in the literature and research question. Chapter six will present the analysis of the findings. The conclusion, major learnings, relevance to social work and directions for further research will be presented in chapter seven.

Chapter 2

Literature Review

Introduction

The first section of the literature review will explore what is meant by transformative world view. Individual world views are informed by macro level theories of the social world. In order to compare world views and determine which ones are transformative, a comparative framework needs to be established. This first section will propose such a framework as well as define the terminology to be used in this paper. Once the theoretical framework is established and terminology is defined, the literature on theories of practice can be explored. Using the framework proposed in section one, various approaches to practice will be explored. In order to situate the findings of this study, it is important to include a variety of world views, counselling theories and theoretical approaches to trauma. The purpose of the literature review is to provide a theoretical snapshot of theory, practice and trauma in which to situate the research findings. Due to the complexity of the concepts and the extent of the available literature, I have decided to focus the literature review on theory and practice in social work and I have limited my survey of the trauma literature to some of the most recent works to appear in the literature.

Section One: Theory

Our world view “provides us with explanations and justifications for our personal as well as our political behaviour” (Carniol, 1984, 184). Our world view influences our

choice of discipline but it is not our discipline. Our world view influences our choice of where to work or how we work but it is not our work. Comparable terms include perspective, philosophy or ideology.

Ideologies are screens through which we perceive the social world. Their elements are assumptions, beliefs, explanations, values and orientations. They are seldom taught explicitly and systematically. They are rather transmitted through example, conversation and casual observation. (Patricia Marchak in Carniol, 1984, p.184)

Several authors have attempted to develop a framework for comparing world views, theories or ideologies based on how individuals understand human nature and society drawing on philosophical, psychological, sociological and social work theory. All the models surveyed for this paper were based on the work of Burrell and Morgan (1979).

Burrell and Morgan "Sociological Paradigms"

Burrell and Morgan's (1979) four sociological paradigms (Figure 1) are based on two ideological dimensions: how we understand the nature of social science and how we understand the nature of society. The continuum of how we understand the nature of social science is described as the subjective - objective dimension. This dimension is characterized by "four sets of assumptions related to ontological, epistemology, human nature and methodology" (Burrell & Morgan, 1979, p.1). The objective end of the continuum is characterized by realism - that reality exists independent of the individual; positivism - knowledge as "hard", "can be acquired" (p. 2); determinism - human beings as products of their environment; and, nomothetic - "search for universal laws which explain and govern the reality which is being observed" (p.3). The subjective end of the

continuum is characterized by nominalism - reality as socially constructed; anti-positivism - knowledge as “soft”, “has to be personally experienced” (p. 2); voluntarism - human beings act on free-will; and, ideographic - “understanding of the way in which the individual creates, modifies and interprets the world in which he or she finds himself” (p. 3).

The second dimension, how we understand society, is based on the order - conflict continuum which Burrell & Morgan redefine as the regulation - radical change continuum, due to ambiguities in the application of order and conflict theories. The regulation end of the continuum refers to “explanations of society in terms which emphasize its underlying unity and cohesiveness. It is a sociology which is essentially concerned with the need for regulation in human affairs” (p. 17). The radical change end of the continuum “is

The Sociology of Radical Change

Subjective	‘Radical humanist’	‘Radical structuralist’	Objective
	‘Interpretive’	‘Functionalist’	

The Sociology of Regulation

1 Sociological Paradigms (Burrell & Morgan, 1979, p.22)

essentially concerned with man’s emancipation from the structures which limit and stunt his potential for development.... it is concerned with what is possible rather than with what

is; with alternatives rather than with acceptance of the *status quo*" (p. 17). Thus Burrell & Morgan create two continua which when taken together create the four distinct paradigms shown in the diagram above. Each of the following models are adaptations of Burrell and Morgan's model.

Carniol's "Framework for Comparing Ideological Perspectives"

Carniol (1984) adapted Burrell and Morgan's model to explain ideological clashes in social work education (Figure 2). Carniol renamed the regulation - radical change continuum to the accommodative - transformative continuum. Carniol also renames the

2 Framework for Comparing Ideological Perspectives (Carniol, 1984, p. 187)

four resulting quadrants which he refers to as perspectives rather than paradigms.

Carniol's labels reflect the social worker's theoretical perspective or world view.

To help social workers situate themselves on the transformative - accommodative continuum, Carniol offers the following guidelines:

Do we accept or reject what we find to be reality? Regardless of whether we view individuals or structures as the primary source of social reality, if we generally accept what we find, then we are positioning ourselves within an accommodative posture. As such, we will view the social world as legitimate and we will have a strong incentive to conform to its demands. On the other hand, regardless of whether we favour a subjective or objective approach, if we become highly critical of the *status quo*, we may then reject an accommodative posture and find our home on the transformative side of this dimension. (1984, p. 186)

Transformative defined in this way is not the same as alternative and accommodative is not the same as traditional, two other terms often used to describe theory and counselling models. "Traditional" refers more to historical ways of thinking and doing and often equates them with no longer having value. "Alternative" generally refers to new ways of doing things equating them with better and, often, alternative is also used to refer to outside of mainstream. However, outside of mainstream and/or new does not necessarily mean a transformative perspective of the status quo.

Carniol refers to the subjective - objective continuum as the individual - structural continuum. The guidelines he offers to help social workers situate themselves on this continuum include:

Is social reality constructed into facts primarily by the individual's consciousness, or does social reality exist primarily as objective facts and structures external to the individual?.... Depending on how we answer these questions, there will be implications for our attitudes about how to achieve our well-being. If we view the individual as the primary source of social reality, we are likely to view individual action as the key to well-being. On the other hand, if we view social structures as the primary source of reality, then we are likely to view structural action as that key. (1984, p. 186)

The four perspectives presented by Carniol will be described later in this section.

Whittington and Holland's "Framework for Theory in Social Work"**Theories of Radical Change**

Subjective	'Radical humanist'	'Radical structuralist'	Objective
	'Interpretive'	'Functionalist'	

Theories of Regulation**3 Framework for Theory in Social Work (Whittington & Holland, 1985, p. 30)**

Whittington and Holland (1985) adapted Burrell and Morgan's model to explain theories in social work generally (Figure 3). Whittington and Holland kept the original labels for the four paradigms but changed the continuum of views of society to "Theories of radical change" - "Theories of regulation". They use their model to compare "four paradigms in social work: Radical Social Work, Marxist Social Work, Traditional Social Work and Interactionist Social Work" (p. 30).

Whittington and Holland situate Radical Social Work in the perspective "Radical Humanist" and Marxist Social Work in the perspective "Radical Structuralist". Radical Social Work "blends humanism with a political critique. It is concerned with the relationship between human consciousness and potential, on the one hand, and modern social institutions or 'superstructures' on the other" (p. 30-31). In Marxist social work "the core view of society ... is of fundamental conflict and contraction arising from the

capitalist economic base” (p. 32).

Howe’s “Taxonomy of Social Work Theories”

Howe (1987) adapted Burrell and Morgan’s model in an attempt to make sense of theories *for* social work practice (Figure 4). Howe renamed the four paradigms giving them “a racier set of ... headings that hint at the four main orientations taken by social workers as they practice within the assumptions lying beneath each paradigm” (p. 49). Howe defines “the fixers” as social work that draws on psychoanalytic, behaviouralism, social systems or structural functionalist models to explain individual problems. “The

The sociology of radical change

subjective	The raisers of consciousness	The revolutionaries	objective
	The seekers after meaning	The fixers	

The sociology of regulation

4 Taxonomy of Social Work Theories (Howe, 1987, p. 50)

seekers after meaning” explore how reality is subjectively understood. Client-centred approaches as exemplified by the work of Carl Rogers are an example of this paradigm. Social workers look for the good in individuals and approach them with respect, dignity and equality. “The raisers of consciousness” see personal troubles as occurring in a political context. This is in contrast with “the revolutionaries” who see personal problems

as political issues and who focus on changing the system rather than the individual.

Limitations of the Models

Each of the models presented above was created with a particular purpose in mind. To the extent that they serve the purpose for which they were intended, they are useful.

Burrell and Morgan's model was designed for sociological theories and it is presented here because it contributes to the understanding of the other three models which were designed to compare social work theory. Howe, like Burrell and Morgan, presents the four paradigms as rigid and claims that overlap between them is not possible. Whittington and Holland and Carniol disagree."The Burrell and Morgan framework is amended in this article by dropping their emphasis on paradigms and replacing these with the more flexible notion of "perspectives" (Carniol, 1984, p. 185). Whittington and Holland use the term paradigm but state that they "do not think of paradigms as necessarily mutually exclusive" (Whittington & Holland, 1985, p. 41).

One of the reasons I was originally drawn to Carniol's model was that it provides a framework in which feminist psychology can be situated without sacrificing one or the other of its aspects. A motivating factor behind this research was the desire to understand how such a traditional perspective as psychology could be transformed by a feminist world view. Frameworks such as Carniol's (and Whittington and Holland's) allow us to go beyond debating the relative merits of each perspective and step outside to ask "Whose interests are being served [by any one perspective]?" (Carniol, 1984, p.192). However Carniol defines the "radical" half of the model quite differently than do Whittington and

Holland . Whittington and Holland distinguish between Radical and Marxist social work placing Marxist social work in a perspective by itself. Carniol's model divides radical perspectives into humanistic versus structural perspectives situating philosophical approaches in the former and perspectives which "see structures as permeated with institutionalized patterns of domination and subordination" in the latter (Carniol, 1984, p. 189). Despite the fact that Whittington and Holland (1985) present a much more detailed description of the perspectives and also provide examples which illustrate the difference perspective makes in an intervention, Carniol's definitions are more aligned with my own world view. Therefore I will refer to Carniol's definitions and perspectives when I use the terms transformative, accommodative, subjective or objective. I will also use Carniol's terms for the four theoretical perspectives:

- ▶ **Individualism:** "This view lodges the explanation of outcomes squarely on the individual's own shoulders" (Carniol, 1984, p. 187).
- ▶ **System Functionalism:** "Reality is understood to consist of individuals interacting within numerous interdependent social systems.... Such systems are also perceived as constructive for the individual's social functioning, because they are expected to integrate individuals into the larger society" (Carniol, 1984, p. 187).
- ▶ **Radical Humanism:** Sees "individuals as inherently co-operative, social, and predisposed to mutual aid.... what is advocated is a transformed consciousness that frees us to act with other liberated individuals to transform our world" (Carniol, 1984, p. 188).

- **Radical Structuralism:** “See structures as permeated with institutionalized patterns of domination and subordination” (Carniol, 1984, p. 189).

Carniol’s framework is useful in that it provides a shorthand way of describing and comparing political world views and theories of practice. However, Carniol’s model cannot adequately contain the dual perspective reflected in feminist theory such as “the personal is political” which is “transformative” but neither primarily “radical humanism” nor primarily “radical structuralism” but is rather a statement about the interaction between the two. Nor can Carniol’s model, nor any of the above models, contain the perspective that the individual is both object and subject of social reality. This suggests the possibility that a model that suggests only four perspectives may be inadequate.

A Dynamic Evolutionary Model of Theory

A review of the literature shows some commonalities in theory development. New theories generally appear first as critiques of, or in opposition to, existing theories or “common knowledge” before establishing themselves. Therefore “new” theory is still a reflection of “old” theory even when it totally rejects the old theory. Rejection is itself a relationship. A model for comparing theoretical approaches needs to reflect the historical context from which theory emerges as well as a future because theory will continue to change and new perspectives will emerge. In addition, all theory reflects the social context in which it is constructed. Theories do not emerge from a vacuum nor do they emerge value free (Thompson, 1995).

I propose the following model (Figure 5) for comparing theory which shows strands of

theory, weaving an ever changing pattern, emerging from and returning to the social context, informed by past theories and informing future theories. It still contains Carniol's perspectives but aligns them in a different way. This model attempts to illustrate that we

Theories of accomodation

5 A Dynamic Evolutionary Model of Theory

are both informed by theory *in* our practice and inform theory *by* our practice whether our world view is accommodative or transformative. While not without its own limitations, an exploration of which is beyond the scope of this paper, such a model is more reflective of the historical streams of changing consciousness from which new theories emerge than the scientific reification implied by the boxes, paradigms and perspectives previously proposed.

Conclusion to Section One - Theory

It becomes apparent then that counsellors are informed by at least two perspectives: one is their world view and the other is the theories which inform their practice. Their

practice theory becomes a combination and reflection of the two. Theories of practice are not inherently accomodative. As Galper (1975) said above “rather, it is a reflection...that casework has not been sufficiently self-conscious and critical” (p. 119). This concludes the first section of the literature review. I have introduced and defined terminology that will be referred to throughout this paper.

Section Two: Practice

Introduction

I have chosen to use the word counsellor instead of the term psychotherapist or therapist in this paper to describe any individual who works therapeutically. In the past the terms counsellor and therapist held more distinct meanings. A psychotherapist or therapist was someone who was either a psychiatrist, clinical psychologist or psychiatric social worker or someone who worked with a psychiatrist or in a psychiatric setting following a medical model. A counsellor was someone who provided guidance such as a high school guidance counsellor or a career counsellor (Lewis, 1970).

More recently the term psychotherapist has a much broader application referring to someone who uses their training in a psychotherapeutic way (Walrond-Skinner, 1986). Both therapist and psychotherapist are words that carry the connotation of the individual being the focus of “treatment”. The word counsellor does not carry that connotation and, as its history suggests, the focus of counselling has been more on the “individual-in-context”. Another concern about the use of the word therapist has arisen from the survivor movement (discussed below). Many survivors see “the rapist” in the word

therapist. Burstow (1992) uses the terms feminist therapist and feminist counsellors relatively interchangeably. She discusses the origins of the word therapy but says nothing about the origins of the word counsellor. I suspect that the distinction between the terms relates to two streams which have informed feminist therapy, one being feminist psychology and the other being rape crisis and sexual assault centres. For these and other reasons which will be presented in chapter three, I will refer to therapists, psychotherapists and counsellors collectively as counsellors.

Social work casework, therapy and counselling have all drawn upon the same theories of practice for working with individuals. The differences between these three ways of working are related more to role or outcome than to theory itself. For example, a counsellor may help someone look for a job, a social worker might help them find housing and a psychotherapist might work with their sexual dysfunction but all three practitioners may draw on psychoanalytic theory to understand why the individual is out of work, homeless and impotent. For the purposes of this paper, I will refer to the literature on social work casework theory, counselling theory and therapy theory interchangeably as theories of practice since they have all draw from the same theoretical sources.

The following is a selection of theories of practice from the vast literature on trauma which I have organized initially according to the perspectives defined in the previous section. Payne (1991) cautions that paradigms such as Carniol's, Howe's, Whittington and Holland's and Burrell and Morgan's tend to divide theories into "mutually exclusive and neatly set" (p. 66) categories whereas "often they overlap and share things in common"

and “there are considerable differences between them” (p. 66). Sharing a perspective is not an implication of sameness but rather an interesting reflection on how theorists with a similar view of the social world and social reality can create very different theories of practice.

Individualism

Early social work and counselling was characterized by what Carniol (1984) called “individualism. Theories of practice that fall within this framework see individuals as problems or as having problems. Some examples are psychodynamic theories, behavioural, cognitive-behavioural and cognitive theories, crisis intervention, problem solving, ego-psychology and task-centred (Whittington & Holland, 1985; Howe, 1987; Payne, 1991). Shore (1995) points out that a “major war exists between the behaviorists and psychoanalysts” and that “little wars are waged within these schools” with the expectation that she, as a student of psychology, should “take sides and ... be indoctrinated into one of the sects” (p. 20).

Psychodynamic means “movement and interactions in people’s minds” (Payne, 1991, p. 74). Psychodynamic theories based on Freud’s work emphasize the role of internal drives such as hunger and thirst and the idea of the unconscious, which is defined as the thoughts and mental processes of an individual which are hidden from them. Freud saw “culture [as alien] and civilization as imposed on man and human nature as something that resists being civilized” (Ornstein, 1993, p. 197). Ornstein (1993) compares Freud’s theories with psychodynamic theories based on Kohut’s work. According to Ornstein,

Kohut saw human beings as born with a “primary need...for connection and for response.... So, there is no built-in primary pathogenic conflict in the human psyche. However, conflict is inevitable because the milieu can never respond perfectly to the needs of a budding self” (Ornstein, 1993, p. 200). Some psychodynamic models, such as Hollis and Woods psychosocial therapy, acknowledge the *person-in-situation*, but it is still in terms of the individual’s response, for example, “*press* from the environment” and “*stress* from conflicts within” (Payne, 1991, p. 83). The focus is on “helping” clients understand their situation.

Behaviouralism is the other major theory of practice which falls within the “Individualism” perspective. Respondent or classical conditioning, operant conditioning and social learning are three behavioural approaches (Howe 1987; Payne, 1991). The first is exemplified by Pavlov’s dogs who learned to salivate at the ringing of a bell. Respondent conditioning is an approach where behaviour is modified by use of a stimulus. Operant conditioning is focussed on consequences, that is if a behaviour is rewarded it will continue. Change the response or consequences to the behaviour, and the behaviour will change. Social learning theory postulates that behaviour is learned primarily from the experience of watching and copying others (Howe 1987; Payne, 1991).

Whilst the respondent and operant paradigm seem, on some interpretations, to adequately account for the continued occurrence of behaviours, it is modelling that appears best fitted to account for the way in which most behaviour is learned in the first instance. Modelling accounts for the acquisition of a vast range of very different behaviours: skills simple and complex, from washing dishes to brain surgery, from social good manners to conducting philosophical debate. (Hudson and MacDonald, 1986, p. 41 quoted in Howe, 1987, p. 89)

Still within the “Individualism” perspective but different from psychoanalytic and behavioural theories are cognitive and cognitive-behavioural theories. Cognitive theories are “concerned with cognition - people’s thinking. It assumes that behaviour is directed by thoughts, rather than by unconscious drives, conflicts and feelings” (Payne, 1991, p. 184). Cognitive theories focus on changing thinking which is assumed to then lead to changed behaviour.

Critics of psychodynamic theory claim that it pathologizes and blames the individual for their problems (Payne, 1991). Critics of behavioural theory claim that it presents a “mechanistic view of behaviour”(Payne, 1991, p. 184). Critics of cognitive theories claim it “emphasise[s] fairly authoritarian judgements about irrational attitudes which are disputed” (Payne, 1991, p. 185).

System Functionalism

Some critics of the individualist perspective drew on an emerging sociological theory of social problems which offered a structural analysis of problems. This perspective, what Carniol called system functionalism, is characterized by theories of practice such as systems theory, structural functionalism and ecological theory (Carniol, 1984; Payne, 1991). Theories within this perspective are theories in which “reality is understood to consist of individuals interacting within numerous interdependent social systems” (Carniol, 1984, p. 187). Changes to these systems are acceptable even “desirable, providing that such changes are accommodative to the *status quo*” (Carniol, 1984, p. 188).

General systems theory encourages social workers to look not at individuals but at

their interactions with each other. "Instead of focusing their attention on entities alone they were to look for patterns and relationships between them" (Moreau, 1989, p. 6). Ecological systems theory "sees people as constantly adapting in an environment" (Payne, 1991, p. 139). The life model theorizes that "stress arises from: life transitions... environmental pressures... [and] interpersonal processes" (p. 141-142). The goal of social work in the context of these theories is to strengthen the individual's capacity to adapt.

Payne (1991) lists many criticisms of systems and ecological models including:

it is expository rather than explanatory... it does not explain why things happen and why those connections exist.... it is not prescriptive..., so it does not tell us what to do, where or how, in order to affect systems.... it is over-inclusive.... it has complex and technical language.... [and] because it is a very general theory it is hard to apply to any specific situations. (p. 148-150).

Radical Humanism

This perspective, radical humanism was also shaped by criticisms of the individualistic perspective. As individuals were seen as having potential rather than as being pathological, humanistic models of counselling emerged which professed the transformation of the status quo through self-actualization, meditation or transformed consciousness (Carniol, 1984). This perspective also includes those who hold anarchist views of the status quo or who otherwise withdraw from society, for example by meditation. Transformation happens through "a transformed consciousness that frees us to act with other liberated individuals to transform our world" (Carniol, 1984, p. 188).

[Humanist and existential] models have in common ideas that human beings are trying to make sense of the world that they experience, that social workers are trying to help people gain the skills to explore themselves and the personal

meaning that they attach to the world they perceive and which affects them, and that their interpretations of their own selves are valid and worthwhile. (Payne, 1991, p.169)

One theorist from this perspective who has had a great deal of influence on theories of practice is Carl Rogers. Rogers' client-centred therapy saw clients as experts in their own healing. Rogers' therapy was based on the belief that "*clients should perceive that workers are genuine and congruent in their therapeutic relationship.... have unconditional positive regard for the client... should empathise with clients' views of the world*" (Payne, 1991, p. 170).

Humanistic perspectives are often influenced by Maslow's work on "self-actualisation" which "supposes that the motivation to act for such purposes comes from a need which derives from something that we are lacking" (Payne, 1991, p. 171). Humanistic and existential perspectives advocate self-exploration through the use of meditation and the search for meaning. Such views support phenomenological ideas which argue "that human behaviour can only be understood from the viewpoint of the people involved", symbolic interactionist ideas which posit "that people act according to symbols (ideas that stand in place) of the outside world, which they hold in their minds" (Payne, 1991, p. 173, p. 174). These and many other "growth therapies", namely "Gestalt, bioenergetics, transactional analysis, psychodrama, psychosynthesis, encounter, transpersonal therapy, primal therapy, guided fantasies, Arica training, EST... share a basically humanist perspective" (Greenspan, 1993, p. 121).

Radical Structuralism

As mentioned previously, several theories of practice evolved which were critical of the status quo and which defined individual problems from a structural or political perspective. Marxist and radical theories identified capitalism as key to understanding human struggles. Feminist theories identified patriarchy as key to understanding women's struggles. Anti-discriminatory and anti-racist theories identified colonialism, racism and discrimination as key to understanding individual struggles. The structural approach to social work combined Marxist, feminist and anti-racist analysis. All of these theories "view not the individual, but the social structures, as the primary source of social reality" (Carniol, 1984, p. 188). The literature on all the above mentioned theories has tended to be more *about* practice than *for* practice although many attempts have been made to translate these theories of practice into practice theories.

Marxist and radical social work practice are two theories of practice which have emerged from Marxist theory. Marxist social work practice, "the *contradictory* position" (Payne, 1991, p. 201), focuses on collective action and experience in order for individuals to "become conscious of [their] experience as a *class* experience" (Corrigan and Leonard, 1978, p. 123). Payne (1991) provides a list of Marxist approaches to practice which includes

working *collectively* with colleagues... building up *co-operative* and *consciousness-raising* elements of family life... helping the family cope... helping families seek a changing social pattern... helping families deal collectively with the problems of their oppression by capitalist society... understanding the meaning of the family members' work lives for arrangements within their family...

understanding conflicts in the family... helping clients understand and reveal wider social conflicts and contradictions. (p. 213 - 214)

Radical social work, the Marxist view called “the *progressive* position” (Payne, 1991, p. 201) focuses on both collective action and individual work with clients. “Workers should help people understand how oppression has alienated them from society, and raise their self-esteem” (Payne, 1991, p. 205). In the early days of radical theories of practice, Peter Leonard proposed “a partial agenda” for radical practice which included “a number of propositions, some descriptive, and some prescriptive, concerning the context, aims and methods” (in Bailey & Brake, 1975, p. 55). This included recognizing the contradictions of the social welfare system and capitalism within the social environment as well as the contradiction that systems within that context can be both supportive and oppressive. Radical practice sees the relationship between individuals and the social context as dialectical and influenced by individual consciousness (Bailey & Brake, 1975).

Dominelli and McLeod (1989) challenged the Marxist perspective for failing to account for the impact of patriarchal relationships on women’s lives. Feminist theories of practice were proposed to account for the perceived gender bias in psychiatry and psychology, both in research and in practice. There are many similarities between feminist and radical analysis “with the rider that feminist analysis actually extends a radical base by adding the crucial dimension of gender to any social critique” (Fook, 1993, p. 14). Fook goes on to say “that feminists have really taken up where radical critics left off. They have succeeded far better at connecting theory and practice, as well as the personal and the

social” (p. 15).

Another critical theory of practice is the structural approach to social work which rests on a contemporary Marxist analysis profoundly influenced by feminism. This ‘feminized’ marxism does not prioritize class over all other exploitative social divisions, as orthodox marxism argued. Rather, it is an analysis which places alongside each other the divisions of class, gender, race, age, ability/disability and sexuality as the most significant social relations of advanced patriarchal capitalism. (Moreau, 1989, p. 1)

The structural approach considers human beings to be “simultaneously subjected to material social structures (political, economic and ideological) that shape them, all the while being potentially capable of acting as subjects, rather than being acted on as objects (Moreau, 1989, p. 26). Individual pathologies become survival strategies.

Through the process of materialization, structural workers can redefine clients’ problem situations within a societal context, the context of their external reality. Placing the root of the problem outside individual responsibility deemphasizes internal, more psychological factors, reduces victim-blaming, and acknowledges the fundamental influence of oppression based on class, race, gender, age and physical capability on the lives of the socially and economically disadvantaged. (Moreau, Frosst, Frayne, Hlywa, Leonard & Rowell, 1993, p. 71)

Practice involves demystification and empowerment (Moreau, 1989, 1993). Moreau’s research into the practice of this approach pointed out some of the difficulties social workers had in applying the theory in practice (Moreau, 1989, 1993). The structural approach brings a dialectical analysis from its Marxist influences. “Dialectical analysis helps to illuminate the complex interplay between people and the world around them and to indicate the role of social work within society” (Mullaly, 1993, p. 148). From its feminist influences, the approach takes “the personal is political... a method of analysis

developed and refined by feminists for ‘gleaning political insights from an analysis of personal experience - in particular, female experience’” (Mullaly, 1993, p. 155).

Fook (1993) compared critical theories of social work (radical, Marxist, feminist and structural) and found five common themes:

a structural analysis by which personal problems can be traced to causes in the socio-economic structure - therefore the individual ‘victim’ of these problematic social structures should not be ‘blamed’ for causing them; an ongoing analysis of the social control functions of the social work profession and the social welfare system; an ongoing critique of the existing social, political and economic arrangements; a commitment to protecting the individual person against oppression by more powerful individuals, groups or structures; [and] goals of personal liberation and social change. (p. 7)

The above theories of practice have approached practice from the perspective of theory. Some of the above theories include race in their analysis, others don’t. The next two works deal with issues of race and discrimination from the perspective of practice. Dominelli’s (1988) book on anti-racist practice is a critique of existing social work theory and practice. While the above theories of practice focussed outward, on the status quo; Dominelli focuses within, critiquing social work practice itself. Thompson (1993) also focuses within but his work is even more specific to practice. He addresses several forms of oppression and the relevance of an anti-discriminatory approach to social work. The main themes of anti-discriminatory practice are power, context, ideology, oppression, empowerment and

no middle road. Social work practice cannot avoid the question of discrimination and oppression. The actions of social workers and the policies of their agencies will have the effect of either (a) challenging and undermining, on a minor scale at least, the discrimination to which clients are subject; or (b) tacitly condoning and

thus reinforcing such discrimination. There can be no middle road. (p. 151)

There are two ways to approach the relationship between theory and practice.

One starting point is to reflect systematically on practice and develop theory from it. Gramsci writes that 'One can construct, on a specific practice, a theory which, by co-inciding, and identifying itself with the decisive elements of practice, can accelerate the historical process that is going on, rendering practice more homogenous, more coherent, more efficient in all its elements'.....Alternatively, Gramsci continues, 'given a certain theoretical position, one can organize the practical element which is essential for the theory to be realized. (Corrigan & Leonard, 1978, p. x)

The theories of practice which fall within the "radical structuralism" perspective are examples of the second approach described by Gramsci in the above quote. Such theories offer critical interpretations of the social world and the role of social work but have been less effective at articulating a vision of practice. One exception is feminist practice which has emerged from both theory and practice.

Feminism is one of the few (only?) political movements to spawn a theory of counselling. Perhaps it is because of the close ties between feminism and the violence against women movement. Perhaps it is because of the feminist critiques of psychiatry that emerged in the 1970's and continue to emerge (Chesler, 1972; Penfold & Walker, 1983; Caplan, 1995). Or, perhaps therapy seemed like a natural evolution from the consciousness raising groups of the early days of the current movement. Whatever the reason, feminist counselling arrived on the scene and stayed. The literature on feminist counselling is informed by authors trained in psychology, psychiatry, medicine, social work and social psychology as well as by experience gained in the women's movement

and from personal experience.

In her book A New Approach to Women & Therapy, Miriam Greenspan describes the origins of feminist therapy.

While borrowing ideas and techniques from the radical therapy and growth therapy camps, feminist therapy itself came about as a grass-roots uprising of women helping with, a part of the spread of feminist services in the seventies. Unlike other schools of therapy, it was not founded by one great personality. It evolved gradually from the thoughts and labors of countless women. (1993, p. i)

Feminist therapists saw themselves as peers not experts. They worked with women to develop

a definition of therapy for women that deviated from the standard definition of therapy as a means of personal growth. Feminist therapy, by contrast, was considered a process of both personal and political growth furthered by an egalitarian relationship between women struggling to challenge their subordination in our society. (p. li)

In the seventies feminist critiques began to emerge in several disciplines, including psychology. Feminist critiques of psychology led to “a new psychology of women” (Miller, 1976, p. i). Greenspan, writing in 1993, cites Miller’s book and Chesler’s Women and Madness (1972) as the first books which “started it all off” (p. xxiii). According to Greenspan, only a few other books on feminist therapy emerged prior to 1983 when the first edition of her book appeared. However, “since then, the body of literature in feminist psychology and therapy has grown substantially” (Greenspan, 1993, p. xxiii).

Not just the literature on feminist therapy has grown. The Stone Centre for Developmental Studies and Services at Wellesley College has proposed a new model for working with women which “challenges the male-biased psychoanalytic idea that human

development proceeds by separation from the primary caretaker (mother) toward an ideal stage of 'autonomy' characterized by a rigidly separate, self-sufficient self" (Greenspan, 1993, p. xxiii). The Stone Centre publishes a series of papers *Work in Progress*, audiotapes and other resources based on its "relational" approach to psychology which emphasizes connection and mutuality in relationship (Greenspan, 1993). The Feminist Therapy Institute (FTI) was established in the early eighties, meets annually and has published several volumes on feminist therapy as well as proposing a code of ethics for feminist therapists (Rave & Larsen, 1995). The FTI and The Stone Center are feminist therapy organizations which apply an evolving feminist analysis to psychological theory and practice. Literature on feminist counselling has also come from outside feminist organizations.

Worell and Remer (1992) published Feminist perspectives in therapy: An empowerment model for women as part of the Wiley series in psychotherapy and counselling. One chapter in the book is devoted to theory transformation. The authors describe "six characteristics of traditional theories that reflect biased or outdated assumptions about the place of gender in human functioning.... androcentric, gendercentric, ethnocentric, heterosexist, intrapsychic or deterministic" (p. 115). Androcentric theories use "male-oriented constructs" (p. 115), "gendercentric theories propose two separate paths of development for women and men" (p. 117), ethnocentric theories are based on observations of Anglo-Europeans, heterosexist theories see only "heterosexual orientation as normative and desirable" (p. 118), intrapsychic theories hold

that the individual is to blame and that the individual must change, and finally deterministic theories are based on “past events predicting current behavior” (p. 119).

The authors propose a feminist format for evaluating theory with four criteria: gender-free, flexible, interactionist and life-span which sees development as a life time process. “Gender-free theories view men and women as similar in psychological make-up” (p. 120). Theoretical flexibility allows a therapist to respond differently to different client groups “without devaluing the chosen life-style of the client” (p. 120). “Interactionist theories consider multiple causes and influences on behavior, such that the individual cannot be understood outside the context of all relevant variables. Interactionist theories invite the possibility of change in both individuals and situations” (p. 121).

According to Worell and Remer (1992), the three principles of feminist therapy are the personal is political, egalitarian relationships, and valuing the female perspective. They then provide a process for evaluating and analysing a theory to determine if it can be transformed for use in feminist therapy. They then illustrate the model by applying it to cognitive-behavioral and psychodrama theory, both of which they determine are “essentially compatible with feminist principles, yet lacking in certain concepts or dimensions that required revision” (p. 142).

The above mentioned works are representative of works on feminist therapy theory which emerged from criticisms of psychological theory and the consciousness raising movement of the late sixties and early seventies (Greenspan, 1993). More recently, criticisms of feminist therapy have emerged which charge that feminism and psychology

are mutually incompatible. The shift from political analysis to a “revolution from within” is seen by some feminists as a depoliticisation of the personal and a step backward for feminism (Kitzinger in Bell & Klein, 1996).

Conclusion to Section Two - Practice

Theories of practice have emerged which fall within each of the four perspectives proposed by Carniol. Some see individuals as the source of problems while others see problems as a natural result of individual interactions with systems or structures.

Accommodative perspectives focus only on change in the individual while transformative perspectives focus on change in the context.

Section Three: Trauma

Introduction

Much of the literature on traumatology makes no effort to include analysis beyond the individual level. Models of intervention sometimes include a *person-in-situation* perspective which sometimes includes social and community aspects but rarely are theories that challenge the status quo integrated into the analysis of trauma or into models of intervention. This section of the literature review will focus on two questions: How is trauma defined? and How do counsellors work with trauma survivors?

At the simplest individual level, trauma can be described as any experience that exceeds the individual's ability to integrate it into their consciousness. This inability to integrate the trauma is most often explained at the individual level: biologically, cognitively and/or behaviourally. The literature describes this inability to integrate the

trauma as resulting in the individual becoming caught in a psychological cycle of intrusion and avoidance. What follows are several perspectives selected from the literature that expand on the concepts of intrusion, avoidance and integration. The concepts of intrusion and avoidance relate to the question How is trauma defined? while the concept integration is assumed to be the goal of counselling and will be explored in the sub-section entitled How do counsellors work with trauma survivors? These two sections will be further subdivided according to the ideological perspectives defined above: individualism, system functionalism, radical humanism, radical structuralism and radical interactionism.

How is Trauma Defined?

Introduction

Early research described trauma as a stress response to a life event such as military combat; concentration camps; nuclear holocaust; disasters; bereavement; death of a parent; personal illness, dying, and the threat of death; rape; and medical illnesses (Horowitz, 1986). The literature on trauma often divides individuals according to the type of trauma experienced and then isolates individual similarities. Three broad recurring categories of trauma in the literature are crimes, disasters, and war. The disaster literature is often further divided into natural and man-made. War trauma usually includes the effects of battle experience and prisoner of war camps. Studies of crime sometimes include stranger rape but rarely include violence against women and children in the home.

Only recently has a multicultural and international body of literature on trauma appeared in western literature to challenge the ethnocentricity of trauma research and

practice (Marsella, Friedman, Gerrity & Scurfield (Eds.), 1996). Only recently has a body of research on the impact of trauma on children and adolescents challenged the generalizability of trauma research to children and adolescents (Briere, Berliner, Bulkley, Jenny & Reid (Eds.), 1996). Feminist trauma research and practice and critiques of traditional psychiatric approaches to trauma have been around a bit longer (Herman, 1981; Whipp, 1991; Burstow, 1992).

Psychiatry has had several bouts of amnesia regarding the impact of extreme events on people. For at least a hundred years, Western culture has been aware of the impact of battle on “nerves” of soldiers. The ebb and flow of battle trauma has followed the ebb and flow of war and peace. Western psychiatrists “discovered” shell shock after the first world war. They rediscovered it as traumatic neuroses after the second world war. They rediscovered it again as battle trauma after the Vietnam war and gave it the name Post Traumatic Stress Disorder. (Trimble, 1985; McCann, Sakheim & Abrahamson, 1988; Herman, 1997; van der Kolk, McFarlane & Weisaeth (Eds.), 1996)

It is also over one hundred years since psychiatry, specifically Freud, first recognized the impact on women of childhood sexual abuse and incest. While psychiatry has suffered amnesia about the impact of both battle and incest on individual men and women, in the case of incest, psychiatry’s amnesia has been much harder to overcome. Psychiatry’s denial first surfaced as minimization of the numbers of victims of incest. It then shifted to minimization of impact on adult victims of childhood incest. Current resistance points to pre-trauma pathology rather than the trauma as being the “cause” of individual reactions

and debates about the validity of repressed memories (van der Kolk et al., 1996). Judith Herman (1997) and Bessel van der Kolk (van der Kolk et al., 1996) have publicly contradicted their colleagues who claim that it is not possible to repress memories. Claims that memories cannot be repressed, using research on non-traumatic memory mapping, are used to support organizations such as the “False Memory Foundation” who claim that traumatic memories are not recovered but planted by therapists (Bass and Davis, 1994; van der Kolk et al., 1996).

Individualism

Posttraumatic Stress Disorder

The struggle in psychiatry to acknowledge that life events can have psychological impact has played out and been captured in the literature on diagnostic criteria debates for upcoming editions of the Diagnostic and Statistical Manual of Psychiatric Disorders (DSM) published by the American Psychiatric Association. The first Diagnostic and Statistical Manual of Psychiatric Disorders in 1952 included the diagnosis of *Gross Stress Reaction* which was defined as “extreme stress that evokes fear in otherwise normal individuals” (McCann, Sakheim & Abrahamson, 1988, p. 536) however this classification was dropped in the 1967 edition of the DSM-II, one of the periods of psychiatric amnesia mentioned above. The “battered child syndrome” surfaced in the fifties and in the seventies “Rape trauma syndrome” and the “Battered Women’s Syndrome” emerged and incest surfaced again. By 1980, when the DSM-III was released, similarities were noted between the impact of these forms of trauma and the impact of war related trauma and they began

to be named together as Posttraumatic Stress Disorder or PTSD (Walker, 1994; Cameron, 1994; Rivera, 1996). "This category is the only one in the DSM nosology system that suggests that any normal person can develop psychological symptoms because of the nature of the trauma experienced" (Walker, 1994, p. 10). Since 1980 the diagnostic criteria for PTSD has been revised twice. Once for the DSM-III-R released in 1987 and again for the 1994 edition, DSM-IV. "The criteria for PTSD continue to be controversial, with some authors arguing that the only unique features of PTSD are the presence of a severe stressor and reexperiencing phenomena" and question it's usefulness (McCann & Pearlman, 1990, p. 39). Others agree with the critics but still find the diagnosis useful (McCann & Pearlman, 1990).

The history of PTSD is important for the purpose of this paper because it is one of the major descriptions used to refer to individuals who are unable to integrate a traumatic experience. Posttraumatic Stress Disorder: DSM-IV and beyond, edited by Jonathan R. T. Davidson and Edna B. Foa (1993) is a collection of articles by members of the sub-workgroup revising the PTSD criteria for the DSM-IV. Prior to 1980 there was no recognition of trauma unrelated to war except for one reference to situational trauma associated with unwanted pregnancy¹. The evolution of the criteria included the recognition that "a variety of traumatic events...can occur throughout the life cycle to both men and women" (p. ix). The DSM-IV diagnosis of PTSD includes criteria that define a traumatic event in terms of the person's experience and response rather than in terms of the type of trauma itself. Articles in the collections focus on PTSD symptoms "in the

ensuing months after rape, criminal victimization, and other trauma to both adults and children” (Davidson & Foa, 1993, p. 23) and which victims are more likely to develop PTSD symptoms.

According to some of the authors in the collection, the element of predictability of the trauma may play a role. Shelling during wartime is somewhat predictable whereas rape is not. Also proximity to the trauma may play a role. One study of children who survived a sniper attack on their school yard showed a difference in the rates of PTSD between the children in the yard and the children in the school at the time of the attack, children closer to the trauma being much more likely to develop chronic PTSD than the ones in the school. The authors also stress the importance of being able “to distinguish between normal and pathological reactions to trauma” (p. 23) and they hypothesize that a normal reaction would eventually go away while a pathological reaction would not. Rothbaum and Foa (1993) are concerned that “precious resources” will be wasted “on individuals who are already on the road to recovery” (p. 24). Much of the psychiatric literature on PTSD is similarly focused on PTSD criteria rather than on trauma itself which suggests that a traumatic event is defined as such only if it results in a specific pattern of reaction.

Other psychiatric perspectives define trauma in terms of neurobiological changes. Physiological changes to the neuroendocrine system, to hormonal stress responses and to central nervous system reactions in response to extreme stress have been observed or measured in several studies (Cameron, 1994; van der Kolk, 1994; van der Kolk et al., 1996). Neurobiological changes also affect the storage and retrieval of memories

associated with traumatic experiences (van der Kolk, 1994; van der Kolk et al., 1996).

Criticisms of earlier versions of PTSD diagnosis included the criticism that the experience be outside the normal range of experience. Feminist researchers were critical of this criteria because the extent of rape and war in the world is such that they are not necessarily outside the range of “normal” experience (Herman, 1997). These criteria have changed. Now it specifies “actual or threatened” trauma which is criticized for failing to take into account the traumatic implications of witnessing violence or that the perception of danger can also result in traumatic aftereffects. Commonly acknowledged features that impact on individual responses to trauma include the age of onset, the duration of the trauma, the extent of helplessness during the trauma, the extent of horror, the social and community response to the trauma and the level of support to the victim(s) afterwards.

Herman (1997) proposes a model to replace PTSD which she calls “Complex PTSD”. It is intended to capture the impact of “a history of subjection to totalitarian control over a prolonged period” (p. 121). Herman identifies the impact of prolonged trauma as altering affect regulation, consciousness, self-perception, perceptions of the perpetrator, relations with others, and systems of meaning.

PTSD criteria have also been criticized for failing to take ethnocultural, social and political context adequately into account. PTSD is primarily a Western psychiatric construct (Marsella et al., 1996). Each individual will experience the same trauma differently based on their cultural context as well as their individual differences, including developmental differences in children and adolescents. This is illustrated by the fact that

not all rape victims, disaster victims, or torture victims reflect the same constellation of aftereffects.

Many cultures do not make the same mind/body split distinction that Western medicine does. "Trauma is at once a sociopolitical event, a psychological process, a bodily and emotional experience, an explanation, and a narrative theme.... Focusing on trauma exclusively as a wound inflicted on the body-mind is likely to miss the wider dimensions of the predicament and so limit one's therapeutic imagination." (Marsella et al., 1996, p. 155-156). Symptoms such as somatization and dissociation manifest differently in different cultures in addition to manifesting differently in different individuals. They are also understood differently. Cross-cultural studies of PTSD resist a stress model because it reduces "social, political, and historical problems to the individual level" (p. 402).

Feminist and anti-racist critiques of PTSD charge that it depoliticizes the trauma by turning sexist and racist acts into personal pathology. (Marsella et al., 1996) Feminist critiques of the psychiatric system's treatment of women are numerous (Chesler, 1972; Penfold & Walker, 1983; Burstow, 1992). Debates about who and what should be covered under the diagnosis of PTSD include the position that adult survivors' symptoms are too removed from the "alleged" traumatic event for research to demonstrate a causal link between the event and the symptoms (Herman, 1997; Davidson & Foa, 1993). This leaves survivors of childhood sexual abuse, incest and violence outside the diagnosis and therefore consigned to categories of diagnosis which imply a pathological basis for their symptoms or aftereffects.

Yet another criticism is the lack of universal definition of recovery. It is sometimes spoken of as the absence or abatement of symptoms or it is defined in a way that makes it indistinguishable from “global mental health” (Harvey, 1996). A common theme related to recovery in the literature and mentioned by several authors was the issue of psychological resilience (Higgins, 1994). Numerous authors refer to the need for more research on those who do not develop PTSD post trauma in order to better understand what makes them different from those who do develop PTSD post trauma (Harvey, 1996).

Armsworth and Holaday (1993) surveyed the literature on the effects of psychological trauma on children and adolescents. They organized their findings under four headings: cognitive, affective, behavioural and somatic-physiological. Many of the findings are described in the diagnosis of PTSD (DSM-III-R at that time) but some were not. The authors cite the examples of depressive signs, self-abusive behaviours, aggressiveness and lowered IQ as being frequently reported but not mentioned in the criteria for PTSD. Psychogenic amnesia (repressed memories) is an example of a criteria not found in the research on children and youth which is included in PTSD.

In sum, psychiatric definitions of trauma based on the PTSD diagnostic criteria focus more on defining individual reactions than on defining trauma itself. This model has been critiqued from many directions for failing to take into account gender, culture and developmental stages as well as for reducing trauma to an individual level stripped of political context. Other critiques point to the lack of a universal definition of recovery other than merely a lack of symptoms and insufficient research into individuals who don't

develop PTSD after exposure to trauma.

System Functionalism

Ecological Model

Harvey (1996) presents a completely different psychiatric perspective on trauma. Her ecological model takes environmental factors and non-clinical interventions into account. Harvey sees trauma in terms of an ecological threat rather than in terms of individual pathology. Trauma is seen as a symptom of a community's health. Her ecology of trauma model is the product of "a Person x Event x Environment". She sees four possible outcomes for an individual after a traumatic event based on three assumptions. The first assumption is that individuals are differently affected and respond differently to trauma. The second is that not everyone who experiences trauma seeks clinical care. The third is that not everyone who does seek clinical care recovers. The four possible outcomes are therapy with recovery, therapy with no recovery, no therapy with recovery, and no therapy with no recovery. "Failed" recovery is not a reflection of the individual but of the community's inability to achieve "ecological fit".

Radical Humanism

Survivor Movement

A whole stream of books by and for survivors has emerged, since the silence around violence against women and children was broken by the feminist movement in the seventies. Book after book of individual stories by survivors appeared leading some feminists to raise concerns around the extent to which this "survivor movement" was

depoliticizing the issue of male violence (Armstrong, 1994, 1996). Such books gave voice to the personal experience of individual women survivors, but often at the expense of a political analysis of male violence. Women spoke about their personal experience, not their collective experience. Women blamed individual perpetrators, not male socialization. Confrontation was personal not political. Women sought justice and retribution one by one in the criminal justice system rather than demanding systemic change. And feminists who had argued for women's voices to be heard could hardly turn around and say "That's not what I meant" when women spoke their truth, but in truth, it wasn't what many feminists had meant.

One of the most cited books in the "survivor movement" has been The Courage to Heal by Ellen Bass and Laura Davis (1994). This book makes no explicit claim to being feminist, however it does state that it is "A Guide for Women survivors of Child Sexual Abuse". In the third edition, the authors recognize the works of feminist "pioneers", the writers and researchers in the 1970s, which contributed to their work as well as the work of many others. The Courage to Heal is a very gentle approach to healing. It is focussed primarily on the survivor, her feelings, her body and her relationships. A page at the end of the section called "the healing process" mentions the importance of social action and the "healing of the earth" (p.180) but the model of "healing" outlined throughout the book is overwhelmingly focussed on the individual woman.

Radical Structuralism

Feminism

As noted earlier, feminist practice has been informed by practice that is based on political not psychological theory. The battered women's movement also appeared in the seventies. "Many of the first groups offered for battered women were based on the same consciousness-raising groups that had characterized so much of the women's movement in the late 1960's and early 1970's" (Pence, 1987, p. 5). However, these political women's groups were influenced by the emerging theories of women's mental health resulting in "tremendous pressures to view women's oppression as a sickness rather than as a political, social and cultural condition" (Pence, 1987, p. 5). At least one group of women, the Women's Coalition, responded to these pressures by designing education groups based on the work of Freire. Their manual In our best interests: A process for personal and social change, written by Ellen Pence (1987), begins by looking at institutional and cultural supports for battering, proposes a code or teaching tool called the Power and Control Wheel and then introducing the concept of critical thinking before exploring specific themes in group. A discussion paper presented in the manual contrasts radical education with therapy and is critical of "therapy-oriented 'treatment' for battered women" (Mann in Pence, 1987, p. 104).

Mann saw the shift in the first ten years of the battered women's movement from political analysis to personal psychology with an emphasis on feelings and safety as depoliticizing violence against women. Empowerment is not liberation. "It is the word

liberation that pulls in the political context, that pulls in the world” (p. 111). Mann expressed concern for how the process of therapy can change an individual’s world view so that

they develop an intense self-absorption that goes beyond reflecting on their lives or experiences, they become acutely conscious of themselves as victims and begin to see this as their full identity [sic], they are obsessively concerned with feelings, with “coping” and “dealing” with the world rather than transforming it. (p. 112)

Mann’s concerns are echoed by Greenspan (1993) and Kaminer (1992) who are critical of the co-dependence, self-help, recovery movement. Mann’s concerns are also similar to Kitzinger’s, mentioned above. Kaminer and Greenspan are critical of a mainstream movement which seems to have emerged from the Alcoholics Anonymous model and the self-help/ peer support movement. Mann’s critiques and cautions include the direction of women’s groups within shelters themselves but it is not clear whether the examples she gives of therapy are based on a transformative or accommodative approach. However, Kitzinger is clearly critical of feminist therapies. All four of the above critics are also clear that therapy can focus so much on the personal that it not only loses its political analysis, it supports the status quo.

Other Perspectives on Trauma

Constructivist Approach

McCann, Sakheim and Abrahamson (1988) surveyed the literature on psychological responses to trauma. They uncovered five major categories of response across the research: emotional, behavioural, cognitive, biological and interpersonal. Emotional

response patterns include fear, anxiety and intrusion, depression, self-esteem disturbances, anger, guilt and shame. Cognitive response patterns include perceptual disturbances (ie. flashbacks, dissociation). Biological response patterns include physiological hyperarousal and somatic disturbances. Behavioural response patterns include aggressive and antisocial behaviour, suicidal behaviours, substance abuse, impaired social functioning, and personality disorders. Interpersonal response patterns include sexual problems, intimate relationship problems, revictimization, and victim becomes victimizer.

The authors present “a conceptual model of cognitive schemas and their relation to psychological adaptation among victims” (p. 559) which shows the relationship between life experiences, schemas (safety, trust, power, esteem and intimacy) and psychological adaptation. Schemas are both changed by trauma and affect how an individual interprets and responds to trauma. Individuals will never return to previous schemas untouched by trauma and each individual experiences trauma within “the context of a unique system of meaning” (p. 584).

“Constructivist self development theory is a synthesis of developmental theory..., self psychology..., social learning theory..., and other cognitive theories” (McCann & Pearlman, 1990, p. 13). The constructivist self development approach defines trauma as follows:

An experience is traumatic if it (1) is sudden, unexpected, or non-normative, (2) exceeds the individual's perceived ability to meet its demands, and (3) disrupts the individual's frame of reference and other central psychological needs and related schemas. (McCann & Pearlman, 1990, p. 10)

The constructivist approach draws on notions of the self in social context, including race, class and gender, to understand trauma.

“Shattered Assumptions”

Janoff-Bulman (1985, 1992) defines trauma as the shattering of assumptions or theories one holds about oneself and about the world. In general, the more strongly one holds to the assumption that is shattered, the greater the devastation. Victims cope by trying to make a “fit” between their assumptions and the “new” experience. Some coping strategies include: redefining the event (It could have been a lot worse.), finding meaning, changing behaviours (taking a self-defence course), and seeking social support. Janoff-Bulman “propose[s] that our three fundamental assumptions are: The world is benevolent; The world is meaningful; The self is worthy” (1992, p. 6) Trauma shatters these assumptions.

Models of Intervention with Trauma

Individualism

Pharmacology

The body of work on pharmacological interventions is beyond the scope of this work. However, many psychiatrists use a combination of “talk therapy” or psychotherapy, and pharmacology. When asked recently about patient/drug interaction, van der Kolk² stated he believed there was a psychiatrist/drug interaction. Some drugs work better in partnership with some psychiatrists’ style but drugs are no more equally effective with all psychiatrists than they are effective with all patients.

Posttraumatic Intrusion

Briere and colleagues (1996) presents a model of treatment based on his reinterpretation of posttraumatic intrusion as a healing activity. Recurring images may represent the recurring attempt by the mind to integrate the traumatic memory. Avoidance responses short-circuit this process. Treatment requires careful pacing and intensity in order to invite just enough memory so as not to trigger avoidance responses.

Cognitive-Behavioural

Scott & Spradling (1992) outline several cognitive-behavioural techniques for PTSD. Four strategies for dealing with intrusive imagery are containment of the intrusive memories, desensitization to the trauma, cognitive restructuring (accurately perceiving the trauma) and “balancing out” bad memories with good memories. Avoidance reactions can be cognitive (not thinking about the trauma) or behavioural (alcohol). Three cognitive-behavioural strategies for working with avoidance are: desensitization to avoided situations, cognitive restructuring, and task orientation (problem-solving).

Constructivist

Gusman (in Marsella et al., 1996) propose that a constructivist frame which includes a developmental perspective will provide more cultural sensitivity in working with PTSD. They propose a developmental model which they call the “three-way mirror” (p. 448). The three mirrors are pre-trauma, traumatic context, and post-trauma. There are also three perspectives of self for the individual to look from. The experiential self, the observing self and the new integrated self-representation. As the individual becomes able to move easily

between the experiential self and the observing self, the new integrated self-representation can be developed.

Social Learning

Kiyuna, Koprina and Farr (1993) propose an experiential learning model as a conceptual framework for PTSD: concrete experience followed by reflective observation followed by abstract conceptualization followed by reality testing. Therapeutic interventions and interpretations will depend on individual learning styles but the therapists role is to guide the individual through the four stages in order that “a stronger, more effective sense of self” can emerge (p. 114).

System Functionalism

Ecological

Taking a very different approach, Harvey (1996) proposes a multidimensional definition of recovery based on the following outcome criteria: authority over the remembering process, integration of memory and affect, affect tolerance, symptom mastery, self-esteem and self-cohesion, safe attachment, and meaning-making. Clinical intervention from an ecological perspective includes using pre-trauma strengths such as an individual’s strong sense of self to work on rebuilding dimensions affected by trauma such as trust in relationships. However, an ecological intervention also focuses on the person’s relationship with the larger community giving “equal importance to the social, economic and political context in which the trauma occurred” (p. 20). An ecological intervention involves societal reform and community intervention including public education and

advocacy groups.

Psychotherapeutic

Friedrich (in Briere et al., 1996) proposes a psychotherapy model for working with children in the family context with a focus on three areas: attachment, self-regulation of emotions, and, self-perception. He suggests how to work with children individually, in groups and in the family and presents a list of treatment techniques for each setting and each area of focus.

Radical Humanism

Post-traumatic Therapy

Frank Ochberg (1988) edited a collection of articles on therapy and victims of violence that encompasses a variety of approaches including Post-traumatic therapy (PTT), a stress reduction model, and a wholistic approach presented by Mary R. Merwin and Bonnie Smith-Kurtz. "To practice PTT a therapist must, indeed, respect the dignity and potential strength of the clients.... Exploration of prior weaknesses, fixation points, or failures is deferred or omitted entirely" (p. 10). PTT uses five clinical paradigms - bereavement, victimization, autonomic arousal, death imagery and negative intimacy - to account for symptoms. Ochberg's model is part of the wholistic approach offered at his treatment centre which is described by Merwin and Smith-Kurtz in their chapter "Healing of the Whole Person". They describe a therapy that includes addressing the impact on the whole body, an approach that includes nutrition, physical activity, spirituality, humour, and stress management.

Assumptive Worlds

Janoff-Bulman (1992) describes the therapist's role in helping people rebuild their assumptive worlds as two-fold. One is to be a "caring other" in a survivor's life; two is to be a teacher. The therapist transmits strategies and skills, new interpretations and meanings within the context of a caring relationship.

Resiliency

Higgins (1994) is one of the many authors who refer to resilience. She interviewed two groups of trauma survivors, one in 1984 and one in 1992, about the resilience that enabled them to "love well" despite childhood experiences of extreme stress including physical, sexual, emotional abuse and neglect. Higgins defines "loving well" as her criteria for good mental health. "Loving well" was characterized by the participants' ability to have mutually respectful, caring relationships that can survive conflict and disagreement. Higgins' question's focus on how her subjects learned to have such healthy, mature relationships given their history and what we can all learn from them. Illustrated with participants' testimony, Higgins identifies certain "resiliency" themes: the locus of hope by which she means finding, creating, and encouraging surrogate relationships, attaching some meaning to what is happening and altruism, making a commitment to care. She reminds therapists to respect coping skills, to balance respect with invitations to be vulnerable, and to recognize the victimization of the child while respecting intolerance for the victim role.

Radical Structuralism

Feminism

The battered women's movement introduced the "Power and Control Wheel" analysis of trauma (Pence, 1987).

It was developed after we interviewed many women, asking them to identify the most common tactics their abusers used to control them. At the hub of the wheel, the center, is the intention of all the tactics - to establish power and control. Each spoke of the wheel represents a particular tactic (economic abuse, emotional abuse, isolation, and so forth). The rim of the wheel, which gives it strength and holds it together, is physical abuse. (p. 12)

Cultural

"Psychological therapies reflect a particular world view, and acceptance of therapy as well as compliance with therapeutic instructions is enhanced if the patient finds this to be harmonious with his other beliefs" (De Silva, 1993, p.226). Da Silva reminds therapists that the definition of trauma is culturally embedded and understood through culturally acquired beliefs and attitudes about trauma, the individual, the community and available support. Western diagnosis and methods of treatment are not appropriate for everyone. Indigenous healing practices such as sweat lodges or religious ceremonies may be more effective because of the meaning they hold for the individual and for their community.

Maria P. Root (in Marsella et al., 1996) stresses the importance of moving toward historical views of trauma and transgenerational effects; we must reconsider the embeddedness of current notions of trauma in conceptual frameworks that may exclude many of the current traumas of women of color and insidious trauma sustained by many people of color and women. (p. 382)

Other Models of Intervention With Trauma

Radical Feminist Therapy

Burstow (1992) describes feminist interventions with survivors of violence in terms of what counsellors do and don't do. She is anti-psychiatry and invites/recommends others to follow her example. She describes feminist counselling as beginning with "co-investigation and empowerment...in the face of an oppressive world" (p.51). Her model of empowerment is based on the Freirian model of action and reflection. Burstow sees radical feminism as beginning "with the existential. It is concerned with the fundamental issues of power, freedom, subjects and objects, and human existence itself" (p. 1). Her book weaves her radical feminist world view into a practice theory that includes the personal, the political and violence against women.

Transformative Psychiatry

Both Herman (1997) and van der Kolk (1994, 1996) are psychiatrists whose work with trauma survivors is informed by a transformative world view. Herman calls herself a feminist. Van der Kolk brings a humanistic approach to psychiatry. Both Herman and van der Kolk have been outspoken advocates on behalf of trauma survivors, particularly in the debates about repressed memories and both include an analysis of society's role in the impact of trauma on individuals and communities (Herman, 1997; van der Kolk et al., 1996).

Rivera (1996) takes feminism, trauma and psychiatry into the postmodern age with her book on psychotherapy with dissociative trauma survivors. Formerly known as multiple

personality disorder but recently renamed as dissociative identity disorder, dissociation is a common coping mechanism of survivors of childhood sexual abuse. This trance like state “is not seen as pathological in many cultures” (p. 223). Rivera is critical of psychiatry and psychology which reduce individuals to symptoms and “function, as if it were possible and desirable to operate separately and autonomously from cultural complexity, philosophical speculation, and a political perspective” (p. 224)

In her introduction she writes

The more experienced I become in the practice of psychotherapy, the more I become convinced that it is the person of the therapist - her struggles, her politics (in the broadest sense of the word), her life experience and the way she wears it - that is at the heart of the therapy process. (p. xiv)

Conclusion to Section Three - Trauma

The above selection on trauma has organized some of the more recent literature on trauma into the theoretical perspectives defined above. The literature illustrates the limitations of Carniol’s model and underscores the importance of world view to whether practice is transformative or accomodative.

Conclusion to the Literature Review

The literature review has explored some of the theory (in the broadest sense) that informs a counsellor’s practice as well as some of the current theory and practice on trauma. Theoretical models for comparing theory have been introduced and found inadequate for the purpose of this paper. An alternative model has been proposed. A broad overview of theories of practice has been presented which shows how the same

theoretical perspective can contain many different theories of practice. A selection from the literature on trauma has also been presented which shows different definitions of trauma and models of intervention for working with trauma, organized according to Carniol's perspectives. Several works fall outside the model proposed by Carniol illustrating that whether practice is transformative or accomodative depends more on the world view of the counsellor than it does on the theory of practice in which the counsellor was trained.

Chapter Three

Conceptual Framework

Terminology

I used the term “world view” instead of the terms philosophy, ideology or perspective throughout the survey material. Philosophy and ideology are fairly academic terms and some respondents might not see their world view in those grand terms. In contrast, “perspective” seemed too individual a term. I also wanted to use a term that could encompass the world views of individuals who describe themselves in hyphenated ways, for example a radical-feminist. I hesitated to provide too much direction to participants vis-à-vis the research variables, encouraging them to define the terms for themselves. I originally wanted to use the term world view without any definition or alternative terminology but decided to provide a few more terms (ideology, philosophy, perspective) and a mini-definition of transformation in order to minimize the risk that people would not participate because of too little information.

Only recently has research on the effects of trauma looked at trauma other than war and relationships between the impact of trauma and variables such as race, gender, age and culture. Trauma research now includes the effects of vicarious (impact on front line workers, friends and families of crime victims), medical (AIDS (Schwartzberg, 1993) and other life threatening medical diagnoses) and collective³ (second generation impact of the Holocaust, racism, sexism, homophobia et al., impact of living in high violence neighbourhood (Berton & Stabb, 1996)) trauma. Since our definition of trauma is based

on ethno- and andro-centric theory and research in the US context, I decided to ask participants to define for themselves what they meant by trauma in order to see how counsellors working in a Canadian context would define trauma.

Counsellors in feminist violence against women services do not call themselves therapists. Many of them received their counselling training on the job, not through formal training. Many of them have no professional affiliation. I wanted to be sure that these women could see themselves in the language of the survey so for this reason and for the reasons listed in chapter two, I used the word counsellor in the survey.

Feminism

Despite the difficulties defining feminism and the many justifiable criticisms from women that have been put forward about feminism, it is still a word I use to describe my own world view. The simplest definitions of feminism are often more accurate than the more complex ones. Offen (1988) proposes the following definition which captures some of what I would call feminism although the last sentence, in many ways, says it all:

I would consider as feminists any persons, female or male, whose ideas and actions...show them to meet three criteria: (1) they recognize the validity of women's own interpretations of their lived experience and needs and acknowledge the values women claim publicly as their own ... in assessing their status in society relative to men; (2) they exhibit consciousness of, discomfort at, or even anger over institutionalized injustice (or inequity) toward women as a group by men as a group in a given society; and (3) they advocate the elimination of that injustice by challenging, through efforts to alter prevailing ideas and/or social institutions and practices, the coercive power, force, or authority that upholds male prerogatives in that particular culture. Thus, to be a feminist is necessarily to be at odds with male-dominated culture and society. (p. 152)

I would order Offen's points differently in my own take on feminism. I see feminism as an

analysis of power in relationships which emerged from an analysis of sex/gender relationships but which has been transformed by the analysis and critiques of a multitude of women. I see it as a politics in motion, reasonating to many women's voices and striving to include all. Very little in what I have been taught about feminism relates to my own sense of it or the way in which I believe it influences my life. Nor does what I have been taught reflect any of the discussions I have had with other feminists about theory or practice.

The structural approach to social work, as taught at the School of Social Work at Carleton University, has enhanced both class and race perspectives of my feminist world view. Theories of work and capitalism, social welfare and social policy, political economy and political theory have all contributed to my understanding of power in relationships; as have theories of race and anti-racist models of practice. The latter has contributed to my understanding of the subtleties of power in relationship and to the role such subtleties play in maintaining power in relationships that accomodate the status quo. However, my structural approach has been equally, if not more, informed by race and class critiques within the literature on feminist theory and practice. Therefore while I can state that I work structurally it is still in the direction of feminism and rather than hyphenate my world view - structural-feminist - which implies some inadequacy in feminism, I prefer to call myself a feminist.

I had the opportunity to do my fourth year placement at the Ottawa Rape Crisis Centre as a short term and crisis counsellor. I already had experience as a group facilitator

with women who had been sexually abused as children but I had underestimated the challenges of individual work. Translating any kind of feminist, anti-racist, economic analysis into what may be your only session with someone is hard, but counsellors who work informed by a feminist perspective do it everyday in rape crisis and sexual assault centres. I have yet to find in the literature the collective practice theory of such counsellors described.

Ideally, this research should be participatory. However, my own time constraints make that impossible. And the time constraints of the women I know who do this work would have made it difficult even if I had more time. And many of these women have been “burnt” by researchers in the past who took their time and input but gave nothing back. This research is a start. And because of the expectation of a low response and also because of the reasons given elsewhere in this paper, I expanded the variables from feminism to transformative and from violence against women to trauma.

Assumptions

At least one critical factor and several assumptions influenced the methodology for this research. The critical factor was time: the research needed to be completed in one academic year. As well, I made several assumptions:

- That feminist world views, social workers from Carleton, white women and counsellors who work within the area of violence against women would dominate the sample.
- I know many counsellors personally and/or professionally. I assumed that everyone

who answered would be a friend and/or co-worker and that they would answer out of friendship rather than a real interest in the research question.

- ▶ I expected few responses. I thought that the answers to the questions would be hard to articulate. At my most optimistic I hoped for ten written submissions and ten at the focus group for a total of twenty participants. At my most pessimistic, I thought no one would respond. Given that this is an exploratory study, I would have been happy with five to ten participants.
- ▶ The word transformative is not commonly applied to counselling. I was concerned that few counsellors would see themselves as transformative; in particular that feminist counsellors would not see themselves as transformative.
- ▶ From my own experience as a counsellor working in a publicly funded centre and from what I know of private practice, I was concerned about counsellors finding the time to reflect on the questions, let alone respond to them *and* get them to me in time.

In my original vision of the research, I imagined that participants would submit their answers and I would decide what was or was not transformative. However, the more I read about qualitative research and grounded theory, the more I wanted to know what the participants thought, how they described their work. The greatest learning of this research for me has already happened. I learned how to let go of my own answers and rigidity about what their answers should look like and cultivate instead a sense of curious anticipation. From that point on, the research became more like a magical unfolding.

Chapter Four

Research Methodology

Introduction

Since there has been so little research into transformative practice generally and none that I am aware of on transformative counselling with individuals who have experienced trauma, this study is exploratory. The purpose was to explore themes of praxis or critical consciousness in counselling using qualitative research methods (Kirby & McKenna, 1989) and an analysis based on grounded theory (Glaser & Strauss, 1967).

Method

Two methods were used to collect data: a self-administered mailed questionnaire and a focus group. The sampling bias of a self-administered mailed questionnaire is often high and additional bias is introduced through the respondents' self-selection. However, the use of mailed questionnaires was chosen for several reasons:

- ▶ the study was intended to be exploratory not definitive;
- ▶ a mailed-in questionnaire provides a better guarantee of confidentiality and anonymity;
- ▶ respondents might be more willing to share their thoughts privately; and,
- ▶ respondents from outside the focus group geographical area could participate.

Participants could also select the option of participating in a focus group. This option would allow those who prefer group process over private reflection and/or a formally scheduled time to respond to the questions. And, a focus group provides participants with the opportunity to bounce ideas off each other, follow and expand on emerging themes,

clarify and define concepts, spark new thoughts and take ideas in new directions.

Survey Design

In order to be eligible for inclusion in the sample, participants had to self-identify as meeting the following three criteria:

1. Have experience as a counsellor.
2. Have a transformative worldview, perspective, philosophy or ideology (such as feminist, anti-racist, structural, radical or other transformative world view that challenges or rejects reality as defined by the status quo).
3. Have experience counselling with individuals who had experienced trauma.

The research instrument (see Appendix A) divided seven questions into two sections. Section one was a face sheet which asked general questions about the respondent, their experience and/or training, type of trauma, counselling experience and a question about their transformative world view. Section two consisted of four open-ended questions about the influence of their transformative world view on their work with trauma specifically and on their practice generally. All individuals were asked to submit their answers to the face sheet questions with their consent form. Answers to the research questions could be submitted in writing with the face sheet questions or could be submitted later. The focus group agenda was organized around the same questions.

Several participants returned incomplete face sheets. A reminder (see Appendix C) was sent asking them to respond before the focus group. The participants who did not return their responses to the research questions with their face sheet were also sent a

reminder (see Appendix E) to return their answers. At the end of the data collection period, a thank you note was sent to each respondent (see Appendix F) with information about when they could expect to get the results and biblio some had asked for on their face sheet.

Outreach Strategy

The sample was drawn from a population of counsellors, psychotherapists and therapists, not all of whom hold transformative world views. I began the process of identifying prospective candidates for the research by listing agencies and individuals from the Ottawa violence against women network. Wanting to ensure that the outreach included counsellors outside my own network, I went to the yellow pages of the Ottawa phone book under the heading "Marriage, Family & Individual Counsellors" and selected prospective participants from those who provided an address in their listing. First, I selected those who specifically mentioned trauma, abuse or world view in their listing. Then I selected any that I had heard about through my work in the community as having either a transformative world view or working with trauma survivors or both.

I added to the above list agencies listed in a community directory as providing counselling services but not specifically trauma or abuse counselling. I added hospital social work departments. I added names from advertisements in alternative publications *Capital XTRA!* - a gay and lesbian monthly, the Ottawa edition; *In the Pink* - gay and lesbian directory; and *Tone* - A forum for the consciousness raising community in the Ottawa area. This brought the total of the mailing list to between 80 and 100. Believing

that this would adequately cover the local area and give participants from the Ottawa area the maximum time to register for the focus group, I then looked outside Ottawa for prospective participants.

From a variety of workshops and conferences over the previous seven years, I had collected a number of mailing lists. I selected from these mailing lists individuals whom I knew worked as counsellors with trauma survivors and whom I believed might see themselves as having a transformative world view. Also, I added names found in the alternative press outside Ottawa, *Capital XTRA!* - Toronto Edition and Herizons - a national feminist news magazine.

A total of 175 copies of the research package were mailed to 112 different individuals, public agencies including hospitals and private agencies by which I mean a private practice listing two or more counsellors. Wherever possible I sent the surveys to someone in the agency I knew and I delivered them in person, knowing that this increased the possibility of their being distributed. I also sent a cover letter explaining where I had found their name (individuals) or asking for the surveys to be distributed to counsellors (agencies) (see Appendix B). In addition to the above mailing list, multiple copies of the research package were made available at one workshop on trauma which occurred in Ottawa during the data gathering period and multiple copies were left with a trainer outside of Ottawa who has regular contact with a number of trauma counsellors.

In order to facilitate response from places where there was more than one potential participant, I included extra copies, usually 2 or 3. My experience in community centres is

that one copy would be circulated which takes a long time while multiple copies would be distributed. Each survey was accompanied by a stamped envelope addressed to me knowing that the easier I could make participation, the better the response. The cover letter also asked recipients to pass on the survey to colleagues who might be interested.

The focus group participants were asked on the face sheet which day of the week they could never attend a focus group. Based on their response, a day and date were picked and a flyer (see Appendix D) was sent out to those who had indicated that they wished to participate in a focus group.

A Structural Approach to Outreach

The violence against women community is mainly white, mainly women and feminism is the most commonly named world view. Strategies to increase diversity in the sample of counsellors included:

1. sending surveys to public agencies serving the needs of Aboriginal people both inside and outside the violence against women network as well as to individual Aboriginal counsellors in the hopes of including Aboriginal world views on counselling.
2. sending surveys to as many individuals as I could identify in and outside of Ottawa who bring life experiences that includes racism and/or anti-semitism to their counselling world view.
3. sending surveys to public counselling agencies in Vancouver and public agencies in Ottawa serving newcomers to Canada in the hopes of reaching more counsellors

from different racial, cultural and/or ethnic groups.

4. sending surveys to public agencies serving the needs of Francophone people in the hopes of reaching Francophone counsellors.
5. investing more time and sensitivity tracking down counsellors who advertised in Capital XTRA! or In the Pink because of how dangerous I know it can be to publicly identify as queer.
6. sending surveys to violence against women services in rural and northern Ontario in the hopes of reaching rural counsellors including Francophone and Aboriginal counsellors.
7. sending surveys to as many public and private counselling agencies as well as to individual male counsellors in the hopes of reaching male counsellors.

One group I had difficulty figuring out how to reach was counsellors whose world view is informed by their own experience of a physical disability or challenge. At the time I was mailing out the surveys, I could think of only one agency and only a few counsellors. Afterwards I thought of another agency and a couple more counsellors but it was too late to mail surveys. One important strategy I wish I had considered earlier was to have the survey instrument translated into French. This would have invited more responses from counsellors who were Francophone.

Response Rate

One hundred and seventy-five (175) surveys were mailed and twenty-four surveys were returned for a response rate of 13.7%. However, those 175 surveys were sent to 112

public and private (defined as private practices with two or more people) agencies. A response rate based on 24 surveys returned from 112 addresses yields a slightly better response rate of 21.4%. Sixty-one public agencies were sent surveys from which ten responses were received for a response rate of 16.4%. Of those 10 responses, 7 came from agencies where a contact person was named on the envelope. Ten private agencies were sent surveys; none responded. Forty-one private individuals were sent surveys and twelve responded for a response rate from private individuals to what Babbie (1995) would call good of 29.3%.

A low response rate is not unusual with mailed surveys in general and this low response rate is even more understandable and expected. Not only did participants have to self-select based on identifying their world view, it had to be a transformative world view, they had to have counselling experience with survivors of trauma which they also had to define, they had to be willing to reflect on their practice and they had to respond in time. It was in anticipation of such a low response that such a relatively high number of surveys (for a research project without funding) were mailed in the first place.

The recorder for the focus group also decided to participate and had not received a survey by mail which brought the total response to 25 participants. One survey was returned essentially blank (a partial answer next to one face sheet question) and one was received too late to be included. Of the remaining twenty-three participants, twenty-one responded to the face sheet questions in writing and one responded to the questions at the focus group for a total of twenty-two.

Six of the twenty-three chose the focus group option only, ten chose the option of submitting in writing only, five chose to participate both ways and two chose the focus group option or the written option but only if they could not attend the focus group. Of the six who choose to participate in the focus group only, two did. Of the ten who chose to participate in writing only, nine did. Of the five who chose both options, all five participated in writing but only two could attend the focus group. And finally, of the two who chose the focus group but offered to submit in writing if unable to attend, neither could attend and one submitted in writing. In summary, twelve chose the focus group and four attended; sixteen chose to submit in writing and fifteen did. This resulted in a total of seventeen participants answering the research questions.

Whether it was a result of sampling bias, the outreach strategy, a relationship between transformative world view and life experience or merely the diversity that exists in any group of people when we look for it, the counsellors in the sample were a fairly diverse group. Participants were not asked to describe themselves but many people, in describing their world view, did refer to life experiences. Based on what was said in the material submitted and based on what I know personally about some of the participants, I can make the following statements about the sample.

At least one respondent is Aboriginal. More than one respondent immigrated to Canada. At least one respondent is a psychiatrist. More than one respondent is a lesbian. At least one respondent is under thirty and at least one respondent is over 55. More than one respondent is a survivor of war trauma. No respondent described themselves as

disabled or physically challenged but at least one stated that they live with daily reminders about what they can and cannot do with their body. More than one respondent is a survivor of ritual abuse. At least one respondent is male. Several respondents are parents. All respondents currently live and work in or near major urban centres. No respondent commented on the experience of being discriminated against because of race or ethnicity.

Method of Analysis

As each response was received, every piece of paper in the envelope was numbered. Packages were checked for a signed consent form and to see whether all relevant information and forms were included before sections were separated and filed. A checklist of face sheet information and participation choices was designed and maintained to keep track of numbers and what follow up was required. Label files were created on computer to facilitate follow up.

If all the information was intact, the consent form and group confidentiality form (if included) were removed and filed. If answers were included, they were separated from the face sheet information and filed separately. The answers to the face sheet questions were input onto computer, one file per respondent. A printout of the answers was checked next to the original for accuracy and then the originals were filed in a safe place. Research questions were input into computer several at a time in the hope that inputting several at a time would mask identifying information. Again, printouts of the answers were made and checked with originals for accuracy before originals were filed in a safe place. Every attempt was made to respect the confidentiality of the participants as promised.

The data were analysed and reported on three different times. The first analysis included all responses received in time for the focus group. The second included the focus group data and responses received too late to be included in the focus group but in time for presentation to the thesis committee. The third analysis covered all data received and was informed by feedback from both the focus group and the committee. The first analysis was an attempt to render the data into a more useful form for the focus group. I extracted key words and concepts from each of the seven answers and organized the key words and concepts under headings. The headings and some of the key words were written up on flip charts, one for each question and presented to the focus group participants. The focus group participants responded to this initial analysis by adding their own answers, expanding or exploring concepts and reordering or renaming the headings.

The effect the first method of analysis had on the data was to reduce it to a string of meaningless numbers, nouns and adjectives. Kirby and McKenna (1989) write that “researchers have the responsibility of reporting on the research in a way that is fair and equitable to participants” (p. 161). The flip chart method of analysis described above stripped the data of its context in a way that was not “fair and equitable to participants”. Subsequent analysis was based on Glaser and Strauss’s (1967) grounded theory and Kirby and McKenna’s “methods from the margins”.

I had originally intended to use qualitative analysis software to analyse the data but when the time came to begin analysis, the software was still not available. Instead I used a combination of computer and manual cutting and pasting. On computer, I created two sets

of data, a respondents set and a questions set. Both included all submissions received but organized them differently. The first set, the respondent set, was the raw data submitted by the participants. Each paragraph, point, bit of data or “bibbit” (Kirby & McKenna, 1989) was coded. The second set of data, the question set, was created by re-organizing the respondent set of data. All responses to the questions were arranged so that each question’s responses were all together. Most of the analysis was done using the second or question set of data although the coding allowed easy referencing back to the respondent set if I had a question about the context of a particular bibbit.

Some of the headings created for the focus group flip charts were what Kirby & McKenna (1989) called “categories”. “Categories are groups of bibbits which have common properties and seem to ‘go together’ ” (p. 137). Categories are usually created after bibbits have been coded based on their “properties”. “Properties are characteristics of bibbits” (p. 137). After the focus group, I started another analysis of the data. I began reading the question set of data and highlighting the properties of the bibbits. The third analysis, the analysis presented in this paper is based on the properties identified in the bibbits, the categories which “seemed to [go] together” and the substantive theories “developed from the categorized data that help to describe and explain the research focus” (p. 137).

Chapter Five

Findings

Section One: Answers to the Research Questions

Introduction

Participants were invited to respond in any way they could and they did. Written submissions came in full sentences as well as point form and from a few words to many pages. Participants who submitted in writing submitted essentially in a vacuum. Focus group participants had the opportunity to reflect on what other participants submitted (including their own submissions in the case of those who submitted in writing and attended the focus group). As stated previously, the data will be presented in two sections. The first section presents the data more generally, organizing the participants' words according to the questions asked. The second section will present the themes or categories which emerged from the analysis of the data and relate it back to the three terms explored in the literature review: theory, practice and trauma. In this section, data collected at the focus group will be interwoven with the data collected from the participants who submitted in writing. All focus group passages are woven into the narrative. All written submissions are presented as block quotes. A break between block quotes indicates a new speaker. Quotes are reported as submitted except for minor changes to protect the confidentiality of the participants.

Responses to the Face Sheet Questions

Q. 1 How did you come to be a counsellor (training and/or experience)?

Some counsellors came directly to counselling, via training in psychology, psychiatry, education or social work.

I have had a passionate interest in the psychological and sexual wounding/healing of persons for the past 25 years.

I became a counsellor first of all by choice - began working in a counselling service in [year] that characterized itself as a therapeutic community serving as an alternative to a psychiatric hospital. The work was focused on demystifying "mental illness", on respect for the individual, and on providing the information, support and structure that would allow individuals in their support systems to thrive. The critical analysis focused on a deconstruction of the medical model of mental illness, as well as the mental health institutional set-up. Later, my work in other settings incorporated a class, race and feminist analysis in my work.

Some counsellors came indirectly to counselling, for example through teaching, medicine, social services or midwifery and some described the experiences which led them to change direction.

[I] worked ... teaching ESL to adult refugees & immigrants - dealt a lot in this context with people who had many issues to deal with - resettlement; effects of torture, war trauma in their countries, often woman abuse, traumatic events during escape (rape, torture, etc.) - all in an environment where they were expected to learn ESL (English as a second language).

With an undergraduate degree in psychology you don't do much - so I took a job as a welfare worker. This job blew me away. I had come from a very sheltered home in west end [city]. 99% of my fellow high school students went to post secondary education. I always had food, shelter, clothing. Here I was at 23 working with battered women, single mums, unemployed men and women of all ages, people who fell into poverty through illness, etc. I began to deconstruct the General Welfare Act ... It had very little to do with meeting basic needs of people and much more to do with social control. (ie. can't get benefits if on strike, can't be a single mom [with] a cheque under age 16, at that time a live in heterosexual relationship disqualified a woman + children from benefits, no one risked challenging a homosexual relationship.

More than one described academic experiences, good and bad, as influencing their

decision to become counsellors.

My original focus was medicine. I completed a year of medical school I had a horrible experience there and ended up feeling enraged by the attitudes which were right wing, homophobic, sexist, inhuman.

In [country of origin] I was a member of the Orthodox Church where I initially learned and was drawn to counselling. I learned from the spiritual fathers of this church. I found myself inclined to do counselling with my friends and with members of my community during this time. I also think my education while in [city] formed my interest in counselling. This education consisted of courses in education, psychology and philosophy. These courses helped shape my counselling approach, initially based on my experience within the Orthodox church.

More than one described life experiences and transitions in their life that contributed to their career choice.

I am by nature an introvert & am reflective, intuitive, value-oriented and curious. So when I had the experience of moving from a small, rural community (& school) to a huge, city high school, I became curious about moving from one culture to another and how people handled problems in general - since I was having a hard time adjusting.

My decision to become a social worker developed out of my own experience, as a woman, a widow, a single parent and a peer counsellor involved with issues of abuse, poverty and addictions at the community level.

And several mentioned their own healing process and experience with counselling as leading them into counselling work including some who wrote about the role their own experience of trauma plays in their work.

I am a survivor of trauma. I consider that to be the most important experience I bring to my counselling work. I experienced severe childhood abuse (sexual, physical, emotional) and ritual abuse (I was born into a transgenerational cult). I am also a survivor of war, of psychiatry and of religion. I am a multiple person.

I have experienced what it is like living in a war torn community/society and have personal insight and knowledge about the effects of war trauma.

Participants reported receiving theory-based training in psychology, social work, psychiatry and experience-based training in women's centres, peer counselling centres, rape crisis and sexual assault centres. Many counsellors also referred to their training in Gestalt, breathwork, Co-counselling, Movement Therapy, Psychodramatic Bodywork and Clarissa Chandler's workshops.

Some of the counsellors at the focus group added the impact their awakening as feminists had on their decision to become counsellors. One changed from policy to direct practice. One changed from traditional family therapy to feminist counselling. And once again, counsellors referred to the influence of Clarissa Chandler's work as well as the influence of the Stone Center's relational approach.

Q. 2 Who are the survivors of trauma who come to you? Please describe the people you work with in as much detail as makes sense to you. For example: By Age? Gender? Race? Financial circumstances? Type of trauma experienced?

Description of Clients Seen in Practice

No two counsellors responded to this question in the same way. Some supplied statistical data, some responded in point form and some in descriptive paragraphs. The following is offered as a composite and is intended mainly to illustrate that the counsellors who responded were reflecting on a diverse practice.

- ▶ All the respondents work primarily with adults 18 to 60 who have experienced trauma although a couple reported some experience with children and youth as well as with adults over 60.
- ▶ More than half of the respondents work mainly with women while a few are currently working only with women. The rest work regularly with both men and women.

- ▶ Most of the respondents also stated that they work primarily with people on low and/or fixed incomes. Speaking about the relationships between gender and finances, one participant stated: "I have rarely worked with women for whom money was not either a struggle or a painful struggle".
- ▶ Over half the respondents reported that they worked mostly with white people but that they had also worked with "immigrant/refugee men from Africa", "Black women", "Aboriginal women", "Aboriginal people", "women of colour", a "South Asian" woman and "a variety of ethnic/cultural backgrounds". One counsellor works mostly with native/ women of colour and three implied that they work with people of colour and people from other cultures given that they work "with newcomers or survivors of political persecution and torture" and with "racism & oppression".
- ▶ Almost a third reported working with immigrants and/or refugees.
- ▶ In terms of sexual orientation, almost a third mentioned having worked with lesbians, lesbian couples, bisexual women and/or gay men.
- ▶ At least five counsellors reported working with clients whose first language was other than English.
- ▶ At least two counsellors reported in this section that they worked with people who have disabilities. However, in other sections, other counsellors also referred to working with people with what many might term "disabilities" but they did not identify their clients in this way.

Description of Trauma Seen in Practice

Five themes of trauma emerged from the written submissions received before the focus group. When I presented these themes at the focus group, the participants felt strongly that the trauma that I had called "structural trauma" needed to be divided and a theme which they called "institutional trauma" needed to be added. This new theme they defined as "an expression of the structural stuff". What follows are all the trauma that the respondents reported arranged into six themes.

- ▶ War and Relocation Trauma - war, political persecution, torture, concentration

camp, psychological, physical, emotional and sexual torture, loss of family members, wandering from one country to another, trauma associated with emigrating and adjusting to Canada.

- ▶ Crimes Against Children - raised in alcoholic home, alcoholic families, alcoholism and neglect, childhood sexual and ritual abuse, incest, childhood sexual assault, childhood physical assault, sadistic abuse, neglect, childhood violence, emotional abuse, abandonment, psychological abuse, verbal abuse
- ▶ Crimes Against Women - abused by male partners, lesbian abuse, adult sexual assault, rape, sexual harassment
- ▶ Medical Trauma - chronic pain, multiple sclerosis, arthritis, stroke, Huntington's, muscular dystrophy, burns, injuries from motor vehicle accidents, suicide attempts, sudden onset of a life threatening illness, caring for an adult child who is dying, overmedication
- ▶ Structural Trauma - poverty, stigmatization, societal disbelief/discreditation, racism, racial trauma, oppression, ableism, classism, sexism
- ▶ Institutional Trauma - residential schools, abuse in relationships as adult, relationship/family problems, psychiatry, churches, ritual abuse

Some of the trauma fit better into a theme than others. I decided that "caring for an adult child who is dying" fit with medical trauma after reading the following from one counsellor.

Huntington's Disease... is an autosomal dominant inherited disease. Therefore, when one parent has it every child has a 50:50 chance of inheriting. There is no treatment except for symptoms. It is fatal in 10-20 yrs. The age of onset is typically 30-40 and so many people have children by then.... The family work in Huntington's is heart wrenching and important. The well spouse is losing a life partner at the same time as s/he is looking for early symptoms in their children.... This is trauma! And every decision thereafter carries trauma - to have children? to have fetal testing? to abort? to tell a sibling or parent if results are positive? the guilt of negative (good news) results if a sibling is positive I would say this is probably my best trauma work in an area that few would recognize as trauma."

Other counsellors echoed both the trauma of medical diagnosis as well as the relationship

between medical trauma and other trauma. “The sudden onset of a life threatening illness can be very traumatic for people and tends to initiate the resurfacing of past loss or trauma” said one participant while another speculated about the relationship between pain and trauma, “I believe [chronic pain (eg. fibromyalgia)] is a consequence of how [the clients’] bodies deal with trauma”.

Other relationships were also referred to. For example, at least one counsellor referred to the relationship between childhood trauma and adult trauma: “Most have retraumatization in adulthood”. Several counsellors referred to relationships between trauma and abuse and that clients’ trauma sometimes “overlaps with abuse to partner (mostly men) [and] overlaps with abuse to children (men & women).”

And finally, several counsellors referred to the pervasiveness of trauma in some client’s lives as captured by the following comment.

Living, in our world as a woman, lesbian, poor person, person who is not white, etc is a struggle so constant that I can’t consider the meaning of “trauma” in my clients lives as any kind of unique event. I have also worked with many women for whom social “supports” such as prison or psychiatric intervention have been additional and overwhelming sources of trauma.

The pervasiveness of trauma in all our lives was also referred to.

Everyone has experienced trauma. If I were to make a distinction between trauma and overwhelming trauma, I would see the former as trauma that still allows a person to be working on the quality of their life and the latter as overwhelming trauma which leaves the person struggling just to have a life. But I’m not sure even that distinction is worthwhile. Maybe at different moments we might all fall into either category.

Q. 3 How do you describe the transformative world view that informs your practice?

I expected participants to submit a few adjectives that would describe their world view in a way that I could then clump them together into feminists, Marxists, structural social workers, etc. What I received was not at all what I expected. When I attempted to reduce people's world view into a list of adjectives for the focus group, I discovered that stripped of their context, they became meaningless. So, I will present some of the recurring themes as well as some longer passages.

Many of the participants commented on the difficulty they had in describing their world view. And some shared what they were still struggling to articulate. Some participants articulated their world view in a paragraph while others tried to break it down into component parts, which often overlapped. In order to protect confidentiality, I have made a few minor changes in some of the quotes.

Some of the world views described reflect some of the theories and practices covered in the literature review for example, feminism, structural approach, humanism and existentialism. For example,

I am a feminist. I practice "structural" social work - ie. that individual "problems" are the product of social structures, etc. not individual pathology. I have been an activist outside my work for many years as a socialist (revolutionary not reformist) trade unionist fighting for social change - ie capitalism sucks. Realize that change needs to take place both individually and societally.

I am a feminist.... I'm also a humanist and I tend towards an anarchist viewpoint - that is, I am extremely disillusioned by the patriarchal/hierarchical society which is mainstream today.

Socio-economic analysis, structural, feminist, "radical psychiatry".

I would give it 3 names feminist, + structural à la Carleton which I would say is subsumed in a broader view of social construction/deconstruction - which informs the posing of such questions as What is seen as the arena of treatment? What is not visible or identified as the arena of treatment? Why?/in whose interest? How is pathology defined here? How is treatment defined? How is gender taken into account?

I work from a structural, feminist perspective. My assumptions are our society is patriarchal and abuse occurs in that context - of male privilege, that most abuse is unrecognized or tolerated.

My world view is - structural, feminist, anti-racist. I struggle with the wording and usually would say I'm a "feminist counsellor".

I'm a humanist & feminist - one who believes that all people regardless of race, religion, gender, sexual preference, age & physical or mental abilities must be treated with respect and dignity. I believe that "no [wo-man] is an island unto him/herself", that we all have to help each other - I like to work where a person can get help regardless of whether they can pay or not. Violence and poverty are the basic issues (world) - I guess for all time - I feel I do what I can.

Some participants included a political analysis in their world view but did not specifically refer to any of the theories or practices mentioned above.

Socio-political understanding of context of torture as practised around the world.

My work is informed by a personal attempt to be as aware as I can about the influence of power differences along various lines - mostly gender, class - on our construction of meaning (about self & life etc.) from our experiences.

Many of the counsellors described their world view as a combination of political and other influences in ways that made it impossible to separate out the political. (Which certainly supports my own world view that we can't!) Some of these combination world views included a perspective on the body. Some of them include a perspective on the environment. But what was most surprising to me and completely unexpected was how

many of the participants referred to spirituality in their world view.

I believe people can be happy. I insist on this possibility throughout all of my work. I believe there is a level of ---hmm---hard to describe, but that the Creator's intent is for us to fully actualize ourselves, that this is a natural and spiritual process.

Humanist, existentialist, socialist, environmentalist (I am against industrialization for example). I tend to use all of these perspectives in my counselling approach. I also utilize culturally appropriate frameworks (based on client's background) in my counselling approach and am creative in my use of techniques.

I rejected the oppressive religion of my childhood but am increasingly aware of inner connection to a broader spiritual world. Thus I am moved to pray or connect with inner support when I am in a difficult counselling situation... Intuition/instinct plays a definite role in my counselling.

A Feminist and Post-traumatic Stress Framework: working within a feminist and post-trauma framework means that the direction of therapy is free of a sexist treatment of women; that women and men's personal problems are seen within the context of patriarchal abuse in the culture; that clients' distress reactions are seen in the light of post-trauma effects and not as a negative reflection on their personality.

First and foremost, I work from a feminist perspective, and incorporated in that is a strong spiritual component, since I believe trauma represents a wounding of the soul as much as the mind and /or body. To me they are not separate entities.... I also work from a structuralist perspective, situating the issues within a wider social context, rather than pathologizing individuals. Included in this approach, is the goal of personal empowerment and the importance of community as part of the healing process.

I believe that there is a "wholeness" toward which we individually, as a planetary organism, and universally tend in a natural sense. We are all, without effort or intervention, coming "home" to our wholeness/divinity/oneness (For now, I just summarize this with "oneness").

Feminist, structural (For me this includes anti-racist, and spiritual openness).

I believe we have been living in a society (mainly urban) that has alienated us from ourselves, each other and the healthy cycle of nature/wholeness. I believe that as I

heal + raise my own awareness, I bring that into my work + that most people seeking counselling are in enough pain to work towards greater wholeness - This consciousness also means that many socio-political structures must change.

Feminist somatic.

In my work I see the individual working on two levels; one being the ego, personality level and the other the spiritual sphere. My focus is primary to support the spiritual growth of the person.

A Body-centered Approach - is an important adjunct to verbal therapy, especially with survivors of sexual trauma ... My counselling practice is informed by a spirituality of the body which encourages a holistic approach to healing.

Some world views were expressed in opposition to the world view of the status quo as in the following:

I don't see women who struggle with the aftermath of trauma as sick. I don't see their "symptoms" as signs of illness or weakness. I see them as valuable coping mechanisms and them as strong people to have coped & survived and to be willing to face their pain. I see them as "like me" rather than "other than me". I see them as a barometer of what is wrong with our society.

I'm a survivor/activist in the field of ritual abuse. This is a type of abuse that is currently not accepted/discredited or at best underestimated by the status quo world view. It is of paramount importance to me that I am part of the consciousness-raising that is needed about this type of abuse.

Some world views were expressed in opposition to feminist counselling:

Even in feminist counselling I find that there is sometimes an us-and-them (ie. perpetrator-and-survivor) mentality. It feels difficult to raise issues of female perpetration including my own perpetrative acts. It is hard to find the balance between taking responsibility for abusive actions and taking the blame when coercion/force/upbringing/programming may be the real oppressors.

Some world views were leading-edge musings:

Multiplicity - I wonder if anyone is really a "singleton" (defined as "a person with one personality or less!")? This is another of the leading edges of my thought

process.

And finally, some world views were simple statements of beliefs:

I believe that all clients are here to learn life lessons and the events in their lives are challenges for them to learn and grow.

Belief in the power of the human spirit and a personal commitment to challenging the status quo that continues to oppress the less powerful in our society.

I believe that people have the power to change.

The discussion about world views at the focus group began by exploring what a world view is, reiterating some of what was said above, but then expanded into a discussion of power, spirituality and the natural world. The discussion on power explored the difference between counsellor's perceptions of "power within" or empowerment versus "power without" or "false power". It is false power or power without that abusers use. Power within was defined as the belief that "I can have an impact on my life and the people around me".

As stated above, the references to spirituality in the written submissions were a surprise to me. I was also surprised by the discussion on spirituality at the focus group. It was a challenging and important issue for participants. We began the discussion by defining spirituality as one of three forms of connectedness: connectedness with self, connectedness with others and connectedness with something larger - nature, god, the universe. Spirituality's relevance to counselling was discussed in terms of the counsellor's role in helping individuals who have experienced trauma break down isolation and make sense or find meaning in their lives. Participants also reflected on how self-conscious they

felt talking about spirituality but how much they enjoyed the discussion. The discussion on spirituality led into a discussion on the natural world, environmental damage and the ways in which we believe it is impacting on all our lives. We discussed the possibility of a relationship between environmental damage and illnesses such as AIDS. The role of the natural world in healing and the importance of celebrating the natural world instead of competing with it, was best captured in the words of one participant who said: "I have a sense that the more we feel part of the world.... We will feel cradled, held, protected by feeling part of this natural order of things."

Responses to the Research Questions

Q. 4 There are many ways to describe the impact of trauma. How do you describe the impact of trauma? (What is it you are actually working with when you are counselling someone who has experienced trauma?)

Many participants spoke in terms similar to what one participant called contraction and transformation. Counsellors intertwined their responses about the impact of trauma with the goal, outcome, purpose, focus or vision of counselling. I will present first some of the passages that relate to the impact followed by themes of healing, or the term several participants used to refer to this concept, transformation.

Several participants referred to the physical impact of trauma using terms like constriction, constraint or contraction. I believe this next passage captures best what participants meant by these terms.

I think about all the ways we contract in response to trauma....Contraction - I think most organisms respond to trauma pretty defensively. Humans don't seem to be exempt from this tendency. We contract, we close down, we secrete adrenalin, we

run away, we create antibodies, we close wounds and sometimes produce scar tissue, ... We do amazing things and they all use energy. We develop defenses that are intended to help us avoid future trauma. That takes energy.... Try to stretch while holding your breath and you have some feeling for the impact of trauma. Imagine wanting to be loved while you are closing your heart against the possibility of pain and you may sense the impact of trauma. Remember a time when fear made you say "no" while your heart was yearning to say "yes" to know about the impact of trauma. Remember a time when fear made you say "yes" while your whole being was screaming "no" to learn about the impact of trauma. Feel the weight of carrying any old pain and compare it with some movement when you glimpsed what freedom you might have if you lived in trust and security - Who is not living with the impact of trauma?

Others referred to the impact of trauma as being on our perceptions of ourself rather than on the physical body, which these next quotes capture.

Lack of or diminution in the concept of "self".

I would say that the punch of trauma comes from the altered self concept that stems from it. Who am I now? Am I loveable? Am I a person of worth, value yet? Can I love & trust? Will I parent responsibly?

And, many referred to trauma being both perceptual and physical.

I describe the impact of trauma in terms of its effects on the "soma" (the body/mind as experienced subjectively).

Others described the impact of trauma more (w)holistically (both spellings were used).

Trauma impacts on the functioning of the whole being, physical, emotional, psychological, mental and spiritual.

So many layers to this question. Impact is that it interferes with full living, interrupts "life", physically, emotionally, sensationally (?), behaviourally, cognitively, spiritually.

The focus group discussion added the role fear plays in the impact, both during the physical experience of the trauma and as part of what counsellors work with in

counselling. This was supported in the data submitted in writing.

I deal with such impacts as depression, manic depression, agoraphobia (fear of open spaces), triggers in the present situation which bring back traumatic experiences, panic and anxiety conditions, despair, strong feelings of apathy and of emptiness, spiritual death.

In all cases, trauma pushes the human system beyond its ability to cope effectively. Survivors of trauma are subject to co-existing cycles of hyperarousal and numbing.

Sleep and eating disturbances - waking during the night, inability to sleep at night or in a bed, under- or over- eating, strong distaste for certain foods. Nightmares and night terrors. (These have aspects of flashbacks, programming and addictions.)

The focus group participants also framed trauma in terms of it's impact on connection with self, others and meaning or interconnection or spirituality. Trauma results in withdrawal from all three. Participants spoke about the role the impact of trauma plays in this struggle to connect. "Attachment is a natural human state when you lose that you are left in a state of longing for attachment and being terrified by it". This was also supported in the written submissions.

Furthermore, trauma threatens access to a whole range of human capacities for love, work, play and spiritual endeavors.

The impact of trauma on which I focus is that our consciousness and perception of the self & one's relationship to others (included in this, is effect of perception of one's relational abilities, worth and needs). Also the impact on one's construction of meaning through the influence on perception of the world, people & relationships.

It affects the person's sense of themselves in the world: may feel like a bad person, guilty, different from others, separate, marked, isolated, alone. May have lost faith in the meaning of life, in people - no spiritual connection. Their sense of safety in the world may be lost.

People always have (if you ask for it) some sort of personal understanding of

causality, which often has to do with shame & guilt - The why this happened to me is almost never answered impersonally. The most important aspect of trauma work is the meaning of the trauma to the client her/his self.

Focus group participants also discussed the relationship shame plays in the struggle to connect. The presence of shame impedes connection. Connection and shame are two concepts explored in the work of the Stone Centre. This relationship was also supported by other written submissions.

Trauma is characterized by exposure to overwhelming events which are out of the range of ordinary human experience, such as car accidents, earthquakes or interpersonal violence. I am concerned here with the latter which may include experiences of abuse, torture or rape perpetrated by another human being often an older and trusted person. Since these crimes involve shame and humiliation they are, in my view, even more traumatic than acts of nature.

Apart from the core symptoms other early symptoms are noticed: hypervigilance, intrusive imagery or flashbacks, exaggerated startle responses, nightmares and night terrors, rage reactions, profound shame, easily stressed out and difficulty sleeping.

I respond especially carefully to trauma that has confused meaning in our culture. Traumas of childhood abuse and of sexual exploitation or violence, for example, are not as culturally clear as traumas such as the early death of a parent. The former traumas acquire additional power through feelings, such as responsibility or shame, that may not accompany the latter forms of trauma.

Collectively, the participants definition of trauma forms a complete and complex picture which begins with the impact on the body and on the individual's sense of self. This impacts on the individual's ability to connect with themselves, with others, and with the world around them. Individual's cope with the effects of the trauma in a variety of ways. The life course of trauma's impact on individuals is captured through the following string of passages taken from a number of participant's submissions. Trauma begins by

impacting the body.

The core of traumatic reaction includes four components that will always be present to some degree in any traumatized person. These are: (1) **HYPERAROUSAL** - the body summons energy to mobilize against the threat resulting in shaking, startle response and anxiety attacks. (2) **CONSTRICTION** - all efforts are focused on the threat. Breathing and muscle tone is tight and constricted. Extremities, skin and viscera constrict, perceptual awareness to the environment also constricts and we see only the threat. When constriction fails to defend, the nervous system evokes freezing and dissociation to contain the hyperarousal. When overwhelmed, constriction may be maintained as well as chronic hypervigilance, anxiety or panic attacks, intrusive imagery or flashbacks. (3) **DISSOCIATION** - a fundamental disconnection from the body. If the life-threatening event continues, dissociation protects us from the pain of death. It may occur as a split between (1) consciousness and the body (2) one part of body (eg. head, limbs) and the rest of body (3) the self and the emotions, thoughts or sensations (4) the self and the memory of part or all of the over-whelming event. More obvious forms of dissociation are spaciness and forgetfulness, which are ever-present, come and go, or hide for decades and may occur in complex forms. (4) **HELPLESSNESS** - refers to the freezing response - the system shuts down or freezes, leaving us immobilized and feeling utterly helpless - a sense of paralysis so profound that we cannot scream, or move or feel. When we are so traumatized an echo of abject helplessness or feeling of being frozen remains with us.

and the individual's sense of themselves,

Self-doubt, core belief of being bad, unworthy, not deserving of happiness, questioning ability to make decision (or inability), self blame of trauma, multiplicity, complete lack of trust, inability to know own feelings, memory loss, triggers, fear/panic, fear of police, fear of authority, lack of parenting skills, ... addictions

then radiates out to impact on the individual's relationship with others. Individual's struggle to cope with the pain of trauma's intrusion. The longer the struggle, the more the trauma impacts on the body and the more coping skills they develop which leads to more stigmatization and revictimization.

Women dealing with flashbacks, nightmares, body memories, pain, overwhelmingly

strong feelings of being alone, feeling devastated, feeling suicidal. Women coping through self injury, using drugs or alcohol or prostituting. Women feeling low self-esteem or self hatred, constant self doubt, being tormented by feeling unworthy, despising themselves. Women struggling with intimacy, relationships, sexuality, being fearful of sex. Women being afraid of their own feelings, not recognizing their feelings, not trusting themselves or others. Women who have been hospitalized many times, having spent much time in psychiatric hospitals, being revictimized by receiving multiple diagnoses including mental retardation, schizophrenia, and finally MPD (DID), multiple diagnoses, including “histrionic” for creative ways of coping.

We must find our way out of the cycle created by the perception of danger. Failure to do so leads to debilitation and sickness as the organism compensates for its aroused state through the manifestations of the symptoms of trauma.

These somatic effects include those commonly described as symptoms of post-traumatic stress, such as hyperarousal, constriction, and intrusion, but also extend to how the trauma affects our relationship with ourselves in more embodied ways. Some of these somatic effects include an undeveloped or distorted body image, body dissociation, fear of body sensations and expressions, distorted awareness of boundaries (both physical and process boundaries), and intrusive body memories.

Many physical problems – fibro myalgia, ulcers, migraines, sleep disturbance, etc; lack of emotional awareness, hypervigilance (often with inability to interpret), sensations not connected to present situation, inability to feel sensations or over reactions, self-harm common as behaviour to deal with difficult emotions; anxiety interfering with ability to concentrate, think through situations, splits between sensations, emotions and cognitions (need to learn to [identify] triggers), difficulty trusting in a positive spiritual (is force beyond one’s individual “self”) presence or extreme of rigid belief in authority of religion of choice.

Along with these symptoms of trauma we may also experience the following group of symptoms: attraction to dangerous situations, avoidance behavior, amnesia, heightened or diminished sexual arousal, inability to sustain an intimate relationship, fear of going crazy or dying.

Coping mechanisms. In response to trauma and its painful aftereffects, individuals find ways to cope somehow - or they die. Coping mechanisms include dissociation/memory loss; addictions (to substances, people, relationships, behaviours, etc.); self-injurious desires/behaviours; suicidal attempts and thoughts; fleeing behaviour...

Symptoms that generally take longer to develop are: excessive shyness, muted emotional responses, inability to make commitments, chronic fatigue, headaches, neck and back problems, asthma, spastic colon, immune system problems e.g. thyroid dysfunction, depression, feeling of impending doom, feelings of detachment, alienation and isolation “living dead”, frequent crying, reduced ability to formulate plans.

For example: experiences are often in extremes (from dull, non-existent to intense and overwhelming) reflecting and continually recreating the experience of having been traumatized -- the experience of being a victim with no ability to control the environment to being an abuser, one who is in control completely

All of the energy that goes into not being present where the pain was, or not feeling the pain that is still held, or hiding the vulnerability so that it won't be exploited again, or protecting against anything that might cause pain ... all of that energy holding the traumatized person is not available to nurture other aspects of the person. Trauma stays in so many forms until it is given attention and released. As long as it stays, it requires physical, spiritual, psychic, emotional energy.

The above provides a picture of what individuals bring to the counselling relationship.

And while it may seem detailed enough, some of the counsellors also referred to the importance of the context in which all of the above, including the individual themselves, is embedded.

The impact of trauma depends on the cultural context of the clients, e.g. how the person feels and conceptualizes, due to this context.

However the ways trauma interfere with life are so complex, so individual in some ways (depending on personality, social supports, intensity and duration of trauma, age of onset, etc) and so collective in some ways (all people in our society experience some degree of trauma, women, people of colour, aboriginal, disabled, etc, in particular ways), so how to collectivize exp[erience] of trauma and not minimize impact on individuals and individual groups.

Counsellors also described the goal of counselling, or where they see themselves and the individual as headed in the process that is counselling. This goal or process was

described by many as transformation. It is perhaps not surprising that transformative counsellors should describe counselling in transformative terms, but I was surprised. In particular, I was surprised at the careful references to the transformative potential of traumatic experiences in individual's lives.

There has to be an existential shift, a healing which comes from supported grieving and from politically (as in the personal is political) deconstruction of the trauma. This is no less true when the trauma is from something that we consider hard medical science (like a stroke, or Huntington's) or when it germinates from the realm of the social political /psychiatric like torture, rape, incest.

The experience of trauma is also a life experience rich with experience and opportunity to develop skills, As with all difficulties it brings opportunities to develop survival and resistant abilities -- physically, emotionally, behaviourally, cognitively, spiritually.

Either prompted by an external trauma or because of a developmental crisis, individuals may experience what would traditionally be diagnosed as mental illness, but what is actually an experience of personal transformation.... Of course, feminists have always maintained something of this line of belief in the healing process and distrust of psychiatrization of womens' expression of pain , anger, grief etc. While not suggesting that anyone choose life threatening illness or torture, many people are recognizing that these experiences may lead to powerful, desirable changes in psychological/spiritual outlook.... I believe a similar dynamic allows some people who have experienced the ongoing trauma of oppression (sexism, ageism, ableism, heterosexism, racism, etc.) to respond with grace, power, and oppression to their communities and their oppressors.... Ultimately, the pain and the damage of trauma, as well as, the healing and the potential for transformation need to both be addressed.

The above passages describe what individuals who have experienced trauma bring to counselling and the counsellors' visions of the outcome of trauma counselling. Other counsellors responded to this question by referring to the counselling relationship more generally. Several counsellors referred to what I would call the balancing act that is

counselling.

I only work with what is currently arising. Everything is connected, so wherever someone starts to work, it leads to everything else that wants attention.... Some aspects of my response to trauma are unvarying. I want to respect its message and be honest about its current effect in the client's life. I don't want to give the trauma additional power or meaning in her life and I don't want the trauma to become the focus of our work. Always I want the client, in her capacity for wholeness, to be the focus.

At the same time, I recognize that disempowered people may have come to accept secondary power as all that is possible. I don't want to support someone in holding this perspective. This may be the power of being wounded or the power of being able to bear the pain etc. I will encourage my clients to move from the ability to have this power to the courage to have the power of moving beyond woundedness, the power of healing pain, the power of sustaining pleasure, etc.

I am always working in a general sense to raise self esteem and to encourage survivors to reinhabit their bodies (Clarissa Chandler & others) and trust themselves, to regain a sense of trust in life, to treat themselves with the respect they were denied, to listen to their bodies and thoughts, to value all of the ways they have used to survive in the face of difficulty, to forgive themselves for using coping mechanisms that may have hurt themselves and/or others; to trust that they can be responsible for behaviour that neither is victimizing or damaging to self or others--to be safe and to be realistic re potential revictimization, to seek out opportunities to cultivate joy in their lives, to build healthy support networks, to celebrate all the accomplishments along the way. This is so much, so ongoing and so complicated by the many practical demands of living, by mothering/parenting, poverty, etc .

Sometimes it feels so very inadequate to be encouraging adjustment to reality and yet it is a necessary piece of the work. How to balance this with encouraging and celebrating moments of resistance, lifestyles of resistance.

Or, they referred to what I and the focus group participants called the importance of the counsellor as witness.

Unearthing memories - if this hasn't happened before. Listening to their story - for however long it takes, in whatever form it is told. Working to help the woman develop her individual judgement about what has happened in her life- i.e. to give

the impact of the trauma its proper weight in her life.

Sometimes before those creative forces can be felt, the destructive influences/trauma of her life must be addressed. She may feel that she wants me to hear what has happened to her. I believe that this is really about her not having heard/honored herself with regard to her trauma. So she may first need to really “get” that this was destructive, that it has taken a toll, and that she has mustered amazing force to live through this and this energy can now help her live beyond it.

And several referred to their broader vision of transformation.

I’m working with her deep knowing of what is best for her. I’m working with her capacity for wholeness. I’m working with the energy that she has used to be able to live with that trauma. I’m encouraging her to free that energy so that it is available for the creation of her life, of her world as she would love it to be.

I’m working with her ability to let go through tears and laughter. I’m working with whatever concept or feeling she had of her own power, beauty, uniqueness, interconnectedness, skill, etc. I’m fanning those sparks so that they become stronger and her hope and desire gain ground on her fears, shame, smallness, etc.

Q. 5 In general, what do your counselling interventions with trauma survivors look like? (What do you look for in an initial assessment? What do you challenge? What indicators do you look for along the way? What tells you it’s time to end counselling?)

The responses to this question were more specific and tended to follow the format of the probes provided in brackets after the question itself. I will therefore present them in that order. There was more similarity in the responses to this question than there was to previous questions about world view. Therefore, unlike the report on the previous questions, I will limit the findings here to those quotes which capture the flavour of many others.

What do you look for in an initial assessment?

First and foremost we need to establish safety (as much as is possible): build trust

in me, find a safe place in their home, identify potential supports, may need to work on basic life skills and structural concerns ie. housing, finances etc. Look at how they have coped - help them identify how the trauma has affected them - why they do the things they do - identify positive ways they have coped and build on strengths. Look at how they see themselves - help them identify where the messages they have about themselves come from. Witness and validate their experience, feelings. I give the individual the lead role in where we go and how fast we move - they have control over the process.

In assessment, I am looking for my and the client's ability to be honest with each other.

In what does political persecution, war trauma, torture still impact on client?

I look to see how much of the drama of her own story the women has - the story is often fragmented and piecemeal - with whole parts lost, forgotten, denial, minimized, or too painful to view.

I do an initial psychotherapy assessment which would include - the person's ability to form and maintain a fairly intense relationship (psychotherapeutic), their ability to tolerate frustration, have some ability for abstraction and to complete tasks.

I assess whether a female client has experienced sexual abuse in case they may prefer a female counsellor. I find out what their level of income is.

I check for lost-time as indicator of dissociation - in which case it is important to contract [with] all personalities.

What do you challenge?

I did not define the term "challenge" and most participants' answers to this probe were along the lines of what I had expected, some examples of which follow.

While the therapy itself is sufficiently challenging, I do however, make a point of gently challenging intellectualizations or head trips and depersonalization.

I challenge her attitudes of self-blame, her inadequacy.

I challenge the notion that her life is meaningless, a failure, not worth attending to, and that the telling of her life is disloyal to others (often the family), self-indulgent,

selfish, a waste of other's time, and of course, that the pain is all her fault.

However, two different viewpoints were also expressed about challenging:

I do not see my explicit challenge as most helpful.

This is also probably the essence of how I work.

What indicators do you look for along the way?

Counsellors also answered this question with a great deal of similarity. Most answers referred in some way to client's evolving sense of agency which was described in terms of the client's sense of self, their relationships with others and their understanding of the trauma.

Reduction in self-harm. Regular attendance. Shift in ability to deal with nightmares, flashbacks. Changes eg reestablishing contact with potentially supportive family members or cutting off contact with others. Increase in ability to create safety and to tolerate intense feelings without feeling or acting as though out of control. Greater openness to connecting with other survivors and with others. Greater ability to make explicit connections between unhelpful behaviours and effects of trauma.

I look for indicators of altered awareness, a shift towards a fuller understanding of what happened, how it's affected them and how they can go forward in their lives - a sense of empowerment, anger at the injustice of the trauma.

I look for a dawning sense of gratitude for the gift of being alive.

What tells you it's time to end counselling?

Counsellors' responses to this probe depended on where they worked. Those who worked in private practice answered mostly in terms similar to the following passage.

Time to end counselling is a co-created issue - depending upon their initial contract - Did they achieve what they hoped to achieve?

Counsellors who worked in the public sector answered the question differently.

This is a challenge due to funding constraints, usually see clients for stretches of 20 - 25 times, may see in group or later, again. Some clients come very inconsistently -- largely due to competing demands in their life children, parents, poverty, etc and I see a few times, but over several years. We do not usually "end" but reconnect at various points of struggle. Some clients I end with because the work feels ineffective, not much seems to change or there are so many competing external demands that they go from one crisis to another -- these people seem to use crisis support services more effectively. Sometimes I end because we have met established goals and mutually agree it is time to take a break or stop. Groups have a natural ending.

One counsellor spoke about the importance of the counsellor not making assumptions about it being time to end.

The woman chooses when she is ready to end counselling. This is something that we will discuss. Sometimes it may feel to me that not much is happening from my perspective although I try to remember that that may not be true from the woman's perspective. Sometimes after times like these, the woman will end up making a disclosure and it will feel like the quiet time was actually her assessing the safety of doing that. I encourage her to make lots of choices and along with that I assume that she knows her rhythm and process better than I do. I will try to check in with her periodically to ask her about the counselling process, her goals, how she feels things are going.

And two others expressed thoughts about endings and the role counselling plays in people's lives.

I think it is counter productive for counselling to become a way of life. Time to end is determined by comfort of client to carry on alone & export the change effect that happens in consulting to their home & work environment. With incest I often recommend they stay in counselling until they have confronted perpetrator if this is what they feel they must do - and we prepare for a long time as consequences aren't always fully anticipated - especially if the clients aren't accessing a full range of emotions. Some of them access rage most easily - these folks think confrontation won't be as complicated as it often is.

I think of counselling on an as-needed basis. When there's energy to work then its

appropriate. It's not always appropriate. And it's important for everyone to have periods when they are supporting themselves in all kinds of ways. At some times it is more worthwhile to have that hour a week for a swim, or tai chi, or whatever. During the times when counselling is appropriate, the client has a sense that the session is important, that she is in the middle of something, that the session goes very quickly. When this begins to shift, I talk about ending. I think this is very important. Some people stay in counselling because they, or their counsellor, don't know how to make transitions. Knowing how to let go is really valuable. Because I believe that the desire for wholeness is always there, I expect that at some later time, counselling will again be appropriate. I let my clients know that they can come back, as the need arises and providing I am still in practice. At the same time, I talk to them about different options. They may really have internalized my perspective and may better be served working with another counsellor or with a different therapeutic approach.

The findings for this and the previous question were presented to the focus group together. A major part of the discussion on these two questions focussed on the counsellor's role as model and witness and the relationship these concepts had to creating a "good connection" in the belief that a good connection "creates a desire for more good connections". Creating a good connection in a counselling relationship required effort on the part of the counsellor to create safety, choice, mutuality through modelling, clarity, openness, genuineness, and appropriate self-disclosure (Most, if not all, who referred to self-disclosure qualified it in this way). For example,

I use self disclosure where that seems appropriate, with the purpose of acknowledging that our roles could be reversed, ie. that at another time I could be the person receiving counselling, and that I have.

Many of the other concepts named above were also explored by the focus group participants.

What is "safety"? Can counsellor actually create safety? Can anyone? The group

explored the concept and how counsellors can model being consistent and trustworthy but that individuals need to “figure out what is safe and what they can do for themselves to create safety”. Counsellors who submitted in writing provide examples.

My end of the deal is to be on call. I rarely get called but when I do I answer.

[I] try to be consistent re appointments, clear boundaries (with some flexibility) re timing of meetings.

The focus group participants believed that much more needed to be said about the role of self-disclosure in counselling than I had presented in my findings, especially how this relates to the Stone Centre’s concept of mutuality. They stressed that “the importance of mutuality in a therapeutic relationship [is] both people grow, both impact each other genuinely developing a mutual relationship - acknowledge the power difference and the asymmetry of the relationship - [but] both grow, both are affected”. One participant spoke about the impact such openness had on her when she was a client in a therapeutic relationship. “In my own time in therapy twice I’ve been most impressed when someone teared up”. This concept of openness was also reflected in the written submissions.

If I am moved by her story, I do not deny it. (This has to be balanced with keeping my own past bracketed - the session or call is to support her).

Open to what works for them (with also being open to what works for me, ie my own limits and comfort zones).

The focus group discussed further what was meant by “mutuality”? How does the power difference in a counselling relationship affect mutuality? The discussion is captured by the following quotes “You are yourself.... You bring your whole self into it.... You are

not their friend nor do you bring your issues or do your work..... We can't really be friends..... The dependency is quite different..... Counselling is a mentoring relationship in some ways." The example of co-counselling was offered to describe mutuality and the differences between co-counselling and counsellor/client relationships was explored.

One participant described some of the Stone Centre's recent work on ethics and sexual involvements between counsellor's and clients. While no one was prepared to throw the ethical injunction against counsellors crossing sexual boundaries with clients away, it was agreed that the issue of boundaries and ethics raises many questions about the function, power differences, and differences in vulnerabilities of counselling relationships, that still need to be explored. The issue of mutuality also raised the importance of the counsellor knowing themselves, their limits and their strengths, and that it is not just the client's needs that determine the boundaries in a therapeutic relationship.

Discussion also arose around the following comment made in the written submissions and which was presented to the focus group.

In working with survivors of torture, focussing on assailant's motive is not a therapeutic error.

Counsellors were adamant in their agreement with this statement, not just in work with clients who are survivors of torture, but with all clients who are survivors of trauma. The participants felt it was a way of politicizing the personal. However, they emphasized the importance of looking at the torture (or abuse) in terms of the client's reality not the assailant's. This expanded into a discussion on power in general and helping clients find

their own truth in counselling by encouraging them to question their counsellors and any “truth” the counsellors put forward. “Don’t take anything I say as the truth unless it fits with your experience” said one. “I ask more questions ... so that they can find their own truth” said another.

Q. 6 More specifically, do you see your interventions with trauma survivors influenced by your transformative world view? If so, in what way?

Once again, there was considerable overlap between the answers to this question and the answers to the last two questions. I believe it speaks to the extent that the participants have integrated their transformative world view into their practice and into their language. This viewpoint was supported by the focus group participants who commented that the answers to this question had really already been answered. However, some themes previously identified also re-surfaced here in more detail. For example, self-disclosure.

As a ritual abuse survivor who is also multiple, I acknowledge when I have had similar experiences. I validate that society often does not want to hear us or believe us. I acknowledge that there is profound fear, that much courage is needed, that programming is difficult (but not impossible) to counteract. It is of paramount importance to me that I am part of the consciousness-raising that is needed about this type of abuse. At the same time, this is a difficult and painful issue because as a programmed survivor of ritual abuse I raise terror in my own consciousness when I break silence! I live with this dichotomy/paradox. In counselling survivors of this type of trauma, I find that they are delighted to hear that I have this background and can identify with their experience. Several times I have been told that I am the only other multiple or ritual abuse survivor that someone has spoken to. So I feel that self-identification is important to me and to validate and empathise with those I support. I’m aware that mainstream counselling does not believe in personal sharing with a client! I’m aware that authoritative books on cult dynamics deliberately exclude adult memories of secret cult activities.

and the balancing act.

I find that it is ongoingly a struggle to use and value what I know from training in psychology and clinical social work practice and attempt to step beside this practice and challenge the ideologies and values that my practice rests upon -- to work individually with women and value my "expertise" in some areas of knowledge re trauma and life and try to establish egalitarian relationships, to challenge structures that support and encourage sexual abuse of women and children and encourage women to accept and forgive individual people who abused them (though not their behaviours) if this is what they need to do. To see myself as a woman, a single mother and other identities that connote particular struggles & realities and observe my own struggle to survive. Well it becomes so very complex. YET my interventions are based in a feminist, structural understanding of how & why trauma occurs and connotes ways of coping as courageous acts of resistance vs pathological.

Encouraging resistance and creativity as ways to reinhabit one's body fully, spiritually -- to sing about struggle, anger, Home, to write and draw about real feelings; to laugh in the ridiculous face of outlandish expectations of what it means to be "perfect" human beings; to be honest with ourselves. To do all this AND be aware of and make conscious choices about where to choose to resist and where to choose to not make waves -- to make informed choices that maximize a personal sense of safety and control and yet allow a comfortable push for discomfort that is part of change.

Others expanded on their world view and how it shaped their counselling.

How does feminism inform my counselling practice? I've already mentioned my use of my own story - "the personal is the political". Other feminist standpoints that I espouse and use to effect in counselling include: freedom of choice (including life-or-death decisions); the belief that a woman is **the** expert in her own healing; belief in the strength of trauma survivors; the belief that male violence is responsible for most ills in our society; belief that women are abused by society as well as by individual men (eg. her appearance is all that matters, women need protection, unequal opportunities or pay.)

Yes, I notice that my belief in a holistic treatment of trauma, one that honors all levels of the body-mind-spirit often results in a gradual transformation of a negative self regard. The body, once held in contempt, is finally honored. Sexuality, once a source of shame is now an expression of soul. What was devalued, becomes valued. What was experienced with dreadful foreboding is now safe. What seemed hopeless and never-ending, now offers a sense of purpose and meaning.) An *awakening of the soul of sexuality* takes place in the process of body-centered

psycho-therapy, uniting the Self with what was split-off. The parts of the Self, once fragmented, are made whole and holy. What was frozen in trauma is now a flowing river of energy pulsating with the Breath of Life.

HOLISTIC TRAUMA THERAPY is a psychobio, energetic interpersonal synchrony that requires the body-mind and soul of the therapist to be fully present, engaged and respectful. In this sacred space, the therapeutic work tends to move counter-cultural. For example, reliance on prescription drugs gives way to a trust in the innate ability of the human system to heal itself. We turn to food and lifestyle changes as the best medicine. The power of a transformative world view breaks through the denial that surrounds patriarchal abuse in our culture.

I believe that with fuller understanding and awareness of ourselves and how the world affects us, we can be transformed by our own power - that comes through when I work with women by allowing and encouraging them to experience all their feelings of pain, grief, anger etc. so they can put the pieces back together in a new way that celebrates them as worthy human beings.

Q. 7 Is there any other way in which you see your transformative world view influencing your counselling practice?

Many of the participants who submitted in writing referred to their world view as sustaining them in some way.

Yes - my activism on behalf of my transformative world view seems to make me clearer on the issues and more courageous about them - I think there is a feedback from the activism (speaking, writing, demonstrating) to my strength as a counsellor. I like to give time to both of those activities (activism and counselling practice) and feel most content when I feel there is a balance between them. These activities also inform my personal life with my family and friends.

I believe my world view helps me as a counsellor to not feel overly responsible. I can allow clients to struggle with addictions, suicidal issues, painful relationships, addictions etc etc - without feeling the need to rush in and rescue. It helps me have healthy boundaries. It also keeps me committed to focusing on my own personal journey. I am constantly doing self care + personal therapy. I cannot be part of transforming others - if I am not committed to transforming self. It also helps me keep my mind always open to new ideas.

Yes!! It sustains me so I can keep doing this over & over. My hope is sustained daily when I see women grow stronger & more sure of themselves, and when I see

my male clients also grow stronger and feel secure in expressing their “female side”.

I couldn't do this work everyday if I was pathology-based. Also having a feminist focus and having many experiences of the generative strength of collectivity helps me reach out to support as needed. I couldn't get by without the support of co-workers & the group of ... women I sing with [one night a week].

The focus group participants discussed how their world view frames the way they look at clients and counselling more generally. They spoke of individual capacity for change and the importance of validating what may seem like small steps. As one participant said: “I believe in small concrete steps: What's one thing you've done this week that's different from what you normally do?” An example from Clarissa Chandler's workshop on reclaiming the body was offered as an illustration. Chandler invites women to find one square inch on their body they can love.

This led to a discussion of the time change requires and the importance of working towards the client's possibilities not the counsellor's agenda. A metaphor was offered to describe this: “You create a pretty flower not by rearranging the petals - can't make a daisy into a rose - you need water, sunshine, earth for growth and with people love”. The metaphor sparked the comment that this was the “first time love was mentioned” and a discussion about “what we mean by love” and “do counsellors love their clients”. Love of clients for the focus group participants includes “acceptance”, “a desire for them to heal”, “celebrating who they are”, “treasuring”, “unconditional nature of love”, “spiritually connected at the place where we are all the same which speaks to the collective piece”. (The reference to the collective piece related to an earlier discussion about counsellors

being bridges between the individual and the collective.) One submission in writing also referred to the issue of counsellors' love for the clients.

Whether I have structured an experience ... or whether I am listening to a woman talk, I am receiving lots of information. I'm not consciously evaluating it but I'm taking it in. When I sense energy is moving or energy is blocked or something has a particular charge, I respond. In a way, you could say I "challenge" the client. You could also say I really love her. I love her enough in that moment to care that she keeps talking but has stopped hearing her own pain or fear. I love her enough to want her to turn her full attention to herself. So it may look like I'm challenging her or it may look like I'm caring deeply about her. In some way, she'll feel both.

We discussed the rareness of the counselling model in that it is a place where two people with often very different, sometimes contradictory, world views meet respectfully. This model is itself transformative in a world where people are killing each other over their differences. The counsellor's world view that "we each have an inner core of wisdom that guides us and the work is about rediscovering that in clients - speaks to a belief in the core as good". The belief that "self is bad" is then seen as "a contamination of the trauma/environment". "Healing" is about going back to when they felt "good". The counsellors at the focus group work spoke about the freedom that comes from such a world view. If they help "people to trust themselves and feel good about themselves ... such shifts will move them towards 'good'".

This initially brought the discussion back to the idea of a collective consciousness and the topic of spirituality. Participants discussed the concept of "good" and where that comes from. The idea of collective consciousness which might even be held at the cellular level of the body, reincarnation and karma were discussed in terms of how they affected

our perception of our role as counsellors. For example, our answer to the question “is it one life or one of many lives” will have an impact on how we perceive our role. However, regardless of individual explanations, I think all the participants at the focus group agreed that “our actions will reverberate out, generationally and societally”, that “patterns repeat until healed”.

The concept of what we mean by “good” also raised the concept of what we mean by “bad” which led to a brief discussion on perpetrators. Speculation on why individuals become abusers followed. For example one participant believed “that perpetrators of whatever are doing it out of a need to make themselves feel safe”. Others thought it might be because of a “lack of attachment” or a “lack of free will - they are victims of something”. This led to a discussion of gender socialization which began with the comment “Women are victimized by how we have to be women” and a criticism of men who are “not actively working towards changing stereotypes in this society” and the comment that “men need to see what’s the matter”.

Q. 8 Is this information useful? How can it be made useful?

The focus group participants were asked questions the written respondents were not asked to answer. Two questions on usefulness and the related debriefing question “what was it like to come together, discuss these questions and be part of this research”? In response to the questions on usefulness the focus groups replied: “Use it for my own reflection ... use with students ... use in teaching ... use it for the collective ... colleagues ... staff development ... think about world view, what you are doing ... may be useful for

clients ... found it empowering to do maybe others would too ... in a group setting, discuss spirituality (maybe raise the question of how we view human nature or the social world explicitly) ... “ongoingness” of personal transformation in order to do the work, no conclusiveness - it keeps going”. A brief discussion on feminism occurred about how definitions of feminism which “only focus on gender ... do a disservice [to feminism] ... [it’s more a] focus on equality”.

Participants then moved into debriefing about what the day had been like for them. Some of the comments were: “The piece of work today is much like the consciousness raising the women’s movement started with”; “It changed my consciousness in some way I’m sure”; “It’s not me out on a stupid weird limb”; It was “intellectual stimulating”; There’s a “sense of connectedness in this group”.

Section Two: Categories of Data

Introduction

This section will reorganize the data into categories which relate to the concepts explored in the literature and the research question. Most of the passages already quoted fit into at least one of the categories created below. However, in order to present as much of the participant’s words as possible, passages will not be repeated.

Categories Related To World View

Counsellors’ world views are a complex interweaving of grand theories about the individual and the social world, including but not limited to those described in the literature, and personal and practice experience. This is well reflected in the responses to

the question on world view presented in the previous section. However several other categories emerged from the data which expand on counsellors' relationship to their world view. For example, the category "feminism" shows how counsellors critique, question, define, elaborate and appreciate their world view.

The subject of "spiritual emergency", as it is now called ... addresses the transformative aspects of trauma. As with positive disintegration, spiritual emergency may also be the source of trauma. According to both perspectives... individuals may experience what would traditionally be diagnosed as mental illness, but what is actually an experience of personal transformation.... Of course, feminists have always maintained something of this line of belief in the healing process and distrust of psychiatrization of women's expression of pain, anger, grief etc.

Cultural overlay is important and this is one of the ways that I believe my feminist analysis influences my work. If I were just to say, "trauma is trauma", and not have an understanding of the power of gender, race, age, class, history, culture, political influence, etc, I would dangerously minimize my clients' experience.

Anti-psychiatry - or is this feminism too?

The woman I was lucky to meet in the spring of [year] taught me to broaden (or maybe cultivate my feminist frame). I was busy giving her an analysis of the relatively disenfranchised position of children vis-à-vis the power + privilege of the adult male. She set me straight. Thank goodness she trusted sufficiently to challenge the authority (me?) which was very healing I hope for her. "[First Name]" she yelled at me "YOU ARE NOT LISTENING TO ME AT ALL. I'M TELLING YOU IT WAS MY FAULT." And she was right - who was I telling her what not to feel. So for the next 6 - 8 months I let her tell me with conviction how it was her fault, why it was her fault. Sometimes a stronger angrier personality would be present and we'd talk about another aspect. After this many months of affirmation, trust, freedom to be + express she would get little glimpses of other possibilities and we would have days when "Maybe some of the time it wasn't my fault" or "He should never have done that to me".... I am very grateful for her teaching me what feminism isn't!

The category "perpetrators" is one of several categories which shows how transformative

world views are not static but dynamic. Counsellors apply their world view to challenging issues.

I am trying to figure out if my feminism is a factor in my incest work. I work [with] male & female survivors. I have also worked [with] several male perpetrators. I'm sure it must make a difference but its so much a part of who I am & how I live that I can't tell anymore.... Both recent male perpetrators who are still with me in treatment are also survivors ... that sort of structural analysis helps them with the guilt & the feminist analysis helps me not let them off the hook but confront the ugliness instead so they can re-establish healthy relationships.

I attempted to edit the following lengthy passage from the "perpetrators" category, but all my attempts left me feeling like I had done the counsellor or the concept or both a disservice. So I have included it in its entirety.

When a man assaults a woman, he hurts both of them. If she comes to me as a client, I will support her in seeing him as responsible for the assault. (No conditions - he is responsible.) I will support her in feeling injured, angry, enraged, etc. I will be with her in whatever process she goes through to regain some sense of wholeness, of security, of power in the world. This may be all we do together and it may be exactly right for her. However, in a deeper sense, it is not the whole picture and at some point (in her life or lives), it won't be enough for her. The whole picture includes the damage to him as well as to her. I'm not suggesting she should feel sorry for him or excuse his behaviour. I do believe that in the large picture, his damage, as well as hers, must be addressed.

One, he's still in the world. Even if that particular "him" is killed, he's still in the world. Through his assault, he damaged more than him and her. The damage goes backwards and forwards through all of his relations and relationships. The damage also occurs collectively in our image of what men and women do and who men and women are. If she holds on to the picture of revenge or retribution only, she maintains a personal image of him as the bad guy, as well as this collective image. Some of her pain may be alleviated but, with regard to the big picture, no transformation has occurred. (I still would support her should she decide to press charges, for example. I'm just saying its only part of the picture. While it may be healing for her on some level, it's still incomplete. I'm talking about her here because she's my client, not because she's the one responsible for transforming the world.).

Two, her suffering and his wrongness are connected. If she is determined to

maintain his wrongness, she has to hold on to her suffering. If she heals, she heals him too. So, in an ultimate way, in order for her to heal, she has to be willing to allow for his healing. For example, in order for her to hold him accountable for twenty years of her suffering, she has to suffer for twenty years. If she heals after twenty years, she has to let go of the notion that he is going to be held accountable for more than twenty years of suffering. This is very simplified. I'm not suggesting that she should heal *in order* to heal him. I'm not suggesting that she suffers for twenty years *in order* to hold him accountable. I'm not suggesting that her healing absolves him of responsibility for his assault. I am saying they are connected. Healing of either, heals them both.

Three, has to do with the connection of good/bad with perpetrator/victim. Both positions may be sufficient for some movement to occur. A woman may leave counselling, having achieved her counselling objectives, firmly holding the world view that he is the bad perpetrator and she is the good victim. But ultimately, something is unsatisfying about this picture. What kind of world can she construct out of the notion of the "good victim". "Goodness" won't protect her from being a victim, so she's pretty vulnerable. And being a victim is powerless and meaningless (Except for little "p" little "m".) How can she move toward seeing herself as being instrumental in some way if she holds on to the position of being a victim? If she ultimately embraces a view that allows that he is both good and bad (even though still responsible for the assault) and she is both good and bad (even though not responsible for the assault) AND he is both perpetrator and victim (although she doesn't need to take care of him or diminish his damage to her) and she is both perpetrator and victim (although she does no one a service by now blaming herself or excusing his behaviour), she is in a much more real and powerful position in the world. But to get that power, she has to give up in some way the power of the good/bad positions: There is some little "p" power in I'm good and he's bad, etc.

Four ... all notions of I'm good" hold the deep fear of "I'm bad". I don't think it's possible to hold purely to the belief "I'm good" because it creates the position of "badness". So, if someone's only power is in being righteous, there's an underlying feeling of wrongness. Someone can't completely hold the position of being the victim without having some underlying fear of being responsible, being in some way the perpetrator. Holding on to the position of being the victim in order to hold on to the position that someone else is the perpetrator is only small "s" satisfying. Only very partial healing can take place from this position.

Counsellors also reflected this ongoing thinking in their reflections and references to "gender", another category which emerged from the data.

When working with woman, a constant issue regarding valuing themselves as women and being able to know what they need or want and to be able to get these needs met; to take up space in the world. I understand this as a reflection of our cultural devaluing of women and the socializing of women that follows from that.

[A male social worker] sensitized me to the pejorative impact of being male & a victim in our culture because that is supposed to be an oxymoron. So young boys who are molested often (I haven't found one who didn't) have a double whammy of existential trauma, an upset to gender identity.

The category "evolution" captures properties that indicate that the counsellors are continuously open to learning. References to training, mistakes and maturity are indications that these counsellors see themselves as not only fallible but open to new ways of thinking about themselves, others and their work.

As well I got better at giving permission to open the topic as I matured as a counsellor.

Deconstructing & feminism also help me maintain a non-expert role which I think is essential to the support of healing. "Expert Healer", now there is an oxymoron. We can never know better than the client. They know the timing, the meaning, the resolution. We can guide & support, lend our faith that this is temporary pain. - maybe long but not unending.

Also I attend many training sessions/ workshops to increase my knowledge base as well as offer workshops & push for training sessions within [agency].

All of my interventions are based directly on my feminist somatic perspective. (Except, perhaps, for my mistakes.)

True confessions... One of the errors in my life/my counselling was misunderstanding the idea of, "What's mine is yours." This misunderstanding took a number of forms. I thought, in some way, that I, as the white, healthy, happy, adult child of good parents, privileged, smart, free (not imprisoned/ institutionalized), loved woman that I was, had a lot that was "mine" in a way that didn't seem fair to me. The only way I knew to redress this wrong was to make what was mine, "yours". This was, of course, arrogant. It was also depleting and

dangerous. It was also ineffective - I'm the only one who can be a good steward of what is mine. I also thought that this was transformative - a sort of redistribution of the world's wealth. And it tied me in to the notion that I (the counsellor) would help other people (the clients) and in this way transform the world. I wasn't completely ignorant and I knew that sometimes my counsellor helped me (the client) and in this way changed the world. I even knew that sometimes she (the client) helped me (the counsellor) and in this way changed the world. But in all these scenarios, the intent is to help someone, or to change myself, and in this way change the world. *I'm beginning to understand that "what's mine is yours" is not just about changing the lines of give and take. After all those years of what's mine being health, now, what's mine is sickness. And it's yours too. My sickness is now what I bring to the interbeing we are. So is my healing.*

Categories Related to Practice

Counsellors' world views are reflected throughout their references to their practice. There is almost a seamlessness between their descriptions of their world view and their descriptions of practice that made my attempts to separate the two seem forced and artificial. The following statements about practice (and personal healing) from the categories "body" and "spirituality" could just as easily have been reflected in the section on world views.

I encourage them to be connected to the body + release emotionally the pain. I encourage them to look at behaviour patterns (addictions, dissociation) that keep them from experiencing their lives fully. I encourage them to notice the messages their body gives them and teach them how to interpret the messages.

My feminist and my somatic perspectives are fundamentally related to each other. I include the body in my work because our culture denigrates and excludes it, and I see empowerment and embodiment as essentially related.

My focus is primarily to support the spiritual growth of the person. This I view as intricately interwoven with the quality of their day to day lives, their ability to be effective in the world. It is my understanding that trauma separates people from their potential, embeds inaccurate images and beliefs about who they are and how life works. The work is about facing, going through what ever is necessary to heal

and to take responsibility for the ways they have internalized misconceptions about themselves from the trauma, working through, releasing and reclaiming a more accurate and truthful sense of self.

Engaging in the healing of my own personal trauma I have to learn to **respect** the depth of emotional and spiritual pain that we touch into when we dare to feel our lives and when we dare to heal what we feel.

The categories related to world views showed how counsellors struggle to articulate challenging issues such as “perpetrators” and “gender”. Counsellors also demonstrated this willingness to take on challenging issues in their references to practice. For example, these passages from the category “power”.

By discussing the influence of power differences within & outside the psychotherapeutic relationship.

I encourage her to take her power in her life & in our sessions - the time is hers & we do what she wants (empowerment).

The issues of power and systemic oppression are fundamentally linked to the traumatic experiences my clients are working to heal from, and I include the awareness of these issues in several ways within the therapeutic setting. Most importantly, I work to co-create an environment where my client feels empowered, and where power issues within the therapeutic relationship can be discussed openly.

Counsellors articulated many other ways in which their world view informed their practice. The categories “accessibility”, “culture”, “practice theories” and “self-care in the workplace” all contain references which illustrate how their transformative world view extends outside the counselling relationship, to their workplace, their business practices, the training they take, the tools they use and what they hope their practice reflects.

I choose to work on a sliding scale to make my services as accessible as possible.

In my fees.... I would consider an exchange for service (barter) although that hasn't happened yet. I don't charge women who have to cancel.

Need for supervision from those who support challenges to status quo

Need to have my own supports, professionally and in personal life

I also utilize culturally appropriate frameworks (based on client's background) in my counselling approach and am creative in my use of techniques. For example I may resort to story telling in my counselling.

Categories Related to Trauma

The world views of the counsellors were also reflected in their understanding of the impact of trauma as represented above and also by the following, from the category "trauma".

As a somatic movement therapist, I describe the impact of trauma in terms of its effects on the "soma" (the body/mind as experienced subjectively). These somatic effects include those commonly described as symptoms of post-traumatic stress, such as hyper arousal, constriction, and intrusion, but also extend to how the trauma affects our relationship with ourselves in more embodied ways.

Fortunately we have come a long way in validating the impact of incest. So yes this may be a psychotic depression but lets pull up its roots.

Using a trauma frame is also helpful because it says basically anyone who would have gone through an experience like XYZ will have symptoms be they somatic, flashback, anxiety whatever - this is normal. not crazy, bad, sick, or stupid. Now lets get support, draw from your strengths, highlight your survival & live again with comfort, access to a full range of feelings including vulnerability, trust & joy. I couldn't do this work everyday if I was pathology-based.

I was very lucky when I was drowning in the politics of trauma to attend a workshop by Clarissa Chandler, a black feminist addictions + incest counsellor. I ordered an audiotape of another workshop she had given on Working [with] Flashbacks. It was wonderful. It normalizes symptoms. It validates experience. It doesn't make/define the survivor as crazy, bad or stupid. I use it [with] many/most of the trauma (be it political torture, incest, physical abuse, ex-cops who are

traumatized by multiple exposure to trauma, their own + others).

Many, if not most, of the participants answered the questions from the perspective of their work with trauma survivors therefore many of the categories listed under world view, practice and flow could also be reported here. However, I will follow the participants' lead and apply what I believe is a transformative approach in my analysis by placing less emphasis on trauma and more on transformation.

Categories Related To "Flow" (Critical Consciousness)

A dynamic relationship exists within the counsellors' world views and between their world views and their practice. This dynamic relationship is reflected in their understanding of such issues as the ones reported above: trauma, gender, power, perpetrators and feminism. This dynamic relationship is also captured in their willingness to explore their world view and in their practice. There are several categories which when taken together provide a picture of some of the elements of this dynamic relationship which I would call transformative praxis, critical consciousness or "flow". The categories are "language", "consciousness raising" and "construction/deconstruction".

The properties of the category "construction/ deconstruction" include references to "critical analysis", construction, deconstruction, questioning, assumptions, challenge, myths and internalization of the status quo. The following passages illustrate how this is applied to systems, individuals and practice.

The critical analysis focused on a deconstruction of the medical model of mental illness, as well as the mental health institutional set-up.

Interest in Narrative Therapy - as tool to elaborate stories in context, deconstructing strong myths about experts, about mothers, about women, about feelings.

The social construction of reality world view definitely influences my trauma work. It has to do [with] who defines the trauma as trauma. Who is “to blame”? What does victim mean?

In challenging people’s internalization of the status quo.

My work is certainly informed by a feminist, anti-racist, classist and structural analysis. All assumptions are open to examination. We explore historical beliefs to see if they in fact are constraining myths. We question social roles, the definition of the family, relations to societal structures, institutional and hierarchies that often deny the individuals innate sense of authority and wholeness.

I had emergency surgery which I almost did not survive.... I later wrote ... on this experience looking at how medical science defined my experience and the disjunction between this official truth and how I lived the experience - WHICH WAS QUITE QUITE different. It then became a personal + political mission to assist people who survived the trauma of medical treatment to find their own meaning from the trauma in order to transcend it.

The category “consciousness raising” was at first difficult to separate from the category “construction/deconstruction”. However a clear distinction emerged and “conscious raising” became “linking the personal to the political”, educating clients about experiences which have been retraumatizing for others, and references to a collective process. The following are some examples.

NORMALIZING, NORMALIZING AND MORE NORMALIZING flashbacks, triggers, destructive ways of coping and being hopeful that people can change and deserve to care for themselves and be cared for by others — encouraging seeking out supportive groups, communities that are believing.

To respect the individuality of each person’s struggle while helping to place it in history and collectivity eg. You are like many women who’ve been abused. I see how painful it is for you to say what happened It takes a lot of courage to talk

about what you've experienced.

In my interactions with other "professionals" eg. doctors, workers, and in the public ed content. It also comes out in the way we attempt to work ... eg. as a collective attempting to be supportive of each other.

In discussing openly the limits of a psychotherapeutic intervention - & how it may in a global sense impede social change by reducing problems to the individual.

In counselling survivors of this type of trauma, I find that they are delighted to hear that I have this background and can identify with their experience.

I also support and encourage my client to make connections between their identified "personal" experience of trauma, and the larger, broader traumatic effects of living in a culture in which oppression is fundamental to preserving the status quo.

I believe our systems are intrinsically racist, sexist, homophobic, classist... and will go beyond the individual ♀ to find the largest causes of "problems". I validate ♀'s strengths because they are denied by our society (& many others). I believe that ♀ develop coping mechanisms because of their trauma (often very creative & kept them alive eg. multiplicity), linking as much as possible personal "problems" to political issues (personal is political). I also have a strong belief that the political is personal - and I attempt to bring that into the way I work eg. being ethically minded, pushing for increased accessibility of service users to the centre, alternative "outreach" strategies, providing free services to ♀♀ and offering bus tickets &/or money for childcare expenses (or on site childcare) to service users (and for volunteer work). I also believe strongly in peer support, ♀ helping ♀, and on myself (as well as the organization I work for) committed to support groups.

The following passages are not as explicit. However, they imply that knowledge of a collective experience is being shared.

Encouraging people to fully explore implications of legal action before proceeding into a potential experience of revictimization.

To acknowledge honestly that the speaking openly is the beginning (and continuation) of a difficult process, yet a liberating one.

In discussing how society has dealt [with] trauma & abuse & how this can negate

the victim's reality.

The third category is "language". The properties of this category include terms participants used to refer to their clients such as respect, strong, competent and coping; terms used to refer to the counselling relationship such as co-created, mutual, dialogue and choice; and terms used to describe the counsellor's action or intent in counselling such as hope, encourage, help, suggest and validate. This category also includes the references which were not made. For example, none of the participants described clients in language which pathologized them. Although a couple of counsellors used the term posttraumatic stress, none added the word "disorder". It was apparent that they knew the language but they choose not to use it or they used it carefully in quotes. I believe this category is reflected throughout the passages quoted above as well as in the ones which follow.

I suggest self care skills and moderation in the rate of healing to prevent or lessen overload, flashbacks, panic attacks etc.

I encourage them to be connected to the body + release emotionally the pain. I encourage them to look at behaviour patterns (addictions, dissociation) that keep them from experiencing their lives fully. I encourage them to notice the messages their body gives them and teach them how to interpret the messages.

Reaching for feelings while respecting defences.

Two categories emerged from the data which did not appear in any of the literature on theory or trauma. Both could also be included in world view or practice or here in flow. Because they could be reported under several concepts, I believe them to be related more to flow than to the other concepts so I placed them here. One, the category I have called "self" includes properties that refer to the self of the client or the counsellor and includes

the properties intuition, self, individual and whole.

I try to listen to my own intuition. Sometimes I ask a survivor about her own sense of spirituality or inner guidance.

I am silently asking to be an instrument of healing throughout the process. I believe this yields much greater intuition + insight. I think I am much more encouraging than many counsellors. I think I may be calmer than most.

I encourage working with parts of the self and also pointing out the paradox that the parts make up one individual.

Aiming to be openhearted enough to go with clients and to use my sense of their emotions and my own as a tool in our work.

My hope is that in my work, people can discover aspects of themselves that have been denied, brutalized, and that in the rediscovery, a sense of integrity can emerge.

I tend to listen to clients ways of speaking and ways of being.

So, when I'm working with someone, it's my intention to support them in moving toward their deepest wisdom, their ultimate desire to be their most whole and beautiful self. Sometimes it is a tiny spark, but I have to find this source to be able to work with someone. I also have to be in touch with it myself. All transformative work is multidirectional, effecting me, my clients, and in some way, all beings throughout time and space.

The second category may be unique to transformative praxis. This is the category

“transformation” which includes the properties hope, vision, transformation, transcend, transformative and concepts which reflect “unique outcomes”.

Focus on helping clients develop creative capacity. In general people have no idea how powerful and wise they can be. Work with concepts of self-responsibility and self-creation. Many people believe that they are powerless to change their lives or the world around them. They are living from a “outside-in” perspective, believing that they and their lives are created by outside factors; that they are dependent of the good-will of life to get what they want or minimally to avoid pain or suffering. Much of the work is about getting in touch with the powerful impact that their

own beliefs, images, attitudes and feelings have on the world and life around them. Beliefs and attitudes may have developed out of earlier traumatic experiences but continue long after the situation is over but contribute to the recreation of difficulties and unfulfillment in their present life. The transformative process happens as they begin to understand how life is created from the inside - out, as they connect with their creative power.

Seeking out 'unique outcomes' that reflect moments of resistance to dominant (within individual, group) ways of thinking/being.

Whatever I do from here on with my life, I want to do with a deep recognition of our interbeing. I want to honour what's mine in a way I haven't before. I owe that to you because it's yours too. If I use it heedlessly, arrogantly, carelessly it's all of our loss. When I march, or teach, or counsel, or smile... it's not to give what's mine away or to change the world; It's to be in the world in the way that's most whole, most true to myself. Honouring "what's mine is yours" means deeply nurturing my own wholeness. The action of my counselling/being isn't to transform the world, it's to be fully present. That is transformative.

I believe that with fuller understanding and awareness of ourselves and how the world affects us, we can be transformed by our own power - that comes through when I work with women by allowing and encouraging them to experience all their feelings of pain, grief, anger etc. so they can put the pieces back together in a new way that celebrates them as worthy human beings.

Other aspects of transformation inherent in this process are the ability to transform crisis and pain into growth and strength, suffering into compassion and empathy for self and others; helplessness and hopelessness into sense of efficacy and paradoxically, acceptance of the reality that while we are powerfully creative creatures, limitation and suffering is an inherent part of the experience of being human; rising about adversity to value and love oneself and others.

I hope my practice is feminist, anti-racist, non-homophobic & aware of economic, social, political effects of homophobia, sexism, racism, capitalism etc. on people's lives.

Conclusion

This chapter has presented the findings in two sections. First, as answers to the survey questions and focus group questions; second, as categories related to the concepts

explored in the literature. The following table (Figure 6) summarizes the themes and categories reported in this chapter.

WORLD VIEW	PRACTICE	TRAUMA	FLOW
feminism	challenge	contraction	"language"
structural	agency	transformation	"consciousness
humanism	understanding	perceptions	raising"
existentialism	model	physical	"construction/
socialism	witness	wholistic	deconstruction"
construction/	connection	fear	"self"
deconstruction	safety	connection	"transformation"
body	choice	shame	
environment	mutuality	coping	
spirituality	ethics	context	
somatic	boundaries	balancing act	
multiplicity	self-disclosure	witness	
beliefs	balancing act	vision	
"perpetrators"	love	"trauma"	
"gender"	"body"		
"evolution"	"spirituality"		
	"power"		
	"accessibility"		
	"culture"		
	"practice theories"		
	"self-care in the		
	workplace"		

6 Summary of Themes and Categories

Chapter Six

Analysis

World View

World views are complex constructs. The previous chapter illustrated how world views include elements of grand theories such as existentialism, Marxism, and feminism as well as grand theories in combination. World views also incorporate emerging theories such as theories of spirituality, the body and the emotions as well as life experiences, both individual and collective. The participants' comments expand Carniol's definition of the transformative and accommodative continuum (p. 18) in two ways. First, they describe the status quo in more detail and second, they describe what a transformed world could look like. What the participants said about the status quo and a transformed world is captured

The "Status Quo"	A "Transformed" World
<ul style="list-style-type: none"> • pathologizing • patriarchal and hierarchical • capitalism and industrialism • oppressing the less powerful in society • not respectful of <u>all</u> people • violence and poverty • alienating • distributing power and wealth inequitably • treating the body and soul separately 	<ul style="list-style-type: none"> • compassionate • people treated with respect and dignity • people helping each other • freedom of choice • personal empowerment • community involved in healing • interconnectedness • celebrates the natural world • non-competitive • individuals with a sense of authority, wholeness and integrity.

7 How participants described the "status quo" and a "transformed world"

in Figure 7. A transformative world view includes elements of both individual and social transformation. Individual transformation includes reclaiming personal power, respect for all people and a greater sense of community and connectedness. Social transformation includes the equitable redistribution of power, privilege and wealth.

The categories related to world view presented in the previous chapter illustrate the dynamic nature of a transformative world view. Transformative world views are constantly evolving through application to such challenging issues as justice, blame and gender as evidenced in the category “perpetrators”. The transformative world views of the participants were flexible enough to contain the complexities and contradictions of this issue. Perhaps contrary to the expectation of many of feminism’s critics, the world views which wrestled with gender advocated for nothing less than a better world for both women and men.

Flexibility was also reflected in the participants’ references to “learning”. Several participants referred in some way to their answers to the research questions as

A Transformative World View:

includes both the personal and political and
both individual and collective experiences in context,
is constantly evolving,
is flexible,
is dynamic,
reflects life experiences,
is open to challenges and questions,
challenges and questions itself,
looks to the future,
seeks change,
advocates for respect for all individuals,
advocates for the equitable distribution of wealth and power,
advocates for the celebration of the natural world.

8 Characteristics of a Transformative World View

being a reflection of their thoughts *at this time*. This acknowledges the ongoing evolutionary nature of a transformative world view. The characteristics of a transformative world view are summarized in Figure 8.

None of the models for comparing theory, frameworks or perspectives presented in the theory section of the literature review (Chapter two) can frame the complexity of world views captured in this exploratory study. First, the perspectives presented in the models are too static, they imply that a perspective, theory or ideology is fixed in time and never changes. Second, the collective picture of the world views presented here contains elements from each of the perspectives described in the models above. Elements of “individualism” are evident in the “perpetrators” category where individuals are expected to take responsibility and be accountable for their actions. Theories of the social world may help us understand an individual perpetrator’s actions but he is still responsible for his behaviour. Similarly, theories of the social world may help us understand an individual victim’s actions but she is still responsible for her behaviour. Elements of “radical humanism” are evident throughout the categories in references to empowerment and connection to self. Elements of “system functionalism” are evident in the references to the importance of community and interconnectedness. And elements of “radical structuralism” are apparent throughout the participants’ comments in their many references to capitalism, patriarchy, privilege and oppression.

All of the perspectives described by Carniol are present in the social context from which all theory emerges. And it is from the social context and one’s experiences in the

social context that a world view is constructed. The dynamic evolutionary model of theory proposed in Chapter two (p. 24) situates the origins of a theory in the social context and illustrates how that thread of theory subsequently informs future theory. Theory emerges from theory and informs theory. Theory also emerges from practice and informs practice. All theory and practice is embedded in the social context which is informed by the past and will inform the future. This model more realistically embeds theory and practice in the complexities and contradictions of the social context and is humble enough to allow for the possibility that there is theory yet to be developed.

An accommodative theory holds a vision of the current or past social context as a goal. Such a vision includes the features of the status quo named above by participants which describe a world of inequality and disconnection. An accommodative world view resists change unless the change appears self-serving. At the same time, the world is constantly changing. Some of the characteristics of an accommodative theory are that it is static, rigid, dogmatic and intolerant of questions. In contrast, a transformative world view has a pulse. It is reflective of life experiences and is constantly evolving. It is open to challenge and questioning as well as constantly challenging and questioning itself. A transformative world view looks to the future and seeks to make changes that will help to transform the world into a place where every individual is respected, wealth and power are distributed equitably and the natural world is celebrated.

Practice

Respect is not a counselling technique although it is sometimes taught as if it is (I am

Transformative Practice

Respects and honours individuals in context
 Sees individuals as surviving, coping, resisting
 and capable of change
 Uses culturally appropriate frameworks
 Has an analysis of the impact of oppression
 Takes a wholistic approach to healing
 Differentiates between power within or
 empowerment and power without
 Knows that counselling is not value free
 Perceives counselling as a shared voyage
 Represents the collective
 Validates strong emotion
 Sees connection and interdependence as goals
 Explores meaning and spirituality
 Invites clients to try new perspectives, to
 question the world and their experiences
 Deconstructs and reconstructs narratives

9 Characteristics of Transformative Practice

referring to some workshops and
 trainings I have attended). Respect is a
 way of thinking about people. It
 includes believing in people's capacity
 to make decisions for themselves and
 trusting in their ability to know what is
 best for them even when you think
 they don't. It is much more than polite
 words and gestures. Transformative
 counselling reflects the belief that
 individuals should be treated with

respect. (See Figure 9 for a list of the characteristics of transformative practice.)

Accommodative practice may include "acting" respectfully towards clients but it is a
 practice based on hierarchy and patriarchy and it is a practice which pathologizes and
 stigmatizes clients. A transformative counsellor sees individuals as surviving, coping,
 resisting and capable of change whereas an accommodative counsellor sees individuals as
 manifesting "symptoms" and in need of "treatment". A transformative counsellor strives to
 understand an individual in context whereas an accommodative counsellor treats the
 "symptoms" in isolation.

Whereas an accommodative counsellor sees their role as neutral and unbiased, a
 transformative counsellor recognizes that the counselling relationship is not value free and

can never be neutral or unbiased. Both world views reflect the social context in the counselling relationship, but the accommodative counsellor presents a patriarchal approach to counselling - the counsellor as expert approach, while the transformative counsellor presents an approach more reminiscent of peers on a shared voyage, each with something to offer. Transformative counsellors use culturally appropriate frameworks, an analysis of the impact of oppression in individuals' lives, a wholistic approach to healing and a recognition of the often unrecognized power that each individual holds within themselves. Transformative counsellors make a distinction between power without or false, abusive power and power within or empowerment. And, transformative counsellors name the power differences between themselves and their clients in the counselling relationship.

Both accommodative and transformative counsellors represent the collective in the counselling relationship. Both witness on behalf of the collective, both provide an opportunity for mutuality in connection and both create a link or bridge to the collective. Accommodative counsellors present a picture of the collective to the client where the client will always be a client and the best outcome is the "absence of symptoms". Transformative counsellors bear witness to the client's pain on behalf of the collective. They acknowledge that often the collective has failed the client and in fact compounded the trauma. They hear the fear into rage and the rage into grief that the collective rarely wants to hear. And they hear it until the client finally finds room again to breathe and the transformation of the trauma begins.

Accommodative counsellors perceive strong emotions as symptoms of distress and mental breakdown requiring medication whereas transformative counsellors see strong emotions as an important part of the body's communication system and encourage the expression of such emotions. Accommodative counsellors see individualism and independence as goals of counselling whereas transformative counsellors see isolation, which is often caused by individualism and independence, as a problem. Connection and interdependence are the goals of transformative counselling. Connection to self through the body, connection to others through the example of the counselling relationship, and connection to a greater sense of purpose or meaning. Many transformative counsellors understand this sense of connection or meaning as spirituality.

Transformative counselling practice is not about indoctrinating clients into the counsellor's way of thinking, it is about inviting clients to try on new lenses and to look at the world and their experiences from a different perspective. It is about inviting clients to question the world and their experience in it in order to deconstruct myths and stereotypes about themselves and others so that they can create a new story about the world and their life in it. Transformative counsellors can work with clients who hold very different world views from their own because they trust that an individual who feels connected to themselves, others and the world will not want to harm themselves, others or the world and will also want a world that will be a more respectful, equitable and celebratory place.

Trauma

Most of the literature on trauma reflected what one participant in the research called

the “contraction” approach to trauma. The “contraction” approach focuses on individual reactions to trauma: the somatic effects, the biochemical effects, the long term impact, etc. This approach is perhaps best exemplified in the belief of many women who have been sexually assaulted that they will forever be “damaged goods”. The same participant who referred to the “contraction” approach also referred to the “transformation” approach to

Approaches to Trauma	
Accommodative	Transformative
individual reaction	individual reaction in context
somatic effects	collective experience
biochemical effects	“where to now?”
long term impact	copied strategies
victims	survivors
“damaged goods”	“opportunity to develop survival and resistant abilities”

10 Accommodative versus Transformative Approach to Trauma

trauma. Most of the participants’ comments about trauma reflected what I believe this participant meant by the “transformation” approach to trauma. And, I believe the “contraction” approach is the accommodative approach to trauma. These two approaches are summarized and contrasted in Figure 10. Where the literature on trauma puts individual reactions under a microscope and the literature on counselling trauma survivors focuses on the common ways individuals respond to trauma, for example self injury, addiction, etc.; the transformative counsellors surveyed for this research focussed on “where to now”. The ways in which the individual coped with their contraction in

response to the trauma were recognized and validated but the direction of the counselling from the beginning was towards transformation of the trauma into what one participant called “an opportunity to develop survival and resistant abilities”.

An accommodative approach focuses on individual or collective reactions to trauma out of context which effectively depoliticizes the trauma. A transformative approach maintains the political aspect of trauma by acknowledging the social context in which trauma occurs and by inviting clients to see their individual experience of trauma as part of a collective experience of trauma that impacts on all people.

A transformative theory of trauma recognizes the complexity of individual responses to overwhelming events, seeks to understand the impact of trauma in terms of the individual and the collective, situates the impact in a social, political, and cultural context, struggles with dichotomies and focuses practice on the transformative potential of the traumatic experience for the individual.

“Flow”

It is the substantive theories of what I have called “flow” which link theory to practice and turn practice into praxis (theory in practice). In effect, transformative counselling is consciousness raising for two. It begins with who the counsellor is and how the counsellor makes sense of the world, human nature, relationships and counselling. The counsellor models respect, honesty, critical consciousness, openness, curiosity, other-caring and self-caring, and integrity. Then through the careful and conscious use of language, the counsellor and client deconstruct and construct new narratives about the client’s life

experiences, sense of themselves, relationships with others and sense of meaning or spirituality in the world. The transformative counsellor offers their world view analysis of the world and their personal experience when appropriate trusting that a new meaning will eventually emerge for the client that will help them to connect with themselves, others and the world.

It is this “flow” that is at the heart of transformative counselling. Accommodative counselling seeks to “cure symptoms”, transformative counselling seeks to nurture in an individual the development of the tools they need to make sense of the world in a way that

11 Praxis

respects and celebrates them. The transformative counsellor trusts that individuals who are given the “right” tools will make the “right” choices. “Right” in a transformative sense means empowered individuals with a critical consciousness, in community with others, acting in ways that will bring about world transformation in the direction of respect for all. Trusting the client is itself transformative. Figure 11 illustrates how “flow” turns practice into praxis (theory in practice).

Conclusion

Transformative practice differs from accommodative practice in several ways. Most of the differences are beneath the surface of what is visible in the counselling relationship. First, transformative practice is informed by a world view that is not only critical of the status quo but sees the status quo as contributing to individual struggles. Second, transformative practice reflects an ongoing critical dialogue between theory and practice. Third, transformative practice is open to new and emerging theories. It is dynamic and evolving. Fourth, the design and function of the transformative counselling relationship is respectful and empowering. Clients are seen as knowing what is best for them. Coping behaviours are seen as strengths, as indications of resistance to be celebrated. Fifth, the transformative counsellor's self is a critical part of the counselling relationship. Sharing their experience, modelling their values, being open to questions, being willing to risk making mistakes, critically questioning their own world view may be as important as any intervention they make. Sixth, the social context in transformative practice is relevant. The transformative counsellor represents the collective as witness to the individual's pain and it is through the relationship with the transformative counsellor that the individual will connect with the collective. All of the above and more is going on without the counsellor saying one word. As Figure 11 illustrates, the intervention itself is merely the tip of the iceberg of transformative counselling.

Given that world view is informed by life experiences, no two individuals will share exactly the same world view. Individuals may share alignment along certain theoretical

threads but each will spin a unique world view because of the differences in life experiences. Therefore while there will be many commonalities among transformative counsellors, there will also be differences. Added to this are the variables brought into the counselling relationship by the client. The transformative counsellor has an analysis of the social context but each individual brings a unique set of circumstances to the counselling encounter. The client is the only one who fully understands the impact of their experiences. The client is the only one who fully knows what meaning they have attributed to those experiences. However, the transformative counsellor is often, but not always, the only one of the two who holds a transformative analysis of the social context, an understanding of the collective experience of trauma in that context and the place of the individual in both the context and the collective.

Chapter Seven

Conclusions

My Journey

Several years ago I attended a workshop given by Clarissa Chandler, a woman several of the participants mentioned as having informed their work with trauma survivors. Her work has informed much of my own approach to counselling as well. Chandler said in her workshop that oppression changes our consciousness of what is possible in the world. She also described five strategies of oppression, the first of which is language. She said it is language that gives oppressors permission to proceed. When I was searching for a research question, Chandler's words and concepts kept coming into my mind and demanding attention.

I became curious about what counsellors are actually dealing with when they counsel survivors of trauma. The physical wounds have often (but not always) long since healed so what are survivors of trauma still struggling with. I began searching the literature on emotional and psychological abuse trying to understand the non-physical impact of trauma. I researched the impact of witnessing violence on children. Through my work with women who had experienced rape, I became aware of women who had "escaped" an attack who had the same reactions afterwards as women who had not escaped the attack. In reading about trauma, I came across references that hinted that the impact of a traumatic event occurred in the moment you realized that it was *going* to occur. I started referring to what I called conceptual trauma, the impact that trauma has on our concepts

of the world. I saw this as related to collective trauma, a term I use to describe the impact one event can have on a whole group of people. For example in Canada, the Montreal Massacre changed the consciousness of what is possible in the world for many people, especially women and especially feminists. In the United States, the Oklahoma City bombing had a similar effect. I initially included the concept of conceptual trauma in my research question. However, over time I realized that conceptual trauma was my answer to the question I ultimately did ask. Conceptual trauma was what I thought I was working with when I worked with survivors of trauma.

My life experience led me to feminism and the literature emerging from the survivor movement. My work experience led me to the literature of the violence against women movement and the literature on trauma. My academic experience led me to the literature on theory and practice. From my own experience as a client, I know how effective the simplest interventions can be. When I think back to my first experience with a feminist counsellor, it is not her interventions I remember, but how respectful she was of me and how consistent she was in her belief that I could do what I needed to do in my life. From my experience as a counsellor in a rape crisis centre, I know how little time I may have with someone. It is not unusual for women who have been raped to not return after the first appointment. What is said in that first meeting becomes crucial. From other work experience in the violence against women movement, I know how little time front line workers have to explore and dialogue with each other about their practice. From my academic experience, I learned how hard it is to articulate, let alone teach, transformative

praxis.

My life, work and academic experiences brought theory, practice and trauma together for me. Those experiences also gave me the indicators I needed to frame the research question. Many of the participants commented on how it was hard to reflect on the answers to the research questions and how much they enjoyed doing so. Some people who choose not to participate also informed me that simply considering the questions asked, changed their consciousness about their practice. It also changed mine. I am much more conscious about the basis for my evaluation of others than I was. And I am still reflecting in hindsight about interventions that I could have done differently and more transformatively.

Major Learning

This work has been a humbling and validating experience. I have been humbled by the beauty, gentleness, commitment, respect, and eloquence of the respondents. And I have been validated to see so many of my own beliefs and values reflected in their answers. I too was grateful to learn I'm not alone with some of my thoughts. Some of my major learning from doing this thesis include:

- ▶ discovering in a presentation on my thesis proposal to my research class how alienating the clinical terminology of counselling and trauma can be. I had originally framed my questions in the language I use in my work, plain everyday language that seeks to communicate not separate. My own experience has taught me that the simplest concepts can sound difficult if attention isn't paid to the language used to

describe them. I changed my terminology, introducing more clinical terminology in an attempt to sound more respectable, academic or theoretically knowledgeable. The feedback was that the language alienated even those in the class who had experience with trauma and counselling. The reaction of the class taught me about the importance of consulting with peers in the research design and the importance of trusting my own experience. I changed the language used in the questions back to what I normally used.

- ▶ the depth of the answers to the face sheet questions. I thought these questions would be “toss-off” questions, questions I had to ask more for methodological reasons than for answers my research questions. In many cases, participants’ answers to the face sheet questions spilled into and enhanced their answers to the research questions. In some cases, answers to the research question were found in the answers to the face sheet questions.
- ▶ learning how reducing anything complex to rigid categories or labels strips it of its meaning. The theoretical models reduce theory to static categories. The DSM reduces trauma to a list of symptoms so that others can decide if you have been affected. And when I attempted to reduce participants’ responses to the face sheet questions for the focus group, I was left with a meaningless list of nouns and adjectives.
- ▶ the extent to which spirituality informed the world views of the participants and how gently they wove it into their responses to the questions. I also understand more about what is meant by spirituality in social work practice, that it refers more to how we

make sense of ourselves and our place in the world than it has to do with religion.

Counselling is often dismissed and ridiculed. Jokes about therapy and therapists abound in popular culture. “And how does that make you feel?” is almost a stand alone punch line. Transformative counsellors are also often accused of imposing their politics on clients. The findings contradict these beliefs and criticisms. Some of the major learning about transformative counselling praxis to emerge from this research is listed below.

- ▶ The moment of intervention between a transformative counsellor and their client reflects a counsellor’s deep and dynamic critical reflections on their beliefs about the individual and the world, their practice as counsellors and their vision of transformation. What transpires in any one moment between the counsellor and the client is merely the “tip of the iceberg”.
- ▶ Transformative counsellors may appear eclectic in their choice of approaches but this eclecticism should not be confused with a lack of a theory base. Rather, it is a conscious choice based on world view, context, the individual and the counsellor’s vision of transformation.
- ▶ Transformative counsellors don’t impose, they invite. They invite clients to reclaim their own bodies. They invite clients into respectful relationships. They invite clients into a sense of power. They invite clients into their own sense of spirituality. They invite clients to deconstruct and reconstruct myths and narratives of their lives and harmful constructs. They invite clients into the collective.
- ▶ Transformative counsellors consciousness-raise for two. They link personal experience

to the political context. They introduce the individual to the collective experience.

- ▶ Transformative counsellors bring themselves into the equation through their willingness to grow, their willingness to self-disclose, their willingness to let their experience contradict the “facts”, their willingness to not know everything, their willingness to let the client be the expert.
- ▶ Transformative praxis is not a technique one can learn, it is a way of being. As such it is practised with all individuals: clients, coworkers, family and friends. It is even practised with our enemies. Otherwise we risk recreating the same world we seek to change.

Relevance to Social Work Practice

What is apparent from the research is that transformative praxis is not just about technique or skills, it is a way of being in the world that transcends the artificial categories imposed by theory and practice. It *is* hard to articulate practice theories but as the counsellors in this research have eloquently demonstrated, it is possible; hard but possible. It begins not with theory but with self. Who we are and what we believe informs our practice as much or more than the theories we are taught and the practice techniques we pick up along the way. Doing what we know begins with knowing what we do.

Teaching transformative practice requires starting with what the individual knows. Whether the individual is teacher or student, counsellor or client, welfare recipient or policy analyst. Each of us is also embedded in the social context and our relationships are defined and embedded in the social context. What transpires in any moment, not just in a

counselling moment, is the tip of the iceberg. Transformative practice begins with slowing down and asking more questions. Another comment Clarissa Chandler made in one of her workshops was that we are taught that sacrifice will make a difference, but it doesn't. We live in a culture that goes faster and faster and demands more and more from us. Slowing down in such a culture is truly transformative and an act of resistance.

Teaching transformative practice is actually about teaching and encouraging critical consciousness rather than supplying a prescriptive list of what to do. It is about struggling with the history and evolution of concepts such as race, class and gender in the social context not just from the perspective of theory but also from the perspective of what such concepts mean to people in their everyday experiences. It also means recognizing that no one truth will emerge from those experiences but rather many truths. Where many individuals share experiences in common certain patterns of truth will emerge. Teaching transformative practice means cultivating the capacity to contain and understand complexities and contradictions in individuals and the social context while maintaining a vision of a respectful world.

Directions/Questions for Further Research

More research is needed in general about transformative praxis. Specifically, some of the issues which emerged from the focus group were:

- ▶ what does the ethic against sexual relations between clients and counsellors say about the therapeutic relationship, mutuality, power and consent?
- ▶ what is the relationship of spirituality to counselling?

And, from all the data:

- ▶ more about what a transformative approach (as opposed to a contraction approach) to trauma counselling looks like.
- ▶ more about the issue of perpetrators.
- ▶ more about issues of race and class in transformative practice. A few references to culturally appropriate frameworks and the economic situation of clients (mostly poor) were made but not to the extent and depth of the references that were made about gender.

And finally, from the literature:

- ▶ The Power and Control model which emerged from the shelter movement appears to be one of the few transformative and collective approaches to working with trauma survivors. Does this model have other applications?
- ▶ What does recovery look like? I believe this question posed by Mary Harvey also needs further exploration.

Conclusion

Transformative practice includes both the political and the personal in context, both individual and collective experiences. The integration of transformative theory into practice is demonstrated through a conscious use of language; through constructing and deconstructing that language as well as concepts, values and beliefs; through modelling a relationship of mutuality and openness; through connection of the individual to the collective consciousness; through validation of individual self worth; and through a belief

in the capacity of the individual to change and thereby change the world around them.

Appendix A

Do you consider yourself to be a counsellor who works from a transformative world view, perspective, philosophy or ideology?

Do you work or have you worked with individuals who have experienced trauma (however you define trauma)?

If you answer yes to these two questions, would you be willing to answer a few questions about yourself, your world view and your work?

My name is Rose Stanton and I am a Master of Social Work student at Carleton University. I am looking for counsellors who work from a transformative world view (such as feminist, anti-racist, structural, radical or other transformative world view that challenges or rejects reality as defined by the status quo) and who have some experience working with trauma survivors who would be interested in participating in research on how a transformative world view informs counselling practice with trauma survivors.

Participation would involve providing some information about your experience (how you came to be a counsellor), your transformative framework of practice (what world view informs your practice), a general overview of your practice (who you work with), questions about how you understand and define the impact of trauma and questions about how your world view affects your practice. All the questions are attached. You can participate in writing or you can take part in a one-day focus group in Ottawa in May or June. You can also do both. And, you can withdraw at any time.

What I can offer you is: an opportunity to reflect on your work, an opportunity to meet with other transformative counsellors and discuss your work with trauma survivors, an opportunity to contribute to the available literature on transformative practice, a critical annotation of some of the recent (since 1990) literature on traumatology (part of the literature review done for this thesis), and a copy of the results of this study when completed.

All information provided to me will be kept confidential. Face sheets will be separated from answers and I will make every effort not to associate your name with your answers in print or in my mind. Research findings will not be presented in any way that will risk your confidentiality. I trust you to judge what information you wish to share with me and I am not asking you to disclose any information about individual clients.

It is possible that reflecting on your practice or world view may raise troubling issues for you. If

you do not currently have access to supervision and need debriefing after your participation in this research, I can help with finding an appropriate referral.

If you have any questions or concerns about this study, please contact me through the School of Social Work, Carleton University, 509 Dunton Tower, 1125 Colonel By Drive, Ottawa, ON, K1S 5B6. You can also contact my advisor Dr. Bessa Whitmore at the same address or by calling (613) 520-2600, ext.6692.

If you agree to participate I will ask you to do the following:

1. Choose how you would like to participate
 - Option 1 -Participate individually
 - Option 2 - Attend the focus group in Ottawa
2. Answer some general questions about yourself, your counselling practice and your worldview.
3. Sign a consent form saying you read all this information and agree to take part in this study. (Remember you can withdraw at any time)
4. Sign a group confidentiality agreement if you choose to be in the focus group.
5. Respond to the research questions if you choose to respond in writing.
6. Attend a one-day focus group with lunch provided if you choose to be in the focus group.

If you don't wish to participate, thank you for taking the time to read this. You don't need to return anything to me. If you know someone who might be interested in participating, please pass this package on.

If you do wish to participate, thank you for taking the time to read this and for agreeing to participate. Please fill out the attached Face Sheet which will indicate which forms I need you to complete and return to me as soon as possible.

Again, thank you for your time.

Rose Stanton

M.S.W. (Candidate)

April 2, 1997

Face Sheet

I would like to participate and I choose the following option(s):

Please check the appropriate box(es).

☐ **Option 1- In Writing**

If you choose this option, please return this form and the Consent Form immediately with or without your answers to the research questions. You have until June 15 to reflect on the questions and I will send another stamped envelope before then with a reminder to return your answers.

☐ **Option 2 - Focus Group**

If you choose this option, please return this form, the signed Consent Form and the signed Group Confidentiality Agreement immediately. I will send notification of the date and location of the focus group well in advance. The focus group will discuss the attached research questions so please keep them until then.

Please indicate any day of the week on which you could or would never attend a focus group. M

Tu W Th F Sa Su

Please indicate if you would you like to receive one or both of the following:

- ☐ a critical annotation of some of the recent (since 1990) literature on traumatology
- ☐ a copy of the results of this study when completed

If you know anyone else who may be interested in hearing about this research, please pass on my name and address to them or provide me with their address and I will send them this package too.

Please answer the following questions about yourself. Once the research is completed and I have contacted you, this personal information will be destroyed..

1. Name:

2. Address:

3. Phone: (H) (W) Fax:

4. email:

Please feel free to answer the following questions as briefly as you wish and in point form. Longer answers are also welcome. Use the back and/or additional paper.

1. How did you come to be a counsellor (training and/or experience)
2. Who are the survivors of trauma who come to you? Please describe the people you work with in as much detail as makes sense to you. For example: By Age? Gender? Race? Financial circumstances? Type of trauma experienced?
3. How do you describe the transformative world view that informs your practice?

Consent Form

I, _____, agree to participate in the study conducted by Rose Stanton of the Masters' of Social Work Program at Carleton University. I understand that this research will focus on my experience as a counsellor and how my world view informs my counselling practice, in particular my understanding of the impact of trauma and my interventions with trauma survivors .

The information I provide in writing will be kept confidential. My name will not be associated with any of the research findings. All identifying information will be destroyed no more than three months after the completion of the research. However, I understand that the results of the study belong to Rose Stanton and will be published by her in a thesis as one of the requirements for a Master's Degree in Social Work and may also be published in other forms in the future.

I understand that participation in this study involves participating in one or both of the following ways:

Option 1. Participation in a one day focus group with lunch provided

Option 2. Written response to a survey questionnaire

There are no risks anticipated through my participation in this study except for the risk of changed consciousness. Nonetheless, I understand that I am free to withdraw at any time.

Name (Please Print):

Signature:

Date:

Group Confidentiality Agreement

I, _____ , agree to keep confidential the information provided by other participants at the focus group and not to associate their contribution in any way with their name outside the group without their permission. I expect the same respect for confidentiality from the other group members regarding what I choose to say . I understand that this confidentiality agreement does not override anyone's legal obligation to report.

Name (Please Print):

Signature:

Date:

Research Questions

Please answer the following questions in as much detail as you would like. Point form is fine. Handwritten or typed or word-processed is fine. You can record your answers on audio-tape and submit the tape. You can e-mail me your responses. If there is some other option that would allow you to participate, please feel free to suggest it to me.

- 1) There are many ways to describe the impact of trauma. How do you describe the impact of trauma? (What is it you are actually working with when you are counselling someone who has experienced trauma?)
- 2) In general, what do your counselling interventions with trauma survivors look like? (What do you look for in an initial assessment? What do you challenge? What indicators do you look for along the way? What tells you it's time to end counselling?)
- 3) More specifically, do you see your interventions with trauma survivors influenced by your transformative world view? If so, in what way?
- 4) Is there any other way in which you see your transformative world view influencing your counselling practice?

Appendix B

[Date]

I apologize for sending you unsolicited mail. I am looking for counsellors who might be willing to participate in a research project and I came across your name in my search. The attached information explains the project. I have included this cover sheet to explain how I obtained your address. I will not contact you again in this way nor will I pass on your address to anyone else.

I found your name in the

- ☐ Telephone Yellow Pages under Marriage, Individual and Family Counsellors
- ☐ Tone Magazine
- ☐ In the Pink
- ☐ Directory of Community Services Ottawa-Carleton ("Blue Book") or Services for Assaulted Women ("Yellow Binder")
- ☐ Participants List Psychodramatic Bodywork Basic Level Training June 1993
- ☐ Participants List Psychodramatic Bodywork Intermediate Level November 1994
- ☐ Capital Xtra

OR

- ☐ I was given your name and address by:

If you listed only your name and phone number, I matched them in the white pages of the telephone book to get your address.

Please circulate to your counselling staff.

J'invite les reponses en français ou en anglais.

Rose Stanton
M.S.W. (Candidate)

[Date]

I apologize for sending you unsolicited mail. I am looking for counsellors who might be willing to participate in a research project and I came across the name of your agency in my search. The attached information explains the project.

I would appreciate it if the attached could be circulated to anyone in your centre who counsels trauma survivors.

J'invite les reponses en français ou en anglais.

Thank you for your time.

Rose Stanton
M.S.W. (Candidate)

Appendix C

Your first response to me did not include the answers to the questions on the face sheet about your training/experience and worldview.

Would you please take the time to answer them and return them to me as soon as you can. I would appreciate having them before the focus group. I've enclosed a stamped addressed envelope for your convenience.

Thanks again for your time, Rose Stanton.

Appendix D

THANK YOU

for agreeing to participate in my research project on
transformative worldviews and trauma.

The focus group will take place on
Saturday June 28th at the
Ottawa Rape Crisis Centre
from 10:00am to 4:00pm
at [Address not included for purposes of confidentiality].

A vegetarian lunch will be provided and
coffee, tea, juice, bottled water and snacks
will be available during the day.

Please call me if you have any questions or requests about the meeting space or the meal
or if you are unable to attend.

Again, thank you for agreeing to participate.

Rose Stanton
(613) [Telephone Number}]

Appendix E

June 14, 1997

Dear

Thank you once again for agreeing to participate in my research project on transformative world views and trauma. I have been overwhelmed by the time, effort and thoughtfulness each of you has already put into responding to my questions.

The focus group will take place at the end of this month and I would like to have all information collected from participants by that time. Therefore as promised in the original package you received about this research, I am sending this reminder for you to return your answers to the research questions. I've enclosed an extra copy of the questions for you and a stamped addressed return envelope.

Thank you again for your time. Have a great summer.

Rose Stanton
M.S.W. (Candidate)

Appendix F

Thank you for participating in my research on transformative world view and trauma counselling. You were one of twenty-three counsellors who found the time to respond in some way to my questions. Everything submitted was wonderful. I hope I can do it justice. As a group, you are remarkably different from each other and similar to each other at the same time!

An update on the research: I have completed the data gathering and am currently writing up the findings. I hope to complete the thesis by mid-August. For those who requested a copy of the biblio and/or results, I will sent them after the thesis is accepted and when I can confirm that I have disposed of the material you submitted to me. Again, thank you for your time and insight.

Rose Stanton

Endnotes

¹ In light of the subsequent increased awareness about rape and incest in the lives of women, it may be that the recognized trauma of unwanted pregnancy was, at least in some cases, also the unrecognized trauma of sexual assault.

² At a workshop I attended in Ottawa, February 7, 1997

³ I have had several conversations about the collective impact to women when they hear or see misogyny, and the collective impact to Jewish people when they hear or see anti-semitism, and the collective trauma to Black people when they hear or see racism, and etc,. It seems to be starting to emerge in the literature but not explicitly. I believe the term collective trauma is not new but I have not yet found a reference for it in the literature.

⁴ "A passage from a transcript, a piece of information from old field notes, a section of a document or snippet of conversation recorded on a scrap of paper that can stand on its own but, when necessary, can be relocated in its original context" (Kirby & McKenna, 1989, p. 135).

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IMAGE EVALUATION TEST TARGET (QA-3)

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