

## A NARRATIVE-BASED PASTORAL CONVERSATION FOLLOWING THE EXPERIENCE OF TRAUMA

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*Trauma* is a socially constructed concept. People use language to describe and construct their world. Currently, the term *trauma* is used widely to describe some unique and painful human experiences. In South Africa, a country that is characterized by high levels of violence, the use of the term is very common.

The use of language does not merely comprise the compilation of words in terms of their dictionary meanings. Language represents, and is also used to construct, a worldview. When individuals experience critical events that challenge their understanding of their world and their place in the world, they use language (stories) to describe those experiences. The terms *trauma* or *traumatic* are often used. These terms refer to the experience of an individual that is having difficulty in integrating his/her preferred worldview with the worldview related to a specific (traumatic) experience. According to Fay, these individuals: "... construct a self-story to make sense of all experiences, including those that do not make sense." (Joel Fay 2000:2).

The language of *trauma* includes among other things the language of and discourses on *trauma counselling*; *trauma debriefing*; *trauma therapy*; and *post-traumatic stress disorder*.

I concur with the description of discourse by Freedman and Combs (1996:42-3) as being a system of statements, practices and institutional structures that develop and are based on common values. A discourse sustains a particular worldview. In this regard, Freedman and Combs (1996:43) quote Rachel Hare-Mustin who states that: "The ways most people hold, talk about, and act on a common, shared viewpoint are part of and sustain the prevailing discourses."

The familiar and commonly used trauma language has developed into a system of “statements, practices, and institutional structures”. This common wisdom has become strongly entrenched, and the theories about trauma and the

intrapsychological effect of a traumatic experience are taken for granted and

seldom questioned.1[1]

Freedman & Combs (1996:43) state that stories about therapy have been shaped by a variety of discourses. They include discourses on pathology, professional experts, what a traumatic event is, traumatic stress, post-traumatic stress disorder and the expert way of debriefing a trauma client.

I invite you to listen critically to (i.e. to deconstruct with me) some of the prevailing discourses on trauma and trauma counselling, and thereafter to consider a possible *third option regarding talking about these matters* (with reference to Johnella Bird 2001). There are at least two discourses on trauma counselling that should be considered, namely the discourse in which the counsellor is the expert and the discourse in which the client is the expert. These discourses are discussed separately hereafter.

### ***Firstly, the discourse in which the counsellor is the expert***

The following statement summarizes this discourse: “I am the expert and you are the victim that needs help”

The most prevalent discourse with which counsellors have been indoctrinated is the one that prescribes to them to listen to people with a diagnostic, pathologising ear. Freedman and Combs (1996:43) refer to this discourse as the medical model, because it emphasizes the signs and symptoms of disease.

The language of this discourse conveys the underlying message that the counsellor has knowledge that is superior to that of the individual being counselled. The knowledge becomes even more superior when so-called specialized fields are concerned, i.e. fields such as abuse; sexuality; marriage and family life; and trauma. These fields have been researched extensively and have gained the reputation that they are complex and that the amateur should not venture into them. Only the highly trained therapist should enter into a conversation with individuals that are troubled by matters of this nature. The great number of books and articles that have been written on these topics<sup>2</sup>[2] have also

contributed to the strengthening of the notion that “I know and you do not know”, i.e. the notion that the counsellor has knowledge and the client is ignorant.

This discourse, like all other discourses, comprises stories of power relations. The pastoral therapist is supposed to have a sound knowledge of the field of trauma, which places him/her in a particular position of power. He or she might not have been personally involved in a traumatic experience, but has a certificate hanging on the wall that tells a story of knowledge and therefore of power. Apart from the expectation that he/she has knowledge of trauma, he/she is also favoured by the discourse that a pastor is a cool and collected person who is always in control of his/her emotions and capable of handling difficult situations with consummate ease.

On the other hand, the individual that had been traumatised and is in need of help is either ignorant of all the theories on trauma or, conversely, knows about them, but is not in a position to utilize them. He or she feels only the pain. The hierarchical relationship is obvious: The one individual is informed and powerful, the other individual is the uninformed victim.

The position of “I know and you do not know” is based on the so-called “psychological truths”, which have been constructed through “so-called neutral and objective scientific methodology” (Bird 2001:8). It is from this position that the pastor/counsellor can gather information about the traumatic experience and fit it into his or her professionally and personally known truths. The client is then diagnosed and/or evaluated in terms of the various stages of trauma development.

The Western educational system, which places strong emphasis on knowing the correct answers to well-formulated problems, has taught counsellors not to listen to individual’s unique experiences, frustrations and needs, but to diagnose and categorize them in terms of a fixed system or theory. This discourse probably serves the counsellor and his/her powerful position better than it does the individual that has had the painful experience.

I fully agree with Bird’s (2001: 9) description of the negative effect of these types of discourses, namely:

The ambiguous and the contradictory moments, which fill people's lives, are nullified by the power of these grand theories. The 'we know you don't know' position which uses the therapeutic power relationship to confirm and impose meaning disregards and invisibilises the effects of privilege through gender, culture, class on people's psychological and physical well-being. In other words this position does harm by confirming universal psychological truths, which relegate those people on the margins to both professional constructions of inadequacy - sickness, badness and madness together with subsequent self-constructions of inadequacy, sickness, badness and madness.

## **Secondly, the discourse in which the client is the expert**

This discourse can be summarised as: "The 'not knowing' counsellor and the client as the expert"

In reaction, and as a corrective, to the above-mentioned discourse, the so-called "not knowing" position has developed into a new discourse to which narrative counsellors are subjected. A new language, which contains terms such as "narrative intervention", has developed together with the emergence of a new method entitled *A Narrative Intervention for Critical Events (N.I.C.E)*" (Fay 2000:2). According to this approach, the individual that has experienced trauma is not assisted by means of diagnosis and a prescribed system of debriefing, but is assisted to "assign a different meaning to his/her role in a critical event."

This approach constitutes a very important corrective, which in the first instance should be appreciated. But true to the narrative paradigm, it should also be recognised as a discourse that should also be deconstructed. Deconstruction is a continuous process accompanied by a sustained sensitivity to power relations. I was impressed by the way in which Johnella Bird (2001:9-10) deconstructed this position with the reality of power relations in mind. In this regard she states that:

*These attempts to "even up the relationship" have acted to disguise the inevitable power relation that exists in the therapeutic relationship, supervisory relationship, consultation relationship or teaching relationship while at the same time moving the therapist, supervisor, consultant, teacher into a subject position. From this position it is very difficult for the other (client, supervisee, student) to speak to a sense of discomfort or difference or an experience of the power relation. To speak in this environment is to challenge the good intentions of the other. When people experience receiving good intentions by a member of the professional classes (this includes the dominant cultural group and other classes of domination) this can create either a sense of gratefulness (i.e. "this person is really trying to understand, no-one else has ever wanted to know") or a sense of care taking (i.e. "This person is really trying, they've got it wrong but if I tell them they'll be really hurt").*

When an individual feels an obligation ("gratefulness" or a "sense of care taking") towards the professional, the existing power relationship is maintained. Once again the discourse is responsible for overriding the real emotions. Falling into the trap of this discourse can be as dangerous as in the case of the previously discussed discourse.

The individuals that have the courage to expose the effects of the power relations in this climate of good intentions are exposed to the risk of being labelled by both the members of the professional class and the peer group to which they belong. The operation of the power relations within this climate of good intentions is therefore insidious, dangerous and harmful. It risks further marginalisation of already marginalised individuals and their alienation from the environment to which they belong

### The third option: Relational discovery

The third option is to attempt to discover the dynamics of relationships and the effect thereof on trauma experiences. The network of relationships includes:

- Development of a therapeutic relationship.
- The relationship of both the client and the therapist to what is referred to as “a traumatic event”?
- Relations with significant others in the shadow of traumatic experiences.

The third option is a realisation that the “I don’t know, you know” (i.e. the “not-knowing” position) can be as harmful as the “I know, you don’t know” position. It comprises an awareness of the dynamics of power relations.

Bird (2001:10) suggests that the therapist should position herself/himself relationally, which position is maintained through a “relational form of consciousness”.

The narrative paradigm and conversational method do not guarantee a sound ethical relationship. The power relations in a therapeutic context can be obscure and covert, but they are nevertheless present.

To be aware of the developing pastoral-therapeutic relationship, which includes the politics of power, is the greatest ethical challenge. To be unaware of the power politics in any relationship is the easiest way out and is an escape from responsibility. A pastoral, ethical position requires the therapist to be aware of and to discover his/her own position regarding the power relations in a particular context. When deconstructing the power relations, the therapist is not objective towards it, but is in a relationship with it.

It is very important that the pastor should position himself/herself relationally when dealing with trauma, because both the other alternatives can harm the person that is seeking help. The pastor, in his capacity as the representative of the gospel of Jesus Christ, should be very sensitive about the prevention of harm coming to people that are already suffering.

The discovery of a relationship does not only comprise a theoretical-ethical positioning, but also includes a pastoral conversation. It implies the discovery of:

- The power relations
- The therapist's own relationship with the particular story of trauma
- The therapist's own relationship with other stories of trauma
- The client's relationship with his/her story of trauma
- The client's relations with other persons involved in the story of trauma
- Relationships with the responses and actions taken.

The concept of relational discovery therefore has a dual nature.

Firstly, it is a form of consciousness. However, this form of consciousness is also "maintained by a particular way of engaging in and with language, i.e. relational externalising." (Bird 2001:10)

Secondly, relational externalisation is a discovery of the, possibly harmful, relationship with the event itself, and a repositioning of oneself in relation to it.

When someone describes his/her traumatic experience, he/she is actually describing a relationship with that experience. The user of the words is referring to a relationship, which is developing in accordance with a particular worldview. The following are examples of the words used in this context:

- *Its to painful to talk about*
- *I have to push it away from me*
- *I am overwhelmed*
- *I am stunned*
- *I am shocked*

- *I am trying not to think about it*
- *I just have to focus on more important matters*

Relational externalisation is a discovery of these relationships. It is a discovery that the language used is an effort to create and/or maintain a certain relationship, i.e. a relationship of which the purpose is to bring the worldview of the experience and the prevailing worldview of the client into harmony with one another.

The concept of “Relational externalisation” is created by Bird (2002:3-8) and should be seen as something different from the well known “externalisation”<sup>3</sup>[3]

Bird (2001:3-8) explains the differences between externalising and relational externalising. To externalise the problem is to separate the problem from the person. People tend to identify with their problems in such a way that they become their problems. Through the method of externalising, people are helped to realise that they are not depressed, mad, dirty, crazy, ungrateful, etc., but that they are influenced by depression, madness, dirt, craziness, ungratefulness, etc. They are helped to externalise the problem from themselves.

My understanding of Bird’s “relational externalising” is that it goes a step further. Here it is no longer the problem as such, which is externalised, or even the relationship with the problem, but the person’s relation to his/her reaction to the problem. It is not only a reflection on how one reacts to the problem, but also a reflection on one’s relation to that reaction. Externalisation of the problem doesn’t necessarily include relational externalisation.

Along this “third way” it becomes unimportant what, and how much, the counsellor knows about the problem. There is also no need for him or her to obscure his or her knowledge of the problem with the not-knowing position. The therapist/counsellor can relax about too little or too much knowledge of the problem. The fact of the matter is that he or she will never be able to predict what a person’s relation to his/her own reaction to a problem would be. Every individual will have a unique relation to her/his way of reacting to the traumatic experience. This unique relation to one’s own reactions is explored through relational externalising

## Relational externalising

# Questions with which to enhance the Therapeutic questions to consider therapist's consciousness

|  |   |
|--|---|
| How do I feel about this conversation?<br>Why?   | What are the feelings/convictions that have brought you to have this conversation?  |
| What are the feelings that I experience about this person?   | How do you feel at the moment? What, in your opinion, would make it easy or difficult for you to discuss your experience with me?   |
| This person's traumatic experience has given him/her power over me. Am I facilitating or resisting that power? Why?  | The traumatic experience shocked you, yet you have managed to take certain logical and rational actions thereafter. What were these actions and how do you feel about them?                               |
| Whose language (descriptions) of the traumatic event am I using: My own language or the language of the client, textbooks, psychologists or medical doctors? | We have used the term "trauma" in our attempt to understand your experience. Do you think that it is the correct term to use? Are there other terms that would better describe what you have experienced? |
| Of which other stories am I becoming aware while I listen to this story? What effect do they have on me?   | Do you know of other people who have had the same kind of experience? Do you think that your reaction to the experience was very different from their reactions?  |
| What emotions do I experience while listening to this story? How do I feel about these emotions?   | Are you aware of any new emotions that you are experiencing while we are talking? How do you feel about these emotions?   |
|  | Considering how your emotions regarding the experience have already changed, what have you discovered about yourself?   |

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|  | What change do you want to occur in respect of your feelings about your experience? |
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**Relational empowering**

Questions with which to enhance the  
Therapeutic  
questions to consider

**therapist's consciousness**

|   |  |
|---|--|
| What enables me, a therapist, to really understand what this person has experienced?      | Who, in your opinion, understands your experience best? Why?   |
| How am I being changed through my involvement in this conversation?                       | Did your experience change your understanding of yourself?   |
| Has this conversation contributed to my renewed understanding of myself as a therapist?   | Are there people in whose company you feel strengthened in respect of understanding yourself and the actions you have taken? |
| Who is making the greatest contribution to my ongoing understanding of narrative therapy? | Who are the people that have contributed to your ability to deal with this experience or at least some aspect of it?         |
| How important is it for me to succeed in this conversation?                               | In what respect has this conversation contributed to your understanding?   |
| What would indicate to me that  | Did this conversation possibly   |

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| this conversation has succeeded?                             | create new challenges for you?  |
| What is my relationship with the client's envisaged actions? | What would in future indicate to you that you have gained an even better understanding of yourself after your experience? |

**Reflective questions on the narrative approach to a conversation following the experience of trauma**

1. What is different about this approach?
2. What are the strengths and weaknesses of this approach?
3. Why do you think that this approach to a conversation following the experience of trauma could be effective?
4. What would be the criteria in terms of which such a conversation could be described as successful?
5. What, in your opinion, is the function of the questions regarding the consciousness of- the therapist?
6. Do you feel equipped to attempt this approach? Why?

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