

Dissertation

Trauma: It's not the soul of your life:

**RE-CONSTRUCTING CHILDHOOD TRAUMA AND THE ROLE OF
STORY SHIFTERS IN GENERATING ALTERNATIVE NARRATIVES**

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As much as this dissertation is relationally constructed, it is also at risk to offend. I come from a white, upper-middle class, upper-middle age, female, English-speaking, Canadian perspective. As much as I acknowledge diversity and being as inclusive as possible, I am limited, or as Ken Gergen (2009) would say “bounded” by myself and my life experience as I know it. When I give presentations to others and teach about childhood trauma, I always open with a similar statement about being at risk to offend, and invite audience members to speak to me if I say something that they found offensive in terms of their identity, so that I may continue to learn. I invite the reader to do the same here.

I am of course indebted to my “buddy”, co-worker, friend and ‘partner in crime’, Kevin Clouthier, for introducing me to Social Construction, the Taos Institute and their PhD program. Many times in the last few years Kevin shouldered the blame for “what he got us into”.

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representative of positive progress, and may have included a voice of frustration at times about the process.

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Chapter 1 Introduction

It's not the soul of your life: Re-Constructing Childhood Trauma

I want to share the story of Juna. Juna's parents were themselves survivors from abusive homes and as so often happens, they unwillingly created a traumatizing environment for their own children. Juna witnessed domestic violence during her parents' alcoholic binges and was sexually abused by several male relatives and friends. Juna's mother was aware of the abuse but didn't know what to do about it, so she did nothing. Juna was identified in school early on as having attention and anger management problems as well as poor social skills. She was suspended frequently for being "disruptive". At puberty, she started experimenting with alcohol and drugs, and hung around an older crowd. In high school, at age 13, bruises were noted by a school gym teacher on the backs of Juna's legs from physical abuse at home and the child welfare authorities were called. Juna was placed in foster care. She felt alone and isolated from her family and blamed herself for tearing apart her family. Juna continued to abuse substances, run away from her foster home, as well as started cutting and burning her skin as a way to cope with the emotional pain she was experiencing. Juna was in her fourth foster home when she hit a foster parent and was charged with assault. Juna went to court and was placed in a residential treatment facility where she was diagnosed with Post-traumatic Stress Disorder and Borderline Personality Disorder. She was frequently physically restrained because of her aggression and said she felt that nobody understood what she was feeling. Her behavior deteriorated; she tried to kill herself several times. Juna was admitted to a hospital psychiatric institute, and tried to kill herself again. She said she felt no hope for her future. She again became physically aggressive with staff who repeatedly restrained her. Charges were again filed against her and she was transferred to a detention facility.

Juna eventually was released back to foster care, where she repeatedly fled and wound up on the streets with other homeless youth. She continued to abuse drugs and alcohol, engage in self-inflicted injury and promiscuous behavior. At age 19, she was homeless, unemployed, uneducated and pregnant. At age 20, she successfully completed suicide.

What if we could roll back the clock to where Juna was a child who was still living with her family in a society that viewed trauma in a different way? Let's imagine that Juna had a teacher at school who noticed that she seemed to be feeling disconnected and lonely and this teacher reached out to her. Let's imagine that this teacher built a trusting and safe relationship with Juna and that this relationship continued as Juna went into foster care. Juna would have looked up to this teacher and sought her out for guidance. The teacher would have provided a safe place for Juna to share her feelings and supported her going to therapy to help her further address some of her feelings she had about what happened to her. Juna would have learned

that her abuse does not have to define her or consume her life. Juna would also have developed a trusting relationship with her foster parents and felt they did not judge or blame her for her situation and seemed genuinely interested in who she was as a person. She would have felt they saw her for who she was; that she was more than her abuse. Juna would have learned in school and through the media that traumatic events sometimes happen to children, but it is never their fault. Juna would see in movies and commercials adults who had similar experiences as hers and they were thriving in life; their abuse did not define them. She would have learned in conversation from others a few strategies to cope with what happened to her. Juna would feel hopeful for her future and had several options about what she wanted for herself in life.

Juna would have gone on to graduate from high school and remain in foster care until she was 18. She would have received transitional services for youth and further crisis and treatment intervention services from her local mental health centre. She could become involved in a peer support and advocacy group which further supported her recovery. Juna would have went on to graduate from college and is a healthy member of our society (Adapted and modified from Ohio Legal Rights Service, 2007).

I shared this story to demonstrate the difference that can be made based on how we view trauma in our society. I am interested in deconstructing how our society and mental health system constructs and treats emotional trauma. I worked in the children's mental health field for over 25 years and repeatedly witnessed the shame, isolation, and individualistic approach to healing. I witness the blame, the debilitating identity of being a "victim of trauma" where one is often designated to a life of wounded-ness and illness. I witness the excitement of brain science, and how the plasticity of the brain can heal itself (Perry & Szalavitz, 2006), or not, and contribute to a lifetime of emotional, behavioral and medical symptoms and diagnoses (Felitti et al., 1990). I witness the individual focus on "resiliency", where humans are encouraged to respond and cope mostly from within.

Chapter 1, in this dissertation, starts with a story that I wrote (but was adapted from another source) to orient the reader to the enormous complexities of childhood trauma, but also to the potential differences that can take place for healing, at both an interpersonal and intrapersonal level. The reader will then learn that this dissertation follows the Social Constructionist stance throughout, including how the literature review was conducted and the methods used for the data collection and analysis. The rationale for conducting this research is discussed after this, followed by the research questions.

"All of these lines across my face tell you the story of who I am. So many stories of where I've been, and how I got to where I am. But these stories don't mean anything when you've got no one to tell them to" (Carlile, 2007, track 2). Brandi Carlile sings these words in her song, "The

Story”, and emphasizes the relational importance that we connect to our stories. This research is about trauma stories and how we create space for alternative trauma stories through relationships and dialogue that are not rooted in the dominant discourses of trauma. The dominant discourse on trauma constructs a story about trauma that creates a binary categorization of the participants of “perpetrator” or “victim”. A story that constructs the victim as wounded and damaged. We often attribute blame and shame to both parties, stating that perhaps it may have occurred because of where the victim was located at the time of the traumatic event, or perhaps what they were wearing; that they weren’t “careful” enough. The “just world” phenomena states that we attribute blame to help us come to terms with our fear that the same thing could happen to us (Lerner, 1998). We blame the victims and state that they had some control over the event so that we can assure ourselves we would never be in a similar situation (Lerner, 1998). We live in a world where the person who has experienced trauma is seen through a deficit-based lens, where we focus on how the trauma experience has impacted them in a negative way, and how they live in distress, and then blame them for their subsequent behavior which is the response to their experience. We give them labels and diagnoses to describe their “symptoms” in an orderly and categorical manner, often seeing the behavior as part of a mental health disorder, often losing sight of the trauma experience, the resilience they showed in living life before, during and after the event as well as the resistance they likely repeatedly demonstrated, even if only in their own minds, to resist the oppression and violation. It is time to examine the limitations of the current dominant discourse of trauma we hold in society, and provide more space for what might emerge in a somewhat different discursive context.

The dominant discourse about trauma tells us that we have to be very careful or it could too happen to us. I recently received an email from a relative about all the ways to escape if I am ever abducted or robbed at gunpoint. I read which body parts to attack, in which direction to throw my purse, how to punch out the tail lights and wave my arm out of them if I am ever locked in car trunk. At first I was scared reading these things; I felt my heart race, just imagining how frightful this would be for me. Then I assured myself this would rarely happen, despite putting myself in “dangerous” situations. Then I couldn’t help but wonder how many of these messages I have received over the years about how to keep myself safe. I learn every year how to minimize my chances of getting the flu (get the flu shot, wash my hands with soap frequently, sneeze into my elbow/sleeve). I learn how to ensure I don’t contaminate my kitchen with bacteria that can cause my family to become sick when preparing raw meat. There are public health campaigns about these things, among many others, such as wearing seatbelts, don’t drink and drive, don’t text and drive. I have never received any information from public health, the media, or any practitioner on how to keep myself from experiencing psychological trauma. No one spoke to me when I had a baby 16 years ago about how to keep her safe from psychological trauma, or what to do to mitigate the effects if she experienced it. No one said

that if it happened, in our society it is tied to shame deeply, and not talked about inside or outside of the family. Yet this happens. We all seem to know about the stigma attached to psychological trauma. How does this story about how we respond to trauma get spread in our community? We learn it isn't talked about. We are silenced as children when we innocently raise topics so that we learn what is to be kept in whispers and shame and what is acceptable socially.

We know that trauma is universal, pervasive and common in our society (Klinic, 2008), and that some social service organizations are using a trauma screening tool to assist practitioners in determining a potential connection between a traumatic experience and presenting symptoms. The trauma informed movement's premise (reviewed in Chapter 4) is that if a traumatic experience (as defined by the client) is connected to the reason the person is seeking help and services, that the trauma should be treated using a trauma specific best practice method (Substance Abuse and Mental Health Services Administration[SAMHSA], n.d.). This is a process considered to be innovative for our community province, country and field of children and adult mental health (Thrive Initiative, n.d.). What would happen if we also asked questions during the trauma screening questionnaire that created space for all people in the intake meeting (including the practitioner) to perhaps create a different story that went beyond being a person who is suffering symptoms of trauma? Could we "alter their relationship with their own history?" as Michael White asked (White & Epston, 2000, p. 36). Could the meaning of trauma be altered?

Then, what if the story led to a relational or collective context? What if healing involved connection and feelings of belonging and care within a community?

Silenced is discussion of the historical and cultural processes of meaning-making, processes that define what counts as a problem and solution. Attention is removed from the cultural surrounds contributing to states of anguish. We cease to focus on the co-active process from which the meaning of life events is derived. Minority voices go unheard, and the capacities of people together to foster resiliency are undermined. (Gergen, 2009a, p. 281)

What would the community be like if we made space for all voices and for the co-active process? How would social service providers respond and alter their services in such a community? "As we generate meaning together we create the future" (Taos Institute, n.d.). As Ken Gergen says, "it's a tall order, but it's worth living for" (Gergen, 2010).

The Orientation of this Dissertation

This dissertation follows the expectations and standards from the Taos Institute and follows a Social Constructionist orientation. It was written in a monograph style within a constructionist framework which is different from a generally scientific orientation. The Social Constructionist orientation for a dissertation is commonly completed in a monographic style, and values and emphasizes the roles of relationships, language and discourses. It tends to be more narrative and personal in reflection. Research from a Social Constructionist orientation is described as a relational process (McNamee, 2010) that is co-constructed or co-created with the participants, where they edit your work, and where the researcher's questions and the interview process influences and shapes the story being told. In this dissertation, we look for what possibilities exist in the other stories beyond the dominant discourses. We focus on the role of language and the meanings it can produce, which open the possibilities to new actions and new realities. Language provides the words and meanings but they are defined, interpreted and constructed by us. The Social Constructionist orientation examines the construction of concepts and looks for new possibilities that will create new meanings for people together.

Typically, in general, research focuses on producing predictable outcomes and is often conducted in a stable environment. Truth can be reached in revising and editing the outcomes over time. The Social Constructionist orientation sees all inquiries as "viable forms of relating yet none are viewed as ultimately truer than another" (McNamee, 2010 p. 18). Social Constructionist research generates new ways to look at things through a new understanding of what is going on. In the research, the inquiries are open to hearing all the voices that may not align with the dominant discourses. Social Constructionist research cannot be entrenched into one theory or way of being but must be open to explore all possibilities so that nothing is discounted. There is no one way, no right or wrong way of doing something or of being. That said, Social Constructionist research is not an "anything goes" attitude either; choices, decisions and reasonings must be accounted for and explained. "From a constructionist stance, traditional research (i.e. the scientific method) is viewed as one discursive option for conducting research-but not the only one" (McNamee, 2010, p. 9). The subsequent chapters in this dissertation approach the literature review and research methods (orientation, data collection, data analysis) and conclusions from a Social Constructionist stance.

Rationale for this Research: What difference could re-constructing trauma make?

I can't help but think about the difference we might make in my community regarding how we construct trauma and focus on healing from it. I know about our individualized approach in treatment and perspective of trauma, and became curious about what a collective approach to

trauma might look like in our community. Would it make a difference to some of the populations “suffering” in our community? Could it make a difference in how we engage in conversation with each other, and with people receiving community social services. I wanted to further think about the impact of removing some of the shame and blame and examine what difference language could make on identity, and the conversation. What would it take to start to shift some of this? I wondered as well about the Appreciative Inquiry approach and have watched some folks in our community use this in other endeavors. Could we use it to guide our conversations about trauma? I became interested about this because of the possibilities- we might be able to discover opportunities with the folks who engage in our services as practitioners. Opportunities to co-create a different future for us and future generations about how we treat others who have experienced trauma. What would our community look like if we took a collective approach? I considered who may benefit from this, but also who may not benefit. I live in a fairly conservative community as far as traditional morals, values and beliefs go, that holds a fairly dominant white, middle class, patriarchal perspective to most things. Practitioners are invested in how damaging trauma is, how complicated treatment is, how it must be evidence-based in order to be effective and possibly even ethical to use. Do some practitioners need sick, wounded, victimized people to have as ‘clients’ who pay them for their expertise and compassion? What would their response be if we held conversations about a collective approach to trauma, where the resilience and strength of the person who experienced it was emphasized? What if practitioners and friends, family, or any community member could help shift the story away from the dominant discourse to one that opened up new alternatives and growth for people? What role would practitioners play if the story, and an emphasis on possibly co-creating a different one, happened collectively, as a community? Our practitioners would work together, as a collective, instead of individually, in efforts to help folks feel connected to each other, and to their community. How would this approach work for the private practitioner, who is usually in private practice because of their niche, expertise and desire for flexible, part time work hours?

We typically link the term mental “illness” with terms like “suffering”, where the practitioner’s sole purpose is to provide some relief from that, whether it be from medication, therapy or other “alternative” practices.

We’re also taught that some patients are committed to their symptoms because of a neurotic addiction to misery or self- pity, or because they like being in the victim role, or because of secondary gain, such as getting attention from others. Practitioners are trained to think of symptoms as bad, pathological artifacts that need to be eradicated. Because we have such a strong sense to jump in and help...we have a hard time imagining that symptoms often serve a real, even honourable, purpose in a patient’s life. (Burns, 2013, p.5)

James Robinson's (1998) research focuses on how certain types of abuse violence, sexual violence, incest, and sexual harassment may contribute to feelings of disenfranchisement and reviews strategies that help the liberation and healing process. The author contends that "victims often do not have access to the material and discursive resources necessary to reverse the stigma associated with the causes of disenfranchisement" (p. 104). Robinson further points out that the media and a host of institutional practices contribute significantly to this process and that only through communication can changes be made. "These changes need to be made on a variety of different levels, as the contributory factors occur from a number of sources and levels ranging from intrapersonal to social." (p. 104). Robinson is looking at the complexities involved in stigmatization and the healing process from a Social Construction lens. What does trauma treatment and healing look like when we consider some of the intrapersonal and societal factors that contribute to the dominant discourse of trauma?

These questions point to the significance that the dominant discourse of trauma can have on us as individuals and collectively, as a community and society. What happens if trauma was re-constructed where the isolation, shame, blame, victimization were not given space, and instead resilience, a sense of belonging and connection, and a strong sense of agency were provided with more space? What would be generated?

The Research Questions and Outline of Dissertation Chapters

Given the dominant discourse of trauma described above and the impact on one's sense of self, hope and belonging, as well as the potential for a reconstructing the concept of trauma, three research questions have emerged that focus the attention of this research on exploring alternatives to the dominant discourse of trauma and to the possibilities that exist from these alternatives.

- 1. How do we shift the story about trauma that people hold when it is rooted in the dominant discourse of trauma and based on individual and deficit-based perspectives to one that instead can provide alternate stories, meanings and identities that engage the Resilient Voices as well as involve the community and relational context?**
- 2. What discursive context dimensions are involved in how we co-create an alternate story that people hold about the trauma they experienced?**
- 3. Could we generate a tool that is resilience and strength based, as well as aligned with the concept of post-traumatic growth, to help those listening to a story about a trauma experience hear all aspects of the story (i.e. both the pain and impact as well as the resilience, growth and hope for the future).**

As stated earlier, the framework used in this dissertation is a Social Constructionist orientation. The words and concepts explored in the chapters below emerged from my experience, the data and subsequent focus groups. They are the common words and concepts we use in society when we think about and talk about trauma and align with my experiences as a practitioner in the field of trauma. There are many other concepts and words that are associated with trauma that are not included in this dissertation due to the need to focus the scope on the stories about complex childhood trauma and healing.

It should further be noted that I did not start with a conceptual framework but tried to create one. I had some ideas about which concepts might guide this work in creating a re-construction of trauma and reviewed these briefly in the literature review chapters. They ended up being relevant to the data and Story Shifter Framework that was generated.

The dissertation is presented as a story, and is not meant to integrate the citations in the text in a more vertical or coherent way. The citations in this dissertation are meant to support the story and contribute to the story at certain moments but are not meant to integrate any coherent structure. According to Bruner (1986), there is a division on the two ways to construct knowledge. One is referred to as paradigmatic knowledge which is based on universal abstract models of reality. The other is narrative knowledge, which gives sense to the world by telling stories about it. Narrative inquiry collects events and happenings as its data and employs analytic procedures that are narrative to produce explanatory stories. This dissertation's literature review is mainly based on narrative knowledge that makes sense by telling the story of the trauma discourse (not about trauma but the discourses about trauma). However, there is a paradigmatic knowledge in the Story Shifter framework. This dissertation combines both types of knowledge. This is how the citations are approached. A brief review of the chapters follows.

Chapter 2 in this dissertation focuses on an introduction and brief summary of Social Construction, including its' orienting principles and what trauma and the treatment world might look like from this approach.

Chapters 3, 4 and 5 focus on a literature review on the following topics: complex childhood trauma, narratives and story-telling, and collective/community storytelling and healing. I engaged in a literature review that provided me with more information on the topic of trauma. I was conscious however of not using a scientific trauma literature review that aligned with the dominant discourse of trauma in formulating my research questions or interview questions as I was searching for alternatives to the dominant discourses of trauma and these alternatives. I wanted my research questions to reflect this.

Chapter 3 examines trauma from the dominant discourse of mental health and trauma, including definitions, post-traumatic stress disorder and complex childhood trauma. This is reviewed to orient the reader into how trauma is embedded in our society, and some of the more political, social, cultural and historical aspects of it. Chapter 4 reviews other voices in trauma discourses, which are not quite aligned with the dominant discourse but also are not fully alternatives either in that they still hold some components of the dominant discourses. These include the trauma informed movement as well as the concepts of posttraumatic growth and resilience. These approaches or concepts are included because they provide an emphasis on what may be of value in an alternative approach to trauma as well as provide some indication of how the dominant discourse of trauma may be evolving to include other voices or perspectives. Chapter 5 reviews the power of story-telling and relationships as well as reviews the perspective of Narrative Therapy in how stories and identity are connected. Chapter 6 talks about public testimony and the collective story telling approach that can help shift stories within a community or country, to help heal from mass traumas and move forward to the future where new possibilities can emerge. Chapter 6 also reviews the power in connection to each other and the role of empathy as a pathway to that connection.

Chapter 7 reviews the research in action, the methods and rationale chosen for this dissertation as well as an introduction to A Listener's Guide and the Victim, Resistant and Resilient Voices. This Chapter further reviews the role of the researcher in the interview and procedures and best practices from a Social Constructionist orientation.

Chapters 8 and 9 reviews the data from the first set of interviews in the context of the voices listed above. Chapter 10 reviewed the data from the second set of interviews and the Story Shifters theoretical framework that emerged out of this. Chapter 11 discusses what meaning the Story Shifter Framework holds for various members of our community and society, through individual interviews and focus groups that were held. Chapter 12 discusses the potential applications of the Story Shifter Framework, limitations and possibilities for future research.

This chapter introduces the reader to a story of complex childhood trauma, reviewed the orientation of the dissertation from a Social Constructionist stance and described what this looks like, provided a rationale for the research, and introduced the research questions and briefly outlined the focus for each chapter. The next chapter introduces the reader to the Social Constructionist stance and examines what it means in terms of how the world is viewed and the focus on dialogue, language and relational activity.

Chapter 2

Social Construction

In this chapter, the Social Constructionist orientation as well as the meaning it can provide in our lives will be reviewed. The Social Construction approach is central to the research outcomes in this dissertation, as both speak to the potential shifts that can be generated through social interaction.

Constructionist theory and practice locates the source of meaning, value and action in the relational connection among people. Through our shared constructions of the real, the rational and the good, communities are formed and way of life secured. New ways of life can also be envisioned and created through relational processes. And when communities conflict, it is also through such process that peace may be restored. It is through relational processes that we create the world in which we most want to live and work.

(<http://www.taosinstitute.net/theoretical-background>)

People, through social interaction, create meaning together, which leads to action.

The start of Social Construction development cannot be traced back to a single point or source (Burr, 1995). It has a number of North American, British and Continental writers and influences from over 30 years ago. The shift to Social Construction in society partly occurred over time as we moved away from beliefs in the church and a creator, who held one's destiny, towards a more individual focus where thoughts were independent from the church. With this shift, individuals saw themselves as separate from each other and as isolated beings within the social context (Sampson, 1993).

Social Construction today continues to develop and expand as a valuable and alternative lens, especially in the social sciences. Whereas traditional psychology explains social phenomena as coming mostly from inside the person (attitudes, beliefs, motivations etc.), and sociology traditionally explains social phenomena through social structures in society, Social Constructionism explains human behavior and social phenomena through the interactive process of two or more people and the meaning of language. The individual and reality are socially constructed through language. Kuhn (1962) proposed that "knowledge within any discipline depends on a shared commitment to a paradigm" which "precedes the generation of knowledge" which are generated through community and relational activity (Iversen, Gergen & Fairbanks, 2005, p.5).

Social Constructionism pays attention to the historical, cultural and political ways that

knowledge is generated and sustained. For example, gender can be seen as being socially constructed. Yes we are born with biological parts that someone categorized as male and female but then our culture, politics, history and language further determined what it means in our world to be a male, and female. Little girls and little boys are dressed and raised in very different ways, in most cultures, with different expectations, values and belief systems rooted in the dominant discourses around gender. Given the influences of these factors of culture, politics and history, what gender means in a certain community is very different from what it means in other societies, where there are more than two identities other than “male” and “female”, and they account for the meaning that we each ascribe to our gender. The Ministry of Education in Ontario released a revised sexual education and health curriculum for each grade in February 2015, and some community members and parents are upset that what will be taught to their children about gender does not fit with their experience of it. Children in elementary school will now be taught that in some cultures, and for some people, they do not identify as male or female, and instead now have the choice of other gender categories, such as transgendered. People have had their life taken from them due to other people’s beliefs that there are only two genders, and due to our intolerance for difference and stigma around gender identification, as well as sexuality. A Social Constructionist would argue that gender identity and sexuality are socially constructed

The cultural and intellectual basis that Social Constructionism has developed is usually referred to as “post modernism”. Post modernism can be defined as “the rejection of grand narratives in theory and the replacement of a search for truth with a celebration of the multiplicity of perspectives” (Burr, 1995, p. 185). Post modernism historically referred to the intellectual movement in art, architecture, literature and cultural studies. “Post modernism is a rejection of both the idea that there can be an ultimate truth and of structuralism, the idea that the world as we see it is the result of hidden structures” (Burr, 1995, p. 13). There can no longer be “one truth” or body of knowledge for which to view the world.

What does this mean for “personality” or “behavior” or even our own sense of agency? The Social Constructionist views these as situation specific or context bound, in that our “behavior will vary depending upon the role we are currently occupying or playing” (Burr, 1995, p 25). The “personality” can be seen as being socially constructed, in that it exists between people instead of within them, and that words/language provide the meaning to this. “We create rather than discover ourselves and other people” (Burr, 1995, p. 28-29). So in essence, people are *constructed* through language. “The way that language is structured therefore determines the way that experience and consciousness are structured” (Burr, 1995, p. 35). Structuralism can be defined as “the belief in and search for explanatory structures, which are held to give rise to the ‘surface’ phenomena, of for example, society or human thought and behavior” (Burr,

1995, p. 185). So language can be seen as a social phenomenon in and of itself. With language and identity not being “fixed” or stable but in a constant state of flux, we are constantly constructing and reconstructing ourselves. If we want to explain something, we should look to the linguistic space and social realm. (Burr, 1995). This also means that our experience can potentially hold many different meanings or constructions, since meaning is provided through language and is constantly changing. “If language provides the structure and content of our thought, then in a fundamental way, what we say is what we think” (Burr, 1995, p. 44). Language and thought are not separate or just influence each other, but language provides the basis for our thought. The image below about reflections in a mirror being potentially social constructed illustrates how what is socially constructed can become a reflection or ourselves.



“A discourse refers to a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events” (Burr, 1995, p. 48). Each discourse tells a different story and is a different way to view the world or

event. Our “attitudes”, “personality”, “opinions” and “beliefs” are not a reflection of our individual inner world, but are more a reflection of the discursive culture that we inhabit. To take this one step further, our identity is constructed out of discourses that are culturally around us, and arises out of interactions, language and dialogue with others. This leaves some interesting options available when we tell a story. There are a variety of “alternative discourses”, and each can offer a different vision of the story. We can choose any of these options, which further influence our constantly evolving identity. Discourses are “practices which form the objects of which they speak” (Foucault, 1972, p. 49). A discourse provides a way of interpreting the world, giving it meaning, making it “real”. Yet we seem more prone to certain identities and stories and find it challenging to tell an alternate story. This concept holds high relevance to this dissertation, as we are looking at the stories people hold about the trauma they experienced. Some people see their childhood trauma as an event that happened to them; others see it as a life changing event that consumes their identity and becomes the ‘soul of their life’. The meaning that we give to childhood trauma events provides the story, which contributes to our identity and how we see the world.

Foucault, the French philosopher, is known for his work that examined the influence of social, political and cultural structures and practices that are constructed into how people view the world. He created an interesting perspective on knowledge, power and control in society (Foucault, 1972). He argues that knowledge is power over others, the power to define others using social practices and structures. Discourses offer a framework to “assess” or “measure” our and other’s behavior and experience. This discourse is tied to social structures and practices in a way which masks power and power relations. Knowledge creates classifications, categories, and divisions, which allows a population to be controlled. Behavior can be defined as “sane” or “insane” in this way. This creates an atmosphere where people end up policing their own behavior to fit in the desired categories or divisions. Science can further be used as knowledge to “back up” or provide evidence of these categories, divisions etc. Foucault believed that discourses were unpredictable, which meant that the future remains unpredictable as well. Foucault is also credited with using “archaeology of knowledge” as a method of analysis, where conditions can be uncovered that contributed to a certain discourse or knowledge that emerged. In this way then, we can understand the “origins” of our current ways, which help us to further understand ourselves. This can also give voice to previously marginalized discourses, voices of resistance that challenge the dominant discourse (Burr, 1995). This of course is important to us so that we can learn and grow, move forward, not get “stuck” and learn alternate “stories”, truths or realities. Power and resistance go together in this way then in that where there is power, there is resistance! This is where the possibility for social and personal change lies. “The process of constructing and negotiating our own identities will therefore often be conflict ridden, as we struggle to claim or resist the images

available to us through discourse” (Burr, 1995, p.76).

What about agency? When some people dialogue about Social Construction, they question if the above means we have no power, choice or control; that we are merely socially constructed beings at the influence of the societal environment. But with the connection of power and resistance, we are constantly engaged in active thinking and exploring, making choices and decisions that may or may not align with the dominant discourse, or our identity of the moment (Sarbin, 1986). We also use language to create the desired identity demonstrated to others, which can provide a positive effect for us in society. So we manipulate discourse for our own use, to meet our own ends. Words are constantly changing; they are not fixed and are context dependent. This again is relevant to the discourses in trauma, where the dominant discourse leads one to believe that their identity, as a result of the trauma is fixed and stable, not in flux or where it can be shifted depending on the discursive context. When we tell a story, we are selective in what is said, what words are used; we “craft our tale” according to themes that align with how we see ourselves, others and the society (Gergen & Gergen, 1986). We unconsciously omit details, gloss over them, and do not see them as relevant if they don’t fit with our theme. Furthermore, our narratives are embedded in historical, social and political context (Gergen & Gergen 1986). This dissertation is looking at the aspects of the discursive context, which are rooted in the historical, cultural, social and political context, as having dimensions that can be drawn on to help shift the story and identity for those who are stuck in their trauma story (i.e., where it defines them and is preventing them from being able to move forward in their life and future the way they want).

The concept of “positioning” can contribute to how we understand the process of a person being socially constructed. There are multiple interpretations possible for words spoken. Discourses address us as particular kinds of persons, which can’t be avoided, but as we learned earlier regarding agency, we have a choice to accept or resist them. If we accept it, we are often stuck in that discourse. If we resist, then new possibilities emerge for us, and others. We could instead re-cast a theme or problem at a societal level, instead of individually, and new discourses and views emerge. In this way, we are a negotiator of our own identity (Davies & Harré, 1990).

Orienting Principles of Social Construction

Ken Gergen of the Taos Institute constructed the following orienting principles in an effort to present some sort of a framework to collectively present the approach of Social Construction. He cautions us to “resist the temptation” of viewing these as a final conclusion and instead

invites readers to “elaborate, amend, or question”.

We live in worlds of meaning. We understand and value the world and ourselves in ways that emerge from our personal history and shared culture.

Worlds of meaning are intimately related to action. We act largely in terms of what we interpret to be real, rational, satisfying, and good. Without meaning there would be little worth doing.

Worlds of meaning are constructed within relationships. What we take to be real and rational is given birth in relationships. Without relationship there would be little of meaning.

New worlds of meaning are possible. We are not possessed or determined by the past. We may abandon or dissolve dysfunctional ways of life, and together create alternatives.

To sustain what is valuable, or to create new futures, requires participation in relationships. If we damage or destroy relations, we lose the capacity to sustain a way of life, and to create new futures.

When worlds of meaning intersect, creative outcomes may occur. New forms of relating, new realities, and new possibilities may all emerge.

When worlds of meaning conflict, they may lead to alienation and aggression, thus undermining relations and their creative potential.

Through creative care for relationships, the destructive potentials of conflict may be reduced, or transformed.

The preceding understandings do not constitute beliefs. They are neither true nor false. They are ways of approaching life that, for many, hold great promise. (Retrieved from <http://www.taosinstitute.net/theoretical-background>)

We live in a world that is socially constructed where society’s values, beliefs, morals and language strongly influence social interactions, one’s identity, politics, practices/behavior, religion, economics etc. An example that I recently experienced in my job at the school board involved a group of social workers (who worked for the school board with students), discussing and grappling with an ethical dilemma and legal obligations. A 17 year old student informed her school social worker that she will not be at school the next day because she was having an abortion. The social worker consulted this group of peers to question whether or not she had to call the parents/guardian of the student, given the medical “risks” of the abortion procedure. I listened to the debate for what seemed like a long time, biting my tongue. The social workers debated about respecting the “rights” of the student regarding confidentiality as well as the “rights” of the parents. What was the social worker’s obligation here, given the “risks” of the abortion? I finally piped in. I asked the social workers what they would do if the student had

said she had a dental appointment, instead of an appointment for the abortion. I stated that the risks were similar medically. After all, we are not living in a third world country or one where abortions are illegal and done “underground” where there are serious health risks. The abortion was occurring in a hospital, by a doctor. The procedure was referred by another doctor who medically approved it. Was the social worker questioning the procedure medically? Would she do the same if it were a dental procedure that the parents didn’t consent to or know about? Hence, my point is that our world is socially constructed in that the issue with the abortion wasn’t about the medical procedure but about the ethical debate that historically, politically, culturally and socially exists in our Western world regarding this.

There are many philosophers whose beliefs and orientations align with the Social Construction principles mentioned above. This chapter will not review them as it is beyond the scope of this paper. However, Wittgenstein’s work and beliefs will be briefly discussed in an effort to demonstrate at least one philosopher’s thinking regarding relationships and language. Ludwig Josef Johann Wittgenstein was an Austrian-British philosopher whose work reflects logic, the philosophy of mathematics, the philosophy of mind, and the philosophy of language. He published one thin book (apologizing for its brevity) *Tractatus Logico-Philosophicus* (1921), (as well as one article, one book review and a children's dictionary). “His voluminous manuscripts were edited and published posthumously. *Philosophical Investigations* appeared as a book in 1953 and by the end of the century it was considered an important modern classic” (“Ludwig Wittgenstein”, 2015, para. 1)

Wittgenstein’s *Tractatus* aims to reveal

the relationship between language and the world: what can be said about it, and what can only be shown. Wittgenstein argues that language has an underlying logical structure, a structure that provides the limits of what can be said meaningfully, and therefore the limits of what can be thought. The limits of language, for Wittgenstein, are the limits of philosophy. Much of philosophy involves attempts to say the unsayable: “what we can say at all can be said clearly”, he argues. Anything beyond that—religion, ethics, aesthetics, the mystical—cannot be discussed. They are not in themselves nonsensical, but any statement about them must be. (“Ludwig Wittgenstein”, 2015, “Publication of the *Tractatus*”, para. 3)

Wittgenstein is often respected by those studying the approach of Social Construction, given his focus on language and theories about psychology or the ‘mind’. “Facts are in logical space and independent of one another and can only be stated or asserted...whereas things exist, are in space and time and have properties such as hardness, colour, etc.” (Heaton and Groves, 1994, p. 35). We can picture facts and these pictures can be mirrored in language, as is our way of life he stated. Some of Wittgenstein’s concepts or philosophical thinking that intrigues this writer

include:

- “There is no “I”, no ego or subject, that stands alone in the world and sees and thinks and confers on what it sees and thinks. But there is a language of thought, and “I” is the formal point of reference for it.” (Heaton and Groves, 1994, p. 49)
- “When one sees the world rightly, one understands that there is no “psychological self” which thinks, believes or feels. Psychological states are altogether part of the world, in so far as they are describable. They are bare facts...but happiness is not a state of mind...so there are no physical or psychological criteria to distinguish between happiness and unhappiness. It depends on my realizing the limits of the sense of the world, and not on any facts.” (Heaton and Groves, 1994, p. 52)
- On being told that someone had given up working on his PhD as he had decided he had nothing original to say, Wittgenstein stated that “for that action alone they should give him (her) a PhD!” (Heaton and Groves, 1994, p. 81).
- “Language is a poison that can be used to seduce, mislead and bewitch us, but it can also heal, as when we speak truly” (Heaton and Groves, 1994, p. 91)
- “Wittgenstein was concerned not so much with knowledge as with clarifying the language games weaving the inner to the outer” (Heaton and Groves, 1994, p.151)

Critiques of Social Construction and the Counter Arguments

There are many critiques of Social Constructionism (Nightingale & Cromby, 1999) such as having space for all truths and focusing on language and relationships. This section will briefly review some of them to alert the reader to the mainstream thinking that often faces Social Constructionists. In their book *What's Wrong with Social Constructionism*, Nightingale & Cromby (1999) argue that Social Constructionism fails to consider embodiment, materiality and power for the most part and focuses too exclusively on language and discourse.

The intense focus on language and discourse has served Social Constructionism well so far, and determined efforts to deny the significance influences “beyond the text” were perhaps strategic necessities in the earliest phase of constructionism’s development. However, such strategies have outlived their usefulness and are now causing more problems for constructionism than they solve: the discursive turn is threatening to become a discursive retreat. (Nightingale & Cromby, 1999, p. 14)

The authors speak of the discrepancies within Social Construction theorists and perspectives from the view that Social Constructionists should all agree on the same theories, positions and

philosophies. Perhaps they fail to understand that it is these very discrepancies that make the Social Constructionist approach so appealing to many of us, in that there are multiple realities and no one “right” way to anything. Granted that the authors published this work in 1999, perhaps when the Social Constructionist approach was evolving rapidly. Many people seem to overlay their Western values and ideals, such as knowing and attaining one Truth, and one way, until science, proven under a rigor, provides another Truth. Our survival depends on knowledge of how the world works and we want “accurate” theories to help us account for our experiences and observations. And it is through our words and language that we provide this Truth, or the account of how the world works. Our words make it real. The Social Constructionist has a much higher tolerance to hold many truths, and not need one Truth to account for personal experiences in the world while dismissing other truths. There is choice in the truth we ascribe to. We do not believe in one Truth nor believe that the Social Constructionist approach holds the “right” truth or way to be in the world. “Thus we find steadily mounting suspicion of the objective truths of science, or of any other group that proclaims the truth of its language” (Gergen, 1991, p. 94). Gergen further states that “...it is not the “real world” that determines scientific description and explanation, but rather social processes within science and society” (1991, p. 93).

We believe that one Truth provides benefits to certain groups of people, and tends to oppress or minimize other groups, and their voices. The Social Constructionist strives to provide space to hear all voices and believes that it is only through relational activity that this can occur. We want everybody to be part of the dialogue. We don’t discount “mental processes”, the individual or the mind, but rather see these concepts as socially constructed. We know that people have multiple identities and what emerges is related to the relationship and context at that moment. We believe that meaning is co-created through our use of language which provides a story to reflect our experiences, and how we are rooted in our word, accounting for culture, history, politics, language etc. Words create and reflect our world. Language is a product of our relationships and the Social Constructionist looks at how words inform the dominant discourses. This opens space to question the constructions and de-construct them in order to possibly re-construct optional accounts of what we have co-created.

Other critiques of the Social Constructionist Orientation that I have encountered is that it feels dismissive of the scientific approach which currently holds and has held a major role in how we view the world and what is generally accepted as the main way of being. However, at time, we need to have an agreed upon view and approach for many things in our society in order to live healthy, productive lives and have a sense of order and structure. We need some things to be stable and predictable, yet the Social Constructionist approach states that nothing is fixed and is always open to co-create change. However, when I go to the doctor, the scientific

orientation determines what is acceptable regarding a diagnosis and treatment, based on medical science and best practices that are rigorously tested. There are times when it is critical to have this as it can be a matter of life and death. We also need criminal laws, traffic laws and so on to provide a sense of order, to keep us from engaging in chaotic and panicked behaviours that can emerge when these structures are not present. Another criticism of the Social Constructionist orientation that I have experienced is that there is far too much focus on relational and social activity as the sole reason for how we are, what we know and discover in our world and how change occurs. Again, this can be seen as being dismissive or invalidating of other approaches that are not focused on relational and social activity yet contribute to significant changes. Perhaps a Social Constructionist would respond to this by saying that all approaches and orientations occur within a relational context yet sometimes these broad statements are not helpful to collaborative perspectives. As much as the Social Constructionist may protest that all theories and orientations are included or considered, it can still feel dismissive of these when it also promotes that all knowledge should come under question.

Social Constructionists speak about the need to be “bilingual” in that they need to speak the language of the dominant discourses that express the mainstream concepts yet hold open ways to engage in and co-create new paradigms and generate new knowledge. However, many Social Constructionists find this challenging and at times are unable to learn to live with tensions that can’t always be resolved. In my experience, Social Constructionists at times don’t always understand that perspectives and knowledge don’t have to always fall into one orientation or the other and that they often need to “support the tension”. A Social Constructionist cannot be firm in their beliefs since the focus is on generating alternative ways of being with each other and discovering new knowledge (Gergen & Gergen, 2008). This is a challenge and can be seen as another limitation of the Social Construction orientation.

Language and Terms: What do words mean anyway?

“For last year’s words belong to last year’s language. And next year’s words await another voice.” T.S. Eliot

Language is developed and sustained by social interaction and conversation. “Words are not mirrors that reflect a fixed meaning; they gain meaning as, and how, we use them. This includes the context in which we use them, our purpose and how we utter them (e.g., our tone, inflections, bodily movements, etc.)” (Anderson, 2012, p. 10-11). Dialogue is a two-way process, where we try to understand the “other’s meaning and language from the other’s perspective” (p. 11). The issue being discussed can be resolved through this process and transformation can take place because it is “an (inter)active, a responsive process (p. 11) which seeks orientation in the other. The words we speak do not reflect what is inside someone’s

mind, but “rather speaking and acting is an *embodied activity*. It is a performance and it is in that performance that we make our worlds (i.e., create our realities)” (Guanaes & Rasera, 2006, p.3).

Kuhl and her colleagues were studying language acquisition in infants and discovered the role of social experience in this (Bhattacharjee, 2015). It may seem obvious to a Social Constructionist of this role of social interaction in language acquisition but it was a fundamental change in thinking for the dominant way researchers viewed the brain. Kuhl and her colleagues use the term “social gating hypothesis” to explain how the “social experience is a portal to linguistic, cognitive and emotional development” (Bhattacharjee, 2015, p. 71). We can take this social gating hypothesis and apply it to the children who have experienced trauma in their home, especially from a caregiver, and conclude that the social interactions would be disrupted, they would be changed and different constructions would arise for the child about social experiences and interactions. Scientific research that is rooted in the dominant or mainstream field in brain science also demonstrates that the plasticity in brains early in life allows children to “overcome negative experiences” (Bhattacharjee, 2015, p. 76-77). An orphanage in Romania in 1989 was exposed with leaving infants alone in cribs for hours with minimal human contact (only to feed or bathe). Researchers, led by Charles Zeanah, were “stuck by the children’s aberrant and almost feral behaviors” (Bhattacharjee, 2015, p. 76) and showed no attachment to any caregiver. The children who were then placed in nurturing foster homes at the age of two showed significant improvements in caregiver attachment and other social abilities by age four. By age eight, their EEG showed brain patterns that were “indistinguishable from those of typical eight year olds” (Bhattacharjee, 2015, p. 76). Language is a relational and embodied experience.

I have in the last two decades given serious consideration to how we in the helping profession refer to those with whom we work. What term do I use and what connotations or meaning do they hold for all stakeholders involved? What is the meaning when we say “client”, “patient”, or “person with lived experience”? Do we use these terms to create a divide or separation from us as the profession? Do we have to differentiate them from us to protect our own identity? When I started this dissertation, I gave serious thought to just using the term “folks” since it doesn’t seem to create a distinction or separation between myself and others with whom I am working, and doesn’t seem to hold pathological or deficit based meaning as the words “client” and “patient” have come to hold?

I was grateful to read that I am not the only one struggling with the language we use in the Western World when we refer to those who are receiving services but also those who are providing the service. Dr. Remen (1999), talks about the differences between helping, fixing and serving, and how each represent different perspectives on seeing life. “When you help,

you see life as weak. When you fix, you see life as broken. When you serve, you see life as whole". "Helping is not a relationship between equals." (Remen, 1999, p. 1) A helper can set up an inequality in the helping relationship by seeing others as weaker or as needier than they are, with a risk of inadvertently diminishing their sense of worth, integrity or even wholeness. Serving others can provide a sense of re-newness, gratitude, by drawing on all of our own life experiences, whereas when we help, we become aware of our own strength. In fixing, we become aware and focused on our own expertise, potentially missing the wholeness in the other person, or we may not be able to "trust the integrity of the life in them" (Remen, 1999, p. 2). "We cannot serve at a distance. We can only serve that to which we are profoundly connected that which we are willing to touch. Only service heals" (Remen, 1999, p. 3). Remen's thoughts cause me to further reflect on those of us whose identity lies in being part of the "helping profession". Did we enter this field to "help others" or to "fix problems"? I've heard in my management training the concept of "servant leadership", but I've never heard any other professionals in the "helping" profession talk about serving. This is usually a term used in spiritual communities, with leaders serving their people, and members being "servants of God". Remen brings in the term "serving" to draw out our role in working with others from a place of our own experience, compassion and empathy, instead of strength and expertise. But if we are "servers", then how do we refer to those who are receiving our services? We need language to communicate and express ourselves, but our words and their meaning are socially constructed.

EEnet Connect is a web based community to bring together mental health and addictions stakeholders in Ontario. A conversation was started by S. Sliekers from March to April 2013 on the words we use to refer to the roles we have as staff as well as how we refer to "clients". The start of the conversation stated: "We struggle (in our organization) with terminology regularly, moving from direct care staff, front line worker, direct care clinician, residential counsellor, etc. and still haven't landed on anything, I'm interested if anyone else has!" There was quite an immediate flurry of responses, which reflect the consideration required when we choose our words and how we label those with whom we work in the helping profession. A few of the responses reflect this:

I wonder, though, why (some of) these terms weren't used instead of front-line workers? What was meant to be conveyed by 'front-line' that 'service provider' or 'direct care staff' misses? Perhaps the idea that these professionals are working tirelessly on behalf of our clients?

How about "Frequent Flyers"? I have heard this term used so many times in meetings. I think we should have a reward system in place then for these folks, since they are obviously not getting what they need over and over again. Shouldn't we then apologize and compensate

them for the service failure?

"Hard to Serve" one of the more disturbing ones I've encountered over the years.

With language, context is everything, so I think standardization can be tricky. One approach is to avoid labeling entirely where possible and talk about "the person providing a service", or "the person providing care" or "the person"...whatever it is specifically they are doing in that particular scenario. Of course this is easier said than done depending on the form of communication.

So essentially what we're trying to do here is create a label that isn't a label? Actually, better yet; we're trying to come up with neutral, universal, matter-of-fact/layman's terms to describe workers, clients and their interactions with one other without using a "cookie cutter". Does that sound about right or would someone put it another way?

I think the aggressive nature of the language used is a throwback to the times when we were fighting with everyone. I see it much like harm reduction in addictions, a more recently accepted shift from fighting to eradicate, to learning how to cope/manage/live with etc.

It can get mind boggling when you stop to think and familiarize yourself with all the nuances of the language we use for different contexts/issues. If we can each focus on one word a week (month? day?) to replace in our vocabulary, we become agents for change.

I think that what we need is a paradigm shift from that rigid authoritarian way of thinking you previously mentioned (fighting against) to a much more fluid/authoritative one. A mindset that says "We are here to help you, help yourselves, to teach us how to help others and in doing so; help the system itself.

As for a different term: Hmmm...how about something intuitive like "Agents of Change" or "Community Engineers"?

I agree with the previous post, much like the "War on Drugs" for example, we militarize, or add aggression into situation to imply a fight/battle vs. finding positive solutions, typically in a collaborative way. "Cancer" is re-thinking its use of the aggressive language, moving from the fight against, to learning to live with. It's a good lesson for MH (mental health) as we know it will be a life long journey. (Sliekers, 2013).

"Anyone who can be taken away in hand cuffs and drugged against their will is not a consumer" (State Public Systems Coalition on Trauma (SPSCOT), personal communication, March 24, 2013).

Another example of people paying attention to the meaning and power of language in the

helping profession is The National Collaborating Centre for Determinants of Health published “Let’s Talk About Populations and the Power of Language” in 2013 as part of their “Let’s Talk” Series. The resource was developed to help those in the helping profession be intentional about their choice of language, with the desired outcome being to have words that reflect and empower people and communities. The resource states that many people distinguish between population groups so that they can allocate resources and measure outcomes. However, this can result in the focus being on individuals or structures instead of on societal structures. They encourage people to be “intentional and careful” about our choice in language and to engage community members in conversations about language to keep “power dynamics in view”. “Being alert to the language we use is one aspect of altering discriminatory beliefs and changing practice to address unequal power relationships”. (National Collaborating Centre for Determinants of Health, 2013, p. 5).

As we can see from the various comments stated above and the Let’s Talk series, paying attention to the language we are using, when we are referring to ourselves as providers of services in the helping profession and when we are referring to those receiving the services has implications because of the meaning we have constructed for these words, and for the helping system in general. It is through conversations like the above that we can start to give further consideration to these implications, and generate alternatives that are better suited for all. Of course, a Social Constructionist would be sure to involve all stakeholders in such a conversation so that all voices could be heard and where oppression and power could also be acknowledged.

Summary of the Terms Used in Dominant Discourse vs Post- Modern Concepts of Trauma

I generated the chart below to reflect the language and general orientation that is used in various categories, as well as how these categories are seen or referred to in the dominant discourse of trauma vs a post-modern view, or a Social Construction approach. This view will be further elaborated upon, reviewed and discussed throughout the remaining dissertation.

Category	Dominant Discourse	Post Modern Concept of Trauma
Terms of Reference	Client or patient	Person, is all of us. There is no “them” or “us”. Trauma affects all of us
Roles	Survivor, victim, person with lived experience, system user, consumer	Story-teller and listener
Roles	Therapist as expert	Practitioner as story facilitator
Paradigm/Frame	Wounded, sick, damaged, maladjusted,	Resilient, growth-focused
Role of Self	Individual	Collective, community
Role of Community	Minimal, focused on social services	Resources, healing, role of bringing people together, taking action collectively, mobilizing
Emotions	Shame, blame, loneliness, hopelessness	Warriors, strength, resilience,
Techniques	Evidence based practices, trauma specific treatment, trauma informed services and communities	Culturally sensitive healing, the power of story-telling, unpacking, “double listening”, connection
Conversation	Didactic	Co-creative, generative.

		Language transforms the story
Impact of trauma	Symptoms, disorders, diagnoses	Responses to an experience, being part of the story, trauma does not define who a person is
Focus	Individuality, similarity. Past and present focused, coping strategies	Difference and diversity. Future and growth oriented.
Agency	Decisions made by “experts”, those in power/control/authority, or funders	Self-agency, decisions made together, regain sense of power and control
Recovery and healing	Individual. Belief that with painful hard work, experts and expensive resources, you can heal. Learn strategies to cope with the pain and symptoms of trauma	Collective, the community heals together, belief that the community has the capacity to heal. Options to choose the meaning of one’s trauma story, opportunities for shifting the story
Knowledge	Comes from experts, authority and research/evidence	Draws on and values life experience, knowledge is co-generated, continuously shifting and changing
Story	Story is “fixed” or set/stable, unchanging. The past remains unchanged.	Challenges grand or meta narratives, stories have meanings, and can shift depending on language
Outcomes	Poor prognosis, survivor status	Future can be shifted, new stories can be created, future is limitless
Identity	Identity is static, personality traits are “set” at pre-birth or	The person is multidimensional, dynamic, can be “inconsistent”

	early childhood and are difficult to change	in presentation/behavior. “normalizes” responses to trauma
Hope	Hope is internal, found within yourself	Hope is generated collectively
Language	Language is rooted in Western concepts and is not considered to impact the story, or session. Is deficit based-focuses on the problem, what’s wrong, what’s not working	Language reflects local values, culture. Is powerful in that it shifts the story and meaning. Language is carefully considered given how transformative it is

This chapter introduced the reader to the Social Constructionist stance in terms of a general orientation to this approach regarding how the world is viewed, the role of relationships and language. It also briefly included some counter arguments to the Social Constructionist stance. This chapter also included a chart that was generated from my own knowledge of trauma that compares trauma from both a Social Constructionist and a more traditional stance that aligns with the dominant discourse

Chapter 3

The Construction and Dominant Discourse of Trauma: Mainstream Literature and Experiences

During a literature review for a dissertation, the researcher typically selects a topic, consults the literature to learn more about the topic, and then adjusts their understanding and research question based on this review (Machi & McEvoy, 2012). However, in doing this, one can expect that most of the literature review will be rooted in the dominant discourse of the topic. It will embed the social constructs of that time period and for that field. Research conducted in this manner is at risk to further continue the dominant discourse rather than challenge it, or at least acknowledge it and consider alternate views.

The literature review from a Social Constructionist orientation includes literature from a variety of sources and can include those typical in a scientific review but also promotes the inclusion of other forms of review to allow for the opportunity to hear other voices and review literature that may not align with the Dominant discourses of trauma. This is the orientation of Social Construction and also of my dissertation.

This dissertation focused on the story of trauma, not on the scientific concept of trauma. The literature review therefore focused not only on trauma, but also on exploring other voices in trauma discourses and possible emerging alternatives. The trauma literature review oriented me on the construction of trauma in our society and helped me understand the role of shame and blame, and some of the impacts of trauma on child development. The narrative story-telling and collective trauma healing review provided me with the cultural, historical, social and political aspects of trauma and trauma healing, and rooted me in an orientation around identity and meaning of stories. The literature review helped me discover what to pay attention to in the data analysis, the voices I heard, and it allowed me to be open to hearing other voices not aligned with the dominant discourses of trauma.

I conducted an initial review of the literature on trauma to generate knowledge on what the existing discourses, frameworks and theories were on trauma. These were used to look at alternatives to generate the research questions as well as to develop of the interview questions that dug deeper into the alternative discourses. This literature review also helped me highlight what could be labelled as victim voices in the data analysis that aligned with the dominant discourses.

I also explored and reviewed the literature on story-telling and other narrative approaches to orient me to the role of stories in identity shifts. I examined the literature on collective and

community story-telling and their place in creating space for healing and social change. The power of connection and empathy in collective trauma was also reviewed as I wanted to explore the connection to individual trauma healing. These provided me with an alternative framework that opened the door and explored possibilities about the power of stories in trauma healing.

From the orientation described above, a literature review was initially completed to assist in formulating the research questions, as well as to inform the creation of the interview questions, and to prepare the researcher for her role in the interview and data analysis. A second literature review prior to the data collection and analysis also provided some added context regarding the dominant discourse on childhood trauma, as well as some alternative perspectives on Social Construction theory and the role of story-telling in society. In this chapter, we will first review the dominant discourses on trauma before reviewing the construction and evolution of trauma in the Western World. It is acknowledged that this review is not coming from a Social Constructionist approach but the review is valuable in showing us the mainstream society's perspective and approach to trauma. It demonstrates the cultural, historical, political and social aspects of the dominant discourses and shows us how the responses to trauma are created. In addition and true to the Social Constructionist approach, we do not just "dismiss" dominant discourses but look for alternative voices within the discourses as well as use any concepts that may prove relevant to generating alternative discourses.

This chapter reviews definitions of childhood trauma as well as the areas of impairment in childhood development typically associated with trauma. The binary positions of victim and perpetrator will be reviewed in regards to how this contributes to the dominant discourses in trauma. The stigma of mental health and the making of post-traumatic stress disorder along with a brief review of the concepts typically associated with trauma according to the dominant discourse will be reviewed in this chapter as well.

Definitions of and Impairments in Childhood Development from Trauma

Trauma is typically defined as an "emotional wound resulting from a shocking event or multiple and repeated life threatening and/or extremely frightening experiences that may cause lasting negative effects on a person, disrupting the path of healthy physical, emotional, spiritual and intellectual development" (National Child Traumatic Stress Network, 2004, p. 2-3). "A traumatic experience impacts the entire person – the way we think, the way we learn, the way we remember things, the way we feel about ourselves, the way we feel about other people, and the way we make sense of the world..." (Bloom, 1997, p. 5).

“Traumatic events happen to everyone; it is part of the human experience. Accidents, natural disasters, wars, family conflicts, sexual exploitation, child abuse and neglect, and harmful social conditions are inescapable. However, how a person responds to these circumstances is unique to that individual’s social history, genetic inheritance and protective factors that may be in the person’s life at the time” (Klinic, 2008, p.6). Although a Social Constructionist would acknowledge that the impact of trauma on a person, system or community would be connected to the meaning they ascribe to it, the Western view of trauma is oriented to an individualist perspective and typically speaks of “areas of impairment”. That said, complex childhood trauma occurs when a young person is in very critical stages of development, physically, emotionally, spiritually and relationally. Therefore, the impact of trauma for an adult experiencing an event is typically viewed differently from that of a child who is experiencing complex trauma, or repeated traumatic events.

In complex childhood trauma, the literature reports that

trauma can interfere with a child’s ability to think and learn and disrupt the path of healthy physical, emotional, and intellectual development. Recent studies have even documented how exposure to trauma can interfere with the healthy development of the brain. The long-term consequences may include substance abuse, poor school performance, mental health disorders, and physical health conditions. Traumatized children and youth may lose much of their capacity to manage and control their emotions and may suffer from trauma-induced mood changes, irritability, depression, and anger that not only are disabling for them but are profound challenges for families and communities. Their capacity to form healthy emotional relationships may be severely diminished, and tragically, the consequences of trauma may affect future generations as traumatized children and youth grow to adulthood and become parents. (National Child Traumatic Stress Network, 2004, p. 2-3)

It is further suggested in the literature on complex childhood trauma that “trauma reactions are believed to occur when responses of the limbic system used to mobilize oneself in the face of personal threat are not utilized in a productive way. Essentially, children who experience a (distressing) event...may go into what can be considered a “survival mode” (Malchiodi, 2015, p.8). In other words, if the energy normally used for fighting or fleeing is not expended, the emotional activation is held in the nervous system and not dissipated or released (Rothchild, 2000). In the case of traumatic stress, even though the nervous system is still highly activated, children may experience a disruption or impairment in normal functioning and develop habitual responses such as explosive emotions, non-complaint behavior, psychological numbness, cognitive problems, or other reactions depending on personality and the type and extent of distress” (Malchiodi, 2015, p. 8).

The term complex trauma describes the dual problem of children's exposure to traumatic events and the impact of this exposure on immediate and long-term outcomes. Complex traumatic exposure refers to children's experiences of multiple traumatic events that occur within the caregiving system – the social environment that is supposed to be the source of safety and stability in a child's life. Typically, complex trauma exposure refers to the simultaneous or sequential occurrences of child maltreatment—including emotional abuse and neglect, sexual abuse, physical abuse, and witnessing domestic violence—that are chronic and begin in early childhood. Moreover, the initial traumatic experiences (e.g., parental neglect and emotional abuse) and the resulting emotional dysregulation, loss of a safe base, loss of direction, and inability to detect or respond to danger cues, often lead to subsequent trauma exposure (National Child Traumatic Stress Network, 2003, p. 5)

Given the aforementioned impact on all areas of child development when complex trauma is experienced, the distinction of this from trauma events adults experience in adulthood is clearer. Adults have the major developmental areas of childhood formed, and milestones met so the impact is seen as being different compared to repeated trauma in childhood.

Often, the consequences of complex trauma exposure are devastating for a child. This is because complex trauma exposure typically interferes with the formation of a secure attachment bond between a child and her caregiver. Normally, the attachment between a child and caregiver is the primary source of safety and stability in a child's life. Lack of a secure attachment can result in a loss of core capacities for self-regulation and interpersonal relatedness. Children exposed to complex trauma often experience lifelong problems that place them at risk for additional trauma exposure and other difficulties, including psychiatric and addictive disorders, chronic medical illness, and legal, vocational, and family problems. These difficulties may extend from childhood through adolescence and into adulthood. (Cook et al., 2014, 2nd para.)

Although a Social Constructionist view may not align with the brain development research that is mainstream or readily accepted in the science and medical Western world, it is worth noting what this research is telling us. We can consider using this information as we look at how trauma is constructed in the Western world, and it may help us better understand how it might be re-constructed. Bruce Perry found evidence five years ago of altered brain chemistry in combat veterans with Post-Traumatic Stress Disorder (PTSD). The importance of this study demonstrated that many veterans were suffering from a “genuine disorder they could not overcome simply with greater discipline and will power” (Bogira, 1992, n.p.). Perry states that “the brain develops in response to the environment it's in. I see these 13 year old inner-city kids and they've been exposed to beatings and shootings their whole lives, and all this other crap, and these kids are hostile, and doing gang signs, and don't trust adults. I think their brains

are perfect. They've adapted perfectly to their environment. It's just that their environment hasn't done right by them" (Borgira, 1992, n.p.). Perry also reminds us that we can't talk about trauma and abuse without talking about large public policy problems, such as poverty, drug abuse, teenage pregnancy etc.

Stress response affects the functioning of the brain stem, and this regulates the heart rate. Perry found that 85% of the children who met the criteria for PTSD had heart rates greater than 94 beats per minutes and 40% had rates above 100 (same age children have resting heart rates of 84 beats per minute). The children with PTSD also had heart rates that rose higher and returned slower to their resting rate when they were asked to lie down, then stand. Perry states that this study demonstrates the "poorly integrated brain stem functioning" in children with PTSD because of their exposure to trauma during childhood (Borgira, 1992, n.p.). Gabor Mate states that the brain is "relational and social" and proposes that healing is in the connection to the self and to others (G. Mate, personal communication, May 6, 2015).

There are three types of posttraumatic stress reactions that are commonly agreed upon in the trauma literature, according to the dominant discourses in trauma. These include: Intrusive reactions, Avoidance and withdrawal reactions, and Physical arousal reactions (Cook, Blaustein, Spinazzola, & van der Kolk, 2003).

Intrusive reactions are ways in which the traumatic experience comes back to mind. These reactions include distressing thoughts or images of the event (for example, picturing what one saw) that can occur while one is either awake or dreaming. Intrusive reactions also include upsetting emotional or physical reactions to reminders of the experience. Some people may act like one of their worst experiences is happening all over again. This is called "a flashback" and can occur in response to a traumatic reminder.

Avoidance and withdrawal reactions are ways people use to keep away from or protect against intrusive reactions. They include efforts to avoid talking, thinking and having feelings about the traumatic event and to avoid any reminders of the event, including places and people connected to what happened. Emotions can become restricted, even numb, to protect against distressing emotional reactions to thoughts or reminders of what happened. Feelings of detachment and estrangement from others may lead to social withdrawal. There may be a loss of interest in usually pleasurable activities.

Physical arousal reactions are physical changes that make the body react as if danger is still present. These reactions include constantly being "on the lookout" for danger, startling easily or being jumpy, irritability or outbursts or anger, difficulty falling or staying asleep, and difficulty concentrating or paying attention. (Cook, Blaustein, Spinazzola, & van der Kolk, 2003, p.5).

The typical psychological responses described in mainstream research include impairment in the following domain areas:

Attachment: Uncertainty about the reliability and predictability of the world. Problems with boundaries. Distrust and suspiciousness. Social isolation. Interpersonal difficulties. Difficulty attuning to other people's emotional states. Difficulty with perspective taking. Difficulty enlisting other people as allies.

Biology: Sensorimotor developmental problems. Hypersensitivity to physical contact. Analgesia Problems with coordination, balance, body tone. Difficulties localizing skin contact. Somatization. Increased medical problems across a wide span, e.g., pelvic pain, asthma, skin problems, autoimmune disorders, pseudo-seizures.

Affect Regulation: Difficulty with emotional self-regulation. Difficulty describing feelings and internal experience. Problems knowing and describing internal states. Difficulty communicating wishes and desires.

Dissociation: Distinct alterations in states of consciousness. Amnesia Depersonalization and derealisation. Two or more distinct states of consciousness, with impaired memory for state-based events.

Behavioral Control: Poor modulation of impulses. Self-destructive behavior. Aggression against others. Pathological self-soothing behaviors. Sleep disturbances. Eating disorders. Substance abuse. Excessive compliance. Oppositional behavior. Difficulty understanding and complying with rules. Communication of traumatic past by re-enactment in day-to-day behavior or play (sexual, aggressive, etc.).

Cognition: Difficulties in attention regulation and executive functioning. Lack of sustained curiosity. Problems with processing novel information. Problems focusing on and completing tasks. Problems with object constancy. Difficulty planning and anticipating. Problems understanding own contribution to what happens to them. Learning difficulties. Problems with language development. Problems with orientation in time and space. Acoustic and visual perceptual problems. Impaired comprehension of complex visual-spatial patterns.

Self-Concept: Lack of a continuous, predictable sense of self. Poor sense of separateness. Disturbances of body image. Low self-esteem. Shame and guilt. (Cook, Blaustein, Spinazzola, & van der Kolk, 2003, p. 7)

The above demonstrates the multitude of problems that emerge from complex childhood trauma, according to the dominant discourses. The next section reviews a study that further demonstrates the impact of childhood trauma on mental health, as well as physical, and emotional health.

The ACES Study: More Impairment from Childhood Trauma

How is mental health different from or connected to trauma? We know that the relationship between trauma and mental health is complex, and that a causal relationship has not been established. We also know that not all people who experience trauma develop a mental illness, and not everyone who has been diagnosed with mental illness has experienced trauma. Yet the connection between trauma and its impact on one's mental health is well established (Felitti et al., 1998). Research repeatedly demonstrates that experiencing adverse childhood experiences leads to a significantly higher risk for social, emotional, cognitive and health impairments (Felitti et al., 1998).

The Adverse Childhood Experiences Study (ACE Study) is a research study conducted by Kaiser Permanente health maintenance organization and the Centers for Disease Control and Prevention. The ACE study started in the 1980's during a weight loss study at the Kaiser Permanente's obesity clinic. The researchers, Drs. Felitti and Anda, found that initially, the participants, who were mostly women, successfully lost weight and met their weight loss goals, but then the drop-out rate soon after was about 50%, and participants gained weight back quickly. This is a very common experience and is well known in the weight loss industry, but the primary researcher, Dr. Felitti was perplexed. He decided to conduct interviews with individuals who had left the program, and asked them numerous questions in his search for an explanation on the drop out and weight re-gain phenomenon (Felitti, 1998). Some of the questions Felitti asked were about childhood experiences, and he also asked at what age the participants became sexually active. It was through this question that Felitti discovered that a majority of people he interviewed had experienced childhood sexual abuse. He was shocked at this statistic, and questioned the validity of his results. Felitti thought that if childhood sexual abuse and other traumatic events were that common in childhood, he would have learned about them in medical school. So he set out to prove his initial findings as invalid. He created ten questions that he asked to 18,000 adults in the general population in the United States (non- clinic, non- weight loss group), that queried adverse childhood experiences. He did not distinguish if the participant was a witness or observer in the trauma. Felitti had a challenge getting the ethics review board to accept these research questions, for they believed that in asking about adverse childhood experiences, respondents could become ungrounded and experience a psychotic episode. After several attempts to get approval, the ethics committee finally relented but on the condition that Felitti carry a cell phone with him for three years and be primarily responsible for any participants who became unravelled because of the interview questions. Felitti agreed, and conducted his research. He found some very disturbing data that

shows that traumatic experiences in childhood have a strong graded relationship with poor physical, mental and social health in adulthood. Felitti did not receive one phone call on the cell phone from unravelled participants, and in fact received calls thanking him for asking about abuse and listening to their story. One woman thanked him for asking about trauma and that she feared she would die, taking her secret to her grave without anyone knowing what happened (Felitti, 1998).

What Felitti and Anda found was that one third of the participants had experienced no significant adverse childhood experiences. This is the only good news in the study. The study provided evidence on how pervasive early childhood adversity is in our society and how widespread exposure to trauma and adversity is. Sixty-seven percent of respondents reported at least one significant adverse childhood experience. The more adverse childhood experiences that participants were exposed to, the greater the likelihood of disrupted neurodevelopment, severe and persistent emotional problems, serious social problems, which led to the adoption of high risk behaviors (to lessen or numb the pain) which further led to adult disease and disability. This potentially leads to early death, by almost 20 years and costs the health care system billions of dollars each year (Fromm, 2001). Felitti and Anda concluded that in their initial study, the weight gain might be a coping mechanism for depression, anxiety, and fear that is associated with childhood trauma.

To look at this research through a Social Construction lens, I believe that one needs to ask why there is such an impact, why there is such widespread abuse? I think that the answer may lie in our relational activity, or lack of it. I believe that we live in a society of emotional disconnect, from ourselves and each other. In my experience, we do not focus our parenting efforts on building resilience and social emotional intelligence in our children, and instead focus on skill development perhaps in sports, and academic achievement. I have observed in the last 10 years how more and more children are arriving at school in the early grades with a very poor ability to regulate and express themselves, but they know how to use a computer and iPad. We do not talk about adverse experiences, or how to cope with them. Instead, because of stigma, they become buried inside, creating a burden and inner turmoil where shame, fear, self-blame and isolation are the primary feelings. In an effort to “move on”, people with unresolved childhood trauma cope as best they can, by avoiding, numbing, hiding and fearing, and they are at risk for disrupted development in many areas of their life. We also know that many people experience re-victimization and repeated trauma when they access help in the system of care. Residential centres, hospitals, crisis centres, women’s shelters, therapists and the police and justice system can potentially and often unknowingly further traumatize the person who experienced an adverse event, merely in their questions, approach, judgments and treatment (Bloom, 1997) because these systems are rooted in the dominant discourse of trauma. What would a society look like where instead, the adverse childhood experiences are

talked about, where the blame, shame, and isolation are not placed on the child, the family/parents, or the person who caused the trauma to the child? Perhaps there would be comfort found in a sense of belonging and community, so that numbing, avoiding, hiding and blaming/shaming didn't have to occur.

The Binary Position of Blame

The Social Constructionist sees binary oppositions where one term is always given a more privileged position than its opposite. Presence contains absence. Both are needed to define one and the other for they are "inseparable components of a system" (Burr, 1995, p.108). Our Western society seems invested in the binary view of categorizing "perpetrators" as "bad", "sick", "in need of incarceration" or castration if it involved childhood sexual abuse and deeming "victims" as wounded and helpless and often partly to blame. Even the prison system fellow "criminals" further categorize those incarcerated as there is typically little tolerance for those who offend against the "vulnerable" (typically women and children). They often have to be segregated within the prison system in order for their own safety to be ensured. Our society has a pattern of categorizing us as either victims or perpetrators when there is a traumatic event, and even within the perpetrators, there is further categorization and judgement. What would be different if everybody asked "what happened" instead of "what's wrong" of all parties involved? "The world isn't neatly divided into bullies and the bullied; all victims conceal sins, and all villains carry sorrows and scars. You won't be able to avoid being both, though you don't have to be both in equal measures" (Bense, 2015, p. D1).

I attended an event that is categorized as anti-bullying, at a local secondary (high) school in November 2013, called Rachel's Challenge. Rachel was the first person shot in the Columbine high school shootings by two fellow students in 1999. "Rachel's Challenge is a national non-profit organization dedicated to creating safe, connected school environments where learning and teaching is maximized. Based on the life and writing of Rachel Scott, the first victim of the Columbine tragedy in 1999, Rachel's Challenge provides a continual improvement process for schools designed to awaken the learner in every child. We motivate and equip students to start and sustain a chain reaction of kindness and compassion that transforms schools and communities" (Rachel's Challenge, "Our Mission", 2013). Rachel's uncle travels across the country to spread the seven principles of Rachel's Challenge, such as dream big, choose positive influences, speak with kindness etc. These principles come from Rachel's diary, which was discovered in her back pack after she was shot, and from her compassionate interactions with others while she was an adolescent. The presentation was very touching and compassionate, with a good use of media and emotion to hook the high school student audience into being kinder towards each other. However, at the start of the presentation, Uncle Larry described the two gunmen as murderers who wanted revenge for the bullying they suffered at the school

and during their teen years. He then compared them to Hitler, stating they were “under the same influence”. He compared Anne Frank’s diary to Rachel’s in common messages of hope, kindness and dreams for the world. Uncle Larry acknowledged that it is too easy to find the worst in others, and to not give people a chance. He suggested giving each other three chances. I couldn’t help but think about the two murderers. Who was finding the best in them? (They both shot themselves dead at the end of the shooting spree in the school). Who gave them more than one chance? Who asked not what’s wrong but what happened to them; who asked what complexities created this situation?

After the presentation, I engaged in a conversation with “Uncle Larry”, at first validating the key messages of his presentation about compassion, kindness and hope for the future. I asked if he considered talking a bit more in future presentations about the boys who engaged in this terrible tragedy. He said he does not want to bring attention to them, and instead keep the presentation focused on glorifying Rachel. He said both boys came from “troubled” homes and he went on to talk discreetly about the poor parenting they apparently experienced. He also quickly added that his entire family contacted both families of the murderers to tell them that they “forgive them”.

I spoke with Larry about context and environment, and wondered aloud what may have been different for these two boys, Rachel, the other 11 students and teacher who were shot, if we had a community or collective approach to raising children and dealing with trauma and other social determinants of health. What if Children’s Aid, the Police and the school staff intervened differently and offered a different role in the lives of the families in the years prior to the shooting? What if we as neighbours showed compassion and care towards the families in whatever struggles they were experiencing? What if we offered to help instead of blame and judge, turning our backs on them? I was curious about the impact of accountability and responsibility in the school system. Dare I ask what role the students, teachers and administrators played in the shootings? Are they completely innocent? We know it doesn’t take much to make a difference in the life of a student who is being bullied or struggling with mental health- a little kindness, compassion, connection and inclusion makes a difference. Could we all not offer this to such boys as these murderers at some point in their life to change the course of events? Uncle Larry in his presentation even talked about this regarding another student who was physically different from his peers. He was tired of being bullied and harassed on a daily basis at school in the hallways, with no interventions or help from the school. One day Rachel saw this, intervened by standing between the bullies and this student, challenging them to hit her instead. The “bullies” walked away and never harassed the boy again. The boy thanked Rachel, and later revealed that he was going to kill himself that week because he had given up hope, until Rachel came along. A very touching story but it proves that we only offer kindness and compassion to the “victimized”, not the bullies or “perpetrators”. Yet we know

that the bullies are bullied, and that perpetrators have been offended. There seems to be a need to place the perpetrators who abuse, murder, sexually exploit the innocent outside of our comfortable context, and instead see them as non-human, or not having usual human traits. We need to see them as others, in that they are not like us. “However, the fact child sex offenders may be ‘of us’ rather than ‘other than us’ is a deeply unpalatable truth for society to countenance. This is because it challenges, as Rock (1998) states, our ‘moral identities’ and represents a complete mismatch with our ‘strong, antagonistic archetypes of victim and offender’.” (McAlinden, 2014, p. 188). The unfortunate consequence of this is that the offenders don’t receive the treatment they may need to stop the abusive behaviors, as there is “little room or tolerance for attempts to contextualize sexual offending... (McAlinden, 2014, p. 188).

McAlinden (2014) examined some of the complexities and tensions surrounding the constructions of the victim/offender dyad regarding childhood sexual abuse and argues that broader societal structural contexts be taken into account in order to shift unhelpful discourses that fixate on blame, judgement, and use words such as “evil” and “good”.

Bifurcated assumptions about blame in which ‘a firm line is traced between the victim and the offender, innocence and guilt, the good and the bad, us and them’ (Rock 1998, p. 195) underpin much of what we say and do about sex offenders. These oppositional conundrums have informed respective hierarchies of victimhood and offending and shaped populist discourses as well as official priorities concerning child sexual abuse. As Hood (2002, p. 16) has argued in relation to govern-mentality more broadly, ‘the outcomes of “blame games” shape the “risk game”’. The problem with wanting to see victims as completely pure and offenders as absolutely evil, however, is that few in either group actually fit these expectations (Lamb 1996, p. 8-9).... This ‘new’ discourse could be framed around what feminist commentators prefer as a ‘politics of safety’ (Stanko, 1990), incorporating strengths- and needs-based approaches for victims and offenders as well as risk management. I would argue that such discourses must meaningfully consider and engage with the three principal constituencies affected by child sexual abuse—the victim, the offender and the community—and the complex interplay between them. This tripartite focus would take us beyond the victim/offender dichotomy which has been pivotal in shaping contemporary risk-based discourse concerning child sexual abuse. It would shift the emphasis from offender-orientated approaches to incorporate ‘victim orientated’ (Donoghue 2013, p. 806) as well as community-orientated approaches to risk management....The real rather than rhetorical interests of victims need to be put at the forefront of risk-based policies on child sexual abuse. It has been demonstrated that the exercise of voice or agency on the part of victims has been achieved solely through the punishment of offenders

(McEvoy and McConnachie 2012, p.527) and by attaching blame to perpetrators, regardless of the actual views of victims themselves (McEvoy and McConnachie 2012, p. 530–1, citing Bullimer 2008). Within this broader context, there are three core assumptions underpinning contemporary victim-centric discourses which deny voice to victims. These relate to victim homogeneity and passivity. In relation to the first of these, a retrograde and stagnant snapshot of the victims is co-opted by the state and absorbed by the public wherein a frozen concept of victim is rooted in their pain and suffering and their resulting “punitivity”. This stilted notion of victimhood and victim vulnerability, however, does not take account of victim resilience (Walklate, 2011, p. 184) and the fact that many survivors with counselling and support may recover and overcome the trauma of sexual victimization. In relation to the second element, current public discourses appear to assume that all victims of sexual crime would pursue or endorse retributive ends with offenders. Not all victims of sexual abuse, however, want to see the offender punished or vilified (Sauzier, 1989; Berliner and Conte 1995). Many victims of intra-familial abuse in particular may wish to continue contact with the abuser and simply want the abuse to stop. As regards the third element, public and official understanding of victimhood concerning child sexual abuse is also rooted in victim passivity as a key predictor of legitimate victim status. This conception of ‘victim’, however, cannot accommodate ‘deviant’ child victims who may have been coerced into acquiescing to their own abuse and that of others. (McAlinden 2014, p. 191)

Victims require voice and agency to change the discourse and binary concepts of victim and perpetrator, yet those who have committed the abuse also require a shift in that the act is socially condemned, not the person who committed it. This way, social inclusion and reintegration can occur in their community instead of isolation and exclusion (McAlinden, 2014).

The community, therefore, may have a much larger role in promoting victim and offender resilience than they are afforded at present. Evidence from the evaluation of circles of support has also shown that the public can potentially play a highly significant and constructive role in facilitating offender redemption as well as victim safety (Wilson et al., 2010 as cited in McAlinden 2014, p. 193).

The Stigma of Mental Health

I attended a community forum hosted by The Waterloo Region Mental Health Work Group (WRMHWG), which is a small collaborative of people and organizations interested in furthering mental health promotion and policy advocacy in Waterloo Region. The goal of the group is to use a “social determinants of health” approach to address the underlying contributing factors associated with mental health and to advocate for stakeholders to adopt and fund such an approach. The purpose of the event was to generate priorities from the community on mental health. One of the speakers was Mark Henick, a mental health advocate with personal and professional experience in the mental health care system. When Mark was 15 years old, he was suicidal, standing on the ledge of a bridge rail when someone saw him and called for help while attempting to convince Mark not to jump. However, as this was happening, other people came to watch. One of them yelled “jump you coward”. Those words and that male voice continue to ring in Henick’s head, to remind him that “people aren’t sick, society is sick”. What kind of society has the constructs where one member encourages the other to end his own life? Henick reveals the answer perhaps when he discussed a biological, psychological, and social perspective on mental health and the need to educate society better; to talk more openly about mental health. He said that mental health issues have a bigger impact on our economy than cancer, yet we are more comfortable as a society dealing with cancer than mental health. Four thousand people in Canada attempt suicide every year he said, and 90 % have a diagnosable mental health concern, which is treatable. Twenty-five percent of youth who die between the ages of 15-24 die from suicide. Suicide is the second leading cause of death in youth in Canada. In my community, Waterloo Region, the local police reported that “in the last 10 years, the number of attempted suicides climbed by 44%, while those who have died from suicide are up by 200%” (Monteiro, 2015). Henick, in his speech also spoke about what it feels like to be suicidal, and he questions if suicide can really be considered a “choice” if it is the only option in the person’s mind to escape the dark feelings. The only thing that kept him going was the role of hope, and asking if he could hang in there for “just one more day” every day.

I recall working with a dedicated group of parents, called Parents for Children’s Mental Health (PCMH), who were forced to become strong advocates for their children, who experienced mental health challenges at a young age. Parents for Children's Mental Health link families to important networks within their communities to ensure they get the care they need and the support of families who can relate and support them. They understand the issues around child and youth mental health challenges and the stigma that prevents the work and conversations that need to happen. They assist communities and families access important resources so they can begin their journey of healing.

Parents for Children's Mental Health parents experience the stigma of having others observe and judge them in grocery stores when their child experienced more than a temper tantrum; when their child refused to listen to them, yelling, screaming, crying and hitting uncontrollably; when their child is shamed at school by other children and staff alike, and the parents judged for not instilling “more discipline”. I remember one of the parents ranting about how hard it is to take care of her child, her other children, herself and others, without the support and understanding from the community. She said when a child has a terrible illness and needs surgery or has cancer, neighbours, friends, family and even strangers pour out kindness in food donations, financial support, prayers, encouragement, praise and empathy. People offer to give you a break, care for your other children, you get leeway at work if you are tired, or need repeated time off for Doctor’s appointments. But if your child has a mental health disorder, or responses/symptoms, “no one brings you a lasagna” the parent cried. “I want a lasagna” she said. What she wanted was acknowledgement about how hard it can be to raise a child with challenges, with little support from others. Note that the following week after this parent’s rant, a few of us made sure that she received some lasagna! However, the parent who ranted said she felt “terrible” for ranting and comparing mental health challenges to childhood illness/diseases because she didn’t want to undermine the specific fears and challenges of this either. She talked about how she could never state this comparison in public for fear of being judged and misunderstood, saying that childhood cancer is not “as bad” as mental health issues. I have also heard this same group of parents talk about how they wouldn’t trade their child or their struggles for anything if they had a choice-for as much as it can be exhausting, there is something ever so endearing and special about these kids.

Larry M. Lake (2013) tells a story about the outpouring of support his family received when his wife was diagnosed and treated for breast cancer. He says people used the word “cancer” often when asking how she was doing and talked about treatments, medications and resources to help them learn about the illness and always ended the conversation asking if there was anything they could do to help. A decade later, their daughter was admitted to a psychiatric hospital and diagnosed with bipolar disorder, and had a history of secret drug abuse. She was arrested at age 19 and charged for drug possession, had to terminate her educational studies so she could receive treatment and rehabilitation. The father in the story talks about how they received no warm casseroles or homemade bread, no offers of support or resources to inquire about, no shared stories of a similar nature that offered hope and recovery. In fact he said, they ate soup and grilled cheese sandwiches in a court house and hospital restaurant too often during this time (Lake, 2013).

The Social Construction of Mental Illness

How is mental illness socially constructed?

The search for scientific accounts of the mind and its disorders started from Cartesian assumptions that the inner world of the mind had a realm separable from the outer world of the body, and was available for study in a comparable way. (Summerfield, 2004, p. 1)

Over time, human suffering went from something that was explained as “the will of God” to something that was socially constructed. Human suffering, trauma, mental health, are seen as something that is experienced by an individual not in a context or collectively, and their responses are deemed by a professional who follows a governed body of work, such as the Diagnostic Statistical Manual, (DSM), as being either resilient or vulnerable (where the experiences have been viewed as causing damage to the psyche) (Summerfield, 2004). The Western world now views the self, and the medicalization of symptoms, which may be clustered and represent a diagnosis. “The medicalization of distress entails a missed identification between the individual and the social world, and a tendency to transform the social into the biological...suffering is not psychopathology” (Summerfield, 2004, p. 9). Summerfield argues that social context creates and resolves suffering and that it is “shaped by meanings and understandings applied to events (and which may evolve as the context evolves). It is subjective appraisal that determines what a stressful event means: one man’s trauma is another’s heroic sacrifice” (Summerfield, 2004, p. 10). Summerfield questions how “diagnoses can truly capture universal truths about distress and suffering when they largely ignore the sociocultural and situation forces which shape the active appraisal a particular subject brings to bear on what has happened” (Summerfield, 2004, p. 11).

Rob Thomas, lead singer for the popular American alternative rock band Matchbox 20, recorded a song in 2003 for their hit album “More Than You Think You Are”, entitled “Unwell”, where he says in the chorus:

I’m not crazy I’m just a little unwell, I know right now you can’t tell, but stay awhile and maybe then you’ll see, a different side of me. I’m not crazy, I’m just a little impaired, I know right now you don’t care, but soon enough you’re gonna think of me, and how I used to be...me. (Thomas, 2003).

This song spent 18 weeks on the top 40 for the US Billboard (“Unwell”, 2014, para. 1). Rob Thomas, in an interview about the song, said that he wrote it as a “metaphor for humanity in general, a song for people who are messed up and feel alone like that-we are all a little messed up sometimes... you’re not alone” (“Unwell”, 2014, “Content”, para. 1). What’s interesting about this song is how it invites the listener to rethink the concept of mental illness and the often associated stigma and how we may have contributed to the creation of it in our response to those around us who are acting “unwell”. I particularly like how the person in the song invites the observer to “stay awhile” and then perhaps they will see a “different side of me”, and will think about how they used to be more like themselves. This aligns with some concepts

in Social Constructionism, where our identity is not static and instead shifts, especially in various environments. What appears to be “crazy” in one environment can be seen as very acceptable or “normal” in another.

I recently took my 14 year old daughter to a psychiatrist on the recommendation of her family physician. The physician suggested the referral “just in case” my daughter’s struggle with anxiety in her transitional grade nine year become debilitating. My daughter wanted to go so I agreed, thinking ‘what harm could it do’ since it was just an initial appointment. I was also rather curious about what the experience would be like for me as a parent and mother, instead of being seen as the therapist or “expert” in mental health. The psychiatrist met with me as the parent for about 15 minutes, then with my daughter for about 10 minutes, then with us both for about five more minutes. During the interviews, he asked numerous questions about signs and symptoms to help him assess the nature of the issue as well as the extent of it. He summarized his findings with us both, and talked about all the signs and symptoms he heard. He gave my daughter some forms to complete at home and prior to the next appointment in one month’s time, to help him further rate her anxiety and “level of impairment”. She completed the forms upon returning home. The next day at school, she had the most challenge ever with anxiety. Prior to the next appointment, she was able to further reflect on my carefully crafted observations to her about the interview with the psychiatrist. She agreed that the focus was too negative and was only on the problem or what was wrong. There was not one question or conversation about resilience, growth, positive or adaptive coping strategies, or encouragement that she can manage this. Not one question about how she “goes on” or sources of support. Not one question about possible contextual or cultural factors that may have constructed the anxiety. We have since explored a variety of other options to help her find her resilience and voice in the story she has about this “anxiety”.

George W Albee, from University of Vermont, writes about his experience of “Fifty Years of Clinical Psychology: Selling Our Soul to the Devil” (1998), where he chronicles the development of mental illness and the response of the state and federal system. Veterans Administration (VA) hospitals and clinics were established post WW11, 1945, but the American Medical system saw these as “socialized medicine, and “not part of the American way” (Albee, 1998, p. 189). Massive funding became approved from congress to build new VA hospitals to treat “our boys”. “Americans knew these veterans were mentally sick and needed medical treatment by psychiatrists in modern mental hospitals” (Albee, 1998, p.189). The medical model required a diagnosis before treated could be provided which required “testing” so that a label could be assigned. Early clinical psychologists were at the time, “respectful of authority, accepting of what we were told, following orders, we embraced the psychiatric model because nothing else prevented us” (Albee, 1998, p.190). The dominant model was accepted because no alternatives were provided he states. By the 1950’s, commissions on mental illness and health

were established and primary prevention was presented as an alternative; the influence of “stress, poverty, being female, being an exploited minority group member...put certain groups at especially high risk” (Albee, 1998, p.191). Private practice became a growing way to earn higher money, and federal funds were being used for “socialized medicine” the AMA stated. Regardless, in the 1970’s, the establishment of primary prevention programs was funded by the government as it recognized the influence of poverty and exploitation in the development of emotional distress. “Throughout history...no mass disease or disorder has ever been eliminated or significantly reduced by attempts at treating the affective individual” (Albee, 1998, p.193). Albee argues that disorders are not of the brain but are “learned in the social context, which can be prevented with a revised social order...” (Albee, 1998, p.193). He quotes that Wilkinson, (1996) shows how societies that have a small difference in income between the rich and the poor have better health outcomes and greater life expectancy, with lower crime rates, alcoholism and drug use, as well as lower rates of emotional distress.

Author and psychotherapist Gary Greenberg has vocalized the social construction of the Diagnostic and Statistical Manual, and most recently, in response to the newly released edition of the *Diagnostic and Statistical Manual of Mental Disorders-5* (DSM) wrote *The Book of Woe: The DSM and the Unmaking of Psychiatry*, (2013) in response to it. Since the creation of the DSM in 1952 by the American Psychiatric Association, it has

been frequently revised, and with each revision, the “official” view on which psychological problems constitute mental illness. Homosexuality, for instance, was a mental illness until 1973, and Asperger’s gained recognition in 1994 only to see its status challenged nearly twenty years later. Each revision has created controversy, but the DSM-5, the newest iteration, has shaken psychiatry to its foundations. The APA has taken fire from patients, mental health practitioners, and former members for extending the reach of psychiatry into daily life by encouraging doctors to diagnose more illnesses and prescribe more therapies—often medications whose efficacy is unknown and whose side effects are severe. Critics—including Greenberg—argue that the APA should not have the naming rights to psychological pain or to the hundreds of millions of dollars the organization earns, especially when even the DSM’s staunchest defenders acknowledge that the disorders listed in the book are not real illnesses (Amazon, 2013).

Greenberg argues that “the line between sickness and health, mental and physical, is not biological but social and economic” (Greenberg, 2013, p. 356-7).

Greenberg (2013) begins his *Book of Woe* with the first chapter reviewing how in 1850, Samuel Cartwright, after careful scientific observation, created the illness “drapetomania”, which referred to the disease that caused slaves to run away. This was published in the New Orleans Medical and Surgical Journal, and listed the primary diagnostic criteria as “absconding from

service”, with secondary symptoms including “sulliness and dissatisfaction” prior to running away. Cartwright concluded that environmental factors could be contributing to this disease, but fair treatment of slaves wasn’t a guarantee. The suggested treatment was to “whip the devil” out of the slaves. Cartwright argued that drapetomania clearly was an illness, and not related at all to human suffering or the desire for freedom amongst slaves. Cartwright’s provided “scientific” proof about the origins of this disease, which allowed science to, for some people, erase the moral and ethics issues that slavery created. In the name of science, slavery and the mistreatment of slaves, including whipping them into submission, could continue at least for a bit longer (Greenberg, 2013).

The *Book of Woe* and DSM highlight the dangers of socially constructing mental health through claims of scientific research. For as long as I can remember, my dad tells one of his favourite jokes about science. He says that a grade school boy is on a field trip in a swamp and the students are asked by the teacher to conduct a scientific experiment while there on something they are curious about. So the boy captures a frog, and draws a line in the dirt. He places the frog behind the line and tells it to “jump”. The frog jumps and the boy records that it jumped 12 feet. The boy then cuts off one of the frogs legs, tells it to “jump”, and it jumps 9 feet. He records this in his note book, cuts off another of the frog’s legs, and tells it to “jump”. He records that the frog with 2 legs jumps 6 feet. The boy removes the third leg of the frog, tells it to “jump”, and it jumps 3 feet. He records this and removes the final leg. He tells the frog again to “jump”, and the frog doesn’t move. The boy records in his note book “Frog with no legs: deaf”. This joke can highlight how scientific discovery and research can easily lead to erroneous conclusions, with evidence to support its’ findings and align with dominant discourses. In this there is power; power to then provide diagnostic criteria and “best practice” treatment options. There is the power to diagnose and label, medicate, hold people against their will, and impact their quality of life.

“We have become accustomed to thinking about disease in a very specific way: as a pathology in the body, something gone wrong in our body or the tissues of our cells or our molecules...but before you will submit to the cure, you have to admit that your doctor knows something about the pain that you do not, that she can identify the disease, is on familiar terms with it, that she knows it by name. She must, in other words, give you a diagnosis” (Greenberg, 2013, p. 17). We don’t want to dismiss here, the content or purpose of the DSM, but to realize the enormous power it holds in our society, and to acknowledge its’ social construction. The DSM is built on society’s construction of what it means to be well and not well, and is relative to our history, culture, practices, beliefs, politics and legislation, all which shift over time.

Similar to Greenberg, Borch-Jacobsen (2009) explores how psychological conditions come and go over time and that most but not all mental health disorders are as much a social

construction as medical diagnosis, with doctors or therapists and their patients creating them together. Borch-Jacobsen argues that the creation of a mental health label or diagnosis requires mutual collaboration from both the patient, who is not viewed as a passive recipient, and the doctor or therapist. Borch-Jacobsen also reviews therapists' tendency to let their own biases influence their diagnoses and labels, and are influenced by the model or framework that they ascribe to.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in its third edition in 1980 included the term posttraumatic stress disorder although some psychiatrists advocated to instead use the term "post-Vietnam syndrome" (Joseph, 2011, p. 32). This, at the time, was one of the only categories in the DSM thought to develop directly from a psychologically traumatic event. "It signified the recognition that virtually anyone subjected to extreme events could end up with the disorder" (Joseph, 2011, p. 33). The trauma experienced in the battle field was further developed when the surviving soldiers returned home and found themselves shunned by an anti-war society.

Feminists soon drew some parallels between PTSD and Borderline Personality Disorder, where an individual's personality was responsible for the disorder, as opposed to the horrific abuse and neglect they experienced in childhood which they had in common (Joseph, 2011). Culture was beginning to frame how psychiatry labelled disorders. Psychological suffering could now be viewed as coming from external situations rather than one's character. Disorders and the labels we use to define a set of behaviors, to make sense of an experience, are a product of culture and the times. What is considered a mental disorder in one culture or time period is considered normal and natural in another society or time period. Homosexuality is an example of this.

There are currently reports in the media about PTSD and the Canadian military, given the wake of a series of suicides (nine) in the fall 2013 in Canada from soldiers returning from the Afghan war. In an article in the local newspaper of my community (Waterloo Region), *The Record* reports that Gen. Tom Lawson read his grandfather's journals from the Royal Flying Corps of WW1, and was

struck by how much soldiers of previous generations held things in. It was sobering to realize my grandfather came from a generation that, perhaps necessarily, buried their traumas and grief, and then to realize the military culture likely has had a lot of difficulty moving from that stoicism, even though were almost 100 years downstream. (Brewster, 2014, p. A6).

Lawson said the National Defence has hired more mental health workers in recognition of the need to “treat trauma, depression and posttraumatic stress in the same ways as physical injuries. (Brewster, 2014, p. A6)

The Social Construction of Trauma: A Literature and Media Review

This part focuses on how trauma is represented in our society through media. To locate the dominant discourses of trauma, in part, I went to the public to see how we are speaking about trauma because I saw these discourses in the practical field from my field as well as the literature. I wanted to see how trauma is represented in literature and the media. When “childhood trauma” was googled in November, 2013, over 11, 700, 000 websites come up, over 500,000 books on the topic and over 400,000 videos. I did not review the millions of sources that came up in the google search but merely want to demonstrate the enormous number of “hits” when “childhood trauma” was googled on this date which shows us how much information is available in society. It is not known whether or not they aligned with the dominant discourses of trauma but show us the number of discourses that have been generated.

I reviewed some of the images that were googled under the search of “childhood trauma images” to see what is portrayed in our society about trauma, to see how we think about and see trauma. , These pictures were aligned with the dominant discourse of trauma in that it displayed images of children, usually captured in black and white film, with sadness and shame evident in their faces. The children were alone and did not seem to be thriving, but looked to be in turmoil. There were no images showing growth, resilience, heroes, warriors or even survivors. When “childhood trauma, healing, growth, resilience” is googled, we mostly get charts and images of adults giving presentations or talks. There are a few pictures of children thriving but they are still alone in the images. What is the message here? It certainly isn’t about sharing your trauma story, or reaching out to your community, or building relationships that facilitate growth and flourishing. Instead the dominant discourse of trauma is represented in that you are alone, in turmoil, and that trauma will forever be your main identity.

One merely has to look at the media, internet and public libraries to get a flavour of how trauma is seen as an illness that requires treatment but often is ineffective or without a cure. In a search at the local public library, three books relating to trauma emerged for mainstream consumption. *Scared Sick: The role of Childhood Trauma and Adult Disease*, by Robin Karr-Morse with Meredith S. Wiley reviews how early childhood stress can create “lasting negative impacts” on health of our bodies and minds. At the start of one of the chapters, the authors quote Dr. Bruce Perry, MD and creator of the Child Trauma Academy, who was commenting on

the effects of the 2005 New Orleans flood and Hurricane Katrina and comparing it to what he sees as a trauma crisis:

The real crisis...is coming. It is more relentless and more powerful than the floodwaters...more destructive than the 150 mile an hour winds...It will destroy a part of our country that is much more valuable than all of the buildings, pipelines, casinos, bridges, and roads...Over our lifetime, this crisis will cost our society billions upon billions of dollars. And the echoes of the coming crisis will haunt the next generation. The crisis is foreseeable. And, much of its destructive impact is preventable. Yet our society may not have the wisdom to see that the real crisis...is the hundreds of thousands of ravaged, displaced and traumatized children. And our society may not have the will to prevent the crisis. We understand broken buildings; we do not understand broken children. (Karr-Morse with Wiley, 2012, p. 235)

This book contains 10 chapters that examine the impact of trauma on childhood development, the effects on the brain, and a chapter on treatment. There is one appendix containing information on prevention of trauma during a divorce but not a chapter or word about resilience, perhaps protective factors could be seen as resilience by some, but they are not. Protective factors help mitigate negative effects of an experience or situation, whereas resilience is about the inner strength and external resources that we pull on to not only overcome the “negative” experience but grow from it. (Refer to resilience section in Chapter 4 for further information).

In *Thriving Through Crisis: Turn Tragedy and Trauma into Growth and Change* (O’Hanlon, 2004), the author encourages the reader to question how truthful they are in leading their life, and has a “telling the truth about your life” questionnaire that asks questions about feeling stuck, identifying the issues that you are avoiding, asking where you feel “soul sick” (p. 28-31). Another questionnaire a few pages later is about the area of neglect where he asks how “you haven’t been taking care of yourself”, where you have been ignoring your career”, “where you have neglected your duties and responsibilities? Your health? Spiritual life” etc. (p.33-34). He continues for 180 pages of similar thoughts in his attempt to convince the traumatized reader to examine their individual role and responsibility in how their life has so far has been unsatisfying with unmet needs and desires. He entirely advocates that only the reader can fix and change this. While I argue the importance of resilience as coming from within, our society also plays a role in the trauma we have experienced and in the resources it can provide to us. Our society creates stigma around experiencing negative symptoms of trauma; we don’t show our role in creating a society that allows for some of the factors that can lead to childhood trauma, such as isolation and disconnection to others, hyper focus on sexuality, stressful lives and lack of parenting together as a community, the absence of the concept that “it takes a

village to raise a child”, and disrespect of our elders and elderly. Why not just offer the readers the opportunity to imagine a different story and a different future? I was very disappointed in how this book portrayed the dominant discourse of trauma given its title has the words growth and change in it!

In Mary K. Armstrong’s book, *Confessions of a Trauma Therapist: A Memoir of Healing and Transformation*, (2010), the author talks about her own discovery of being a trauma survivor of childhood sexual abuse, as well as the trauma of coming from a home with a father who was an alcoholic, and a mother who was unable to care for her children. The author recounts her story being a therapist and slowly paying attention to signs and cues, allows the memories to return. She details her journey of discovery, healing and transformation in a touching and self-compassionate way. The end of her story advocates for practitioners to use trauma treatments when there is trauma, and she offers her experience and knowledge of several practices. However, my point of including this story here is the title the author chooses to use for her book and story: *Confessions of a Trauma Therapist*. So much is inferred from this about the dominant discourse of trauma, healing and therapists. The word “confessions” conjures the disclosure of a secret, or something to be hidden or the acknowledgement of guilt and wrongdoing. Can we infer that the childhood sexual abuse, dysfunctional family and subsequent trauma symptoms are something to be confessed? Is the word confession used here because the author is a therapist? Is she inferring that therapists are not supposed to experience these things and not know it, as in this situation? Is she suggesting that therapists can’t have their own journey of discovery, healing and transformation, and still be a therapist?

This chapter reviewed definitions of childhood trauma as well as the areas of impairment in childhood development typically associated with trauma. The binary positions of victim and perpetrator were reviewed in regards to how this contributes to the dominant discourses in trauma. A review of what trauma looks like in the mainstream media was also discussed. The stigma of mental health and the making of post-traumatic stress disorder were reviewed in this chapter as well.

Chapter 4 Other Voices in Trauma Discourse

We will briefly review in this chapter the trauma informed movement and how the Sanctuary Model begins to provide an alternative way of viewing trauma, despite it still being embedded in the dominant discourse. We then move to briefly review the concepts of posttraumatic growth and resilience as moving us away from the dominant discourses of trauma and starting to see what else might be generated as we do this. These approaches are still somewhat focused on the individual and the internalized responses and meanings instead of focusing on the meanings that can be generated from relational activity but informs us of some other voices in the dominant discourse in trauma.

The Trauma Informed Approach: An Evolution on the Dominant Discourse of Trauma

The trauma informed movement suggests that instead of asking “what’s wrong with you?” we ask “what happened to you?” (Bloom, 2004, p.476). Bloom’s quote of asking what happened instead of what is wrong was developed out of her and her team’s experiences in residential and in- patient treatment settings for those who have experienced trauma. She repeatedly heard staff ask the question about “what’s wrong” with these people when trying to interpret their behaviours. She wanted staff to take a more compassionate response and try to place the behaviours in the context of their trauma event. In these efforts, Bloom tried to help others understand the context for the behaviour as opposed to attributing the blame pathologically, and in an individualistic view (Bloom, 2004). Behavior and symptoms can be seen as a response to trauma, instead of just seeing the behavior as defiance, or perhaps opposition. The dominant discourse in the field of trauma treatment has shifted in the last 10 years from asking what is wrong with someone internally to what happened to them externally in the environment (Bloom, 2004). It is still looking at trauma through an individual lens but is considering the broader context including the culture of an organization. The next step perhaps in this evolution of trauma informed care would be to include a social interaction or collective approach to how we view what happened to a person. Trauma never happens to just an individual. It happens in a context, in multiple social contexts. It never affects just one person but creates a story that goes forth to further offer parts to other people’s stories. We may move towards using a trauma informed lens to help us understand “behavior”, which in turn may shift the story to us asking about the social, cultural, political, and historical context. Prime Minister Stephen Harper criticized then Liberal Leader candidate Justin Trudeau for suggesting, in response to the Boston Marathon bombing^{1*}, that “we have to look for root causes....that

¹ *The Boston Marathon bombings occurred on April 15, 2013, during the infamous Boston Marathon running race event, where two pressure cooker bombs exploded, killing 3 people and injuring an estimated 264 others in an act of terrorism (Kotz, 2013).

there is no question that this happened because someone feels completely excluded” (Mansbridge, 2013). Harper instead suggested that the perpetrators should be dealt the “harshest punishment”. In the National Post, reporter Andrew Coyne explains in reference to Trudeau’s comment that “it wasn’t that people were trying to understand what caused terrorist to act as they did. It’s that they weren’t” (Coyne, 2013, para. 9). This is an example of the type of response that is common when other voices are given space that do not align with the dominant discourse of trauma, voices that move the trauma from an individual perspective to a more collective or cultural experience as Trudeau was trying to express.

Experts in the trauma informed field are explaining to mental health workers, educators, caregivers, and the general public that a welcoming, supportive community can help children, youth and adults receiving trauma treatment to overcome these feelings of disconnection and diminish the severity of the trauma response.

An example of our society needing to ask what happened instead of what’s wrong is in the field of family violence. Children who are raised in or exposed to family violence in their homes, even for a brief period of time, learn how effective violence and aggression can be, as reported Dr. Robert Marshall in the Women’s Crisis Services of Waterloo Region (WCSWR) annual fundraiser on November 5, 2013. Children, especially girls, learn that love and pain are connected. Marshall states that “dads are a poor role model but a good teacher” for this. Dr. Marshall talks about the resilience research that demonstrates how family, community, school and society can help children “achieve resilience and survive violence” (R. Marshall, personal communication, November 5, 2013). But what about those children exposed to violence who don’t have this sense of community? Who don’t have the makings of resilience to mitigate the effects of the trauma and family violence they endure, especially the men? What happens to them? We know that men who experienced physical abuse and neglect in childhood are five times more likely to physically abuse their own children compared to those who did not grow up with violence. (Kim, 2009). Sadly, the women’s shelter in my community does not see society’s role in addressing family violence other than sheltering and treating the victims, the women and children. The Chief Executive Officer of the WCSWR asked the audience “what we are going to do to fix it”. Her answer clearly was to ask for more funding for “enough” shelter services. But I think the question she should have asked should have been “how are we enabling the family violence in our society and what would it be like to have a different construction of this?” What are we each doing to contribute to the Social Construction of family violence and how we raise boys in our community and society. What would happen if we taught boys how to express and regulate their emotions better? Or if we gave them alternatives to the violence and aggressive behaviors they learn as a means to get their way? What if we provided a caring community

approach and helped to further protect them from the secondary impacts of family violence? Would the rate of family violence decrease? Would we need less money for shelters? I couldn't help but note that in an audience of 500 people; more than 90% were women. Where were the men in our community? What is their role in helping to eradicate family violence and how we raise boys in our society? What about women who abuse men, physically, verbally or emotionally? It may not be as common, but this is often ignored in our society because of the stigma attached to it, and possibly how it may challenge our dominant views on family violence, where women (and children) are supposed to be the only victims. How would the media describe family violence where the woman is abusing the man? I can't recall ever hearing or reading about such a story and have to wonder if the man would be portrayed as weak and vulnerable?

The binary categorization of victim and offender and the need to add some context by asking what happened instead of what's wrong helps build the case for the need to re-construct the trauma in the Western world.

Trauma Informed Systems of Care

System-wide efforts to become trauma informed aim to improve health outcomes early and reduce the otherwise long-term costs of unaddressed traumatic experiences to individuals and society. Trauma informed care is an approach of engaging people with trauma histories that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma informed providers integrate trauma awareness and the following principles in all aspects of service delivery: safety, collaboration, choice, empowerment and trustworthiness.

The trauma informed movement argues that the positive impact of a community can mitigate the negative effects that can result from exposure to traumatic experiences. Schools have tremendous potential to not only mitigate the negative effects of trauma but provide a community that is an ecological fit. Ecological fit can be described as:

the quality and helpfulness of the relationship existing between the individual and his or her social context. Interventions that achieve ecological fit are those that enhance the environment-person relationship-i.e., that reduce isolation, foster social competence, support positive coping, and promote belongingness in relevant social contexts. (Harvey, 1996 p. 112)

A trauma sensitive school is where all students feel safe, welcomed, and supported and where addressing trauma's impact on learning on a school-wide basis is at the center of its

educational mission. An on-going inquiry-based process allows for the necessary teamwork, coordination, creativity and sharing of responsibility for all students. (Harvey, 1996, p. 11)

Schools may function as a protective factor creating a safe harbor, offering challenge and a sense of mission, fostering positive relationships, developing academic and social competencies.

All staff must understand that major or repeated trauma is a core event that affects many aspects of survivors' sense of self, coping skills, views of the world, relationships with others, and ability to regulate emotions. Many behaviors typically seen as resistance, pathological behaviors, acting out, or lack of motivation are actually efforts to avoid or manage traumatic reactions that might have been effective in other circumstances or that were all a child was capable of but that work less well and/or are misunderstood when the survivor is an adult. Trauma informed services must create safe spaces and minimize the possibility of re-victimization. (Markoff, Reed, Fallot & Elliot, 2005, p. 527)

The Sanctuary Model provides an example of how the dominant discourse of trauma in Western society might be shifting to one that gives consideration and space to the influence of cultural, political, social, and historical accounts. It has a more collective view for it identifies the experience of trauma along a wide continuum that includes both discrete events and ongoing, cumulative and perhaps intangible experiences like racism and poverty. The trauma informed movement, and Sanctuary model promote the belief in the trauma theory that suggests that many of the behavioral symptoms seen in individuals are a response to adverse childhood experiences. What are identified as maladaptive behaviors may instead be misapplied survival skills. The Sanctuary Model also teaches about the concept of the parallel process in recognition that there is a parallel between the traumatic symptoms seen in clients and those that are seen in an organization. Intervening in this parallel process requires shifting behaviors and thinking of the ways that staff and leaders can align with trauma informed concepts. (Bloom, (n.d.).

I attended a five day intensive training at the Andrus Centre in Yonkers, NY, on the Sanctuary Model, along with 14 other staff from the Children's Mental Health Centre, kidsLINK. We learned about the model's seven Commitments and the "SELF" model, which stands for safety, emotion management, loss and future. These components are the organizing framework for treatment planning, community conversations and collaborative decision-making, and allow providers to focus on the most important aspects of helping people heal from trauma in a simple and accessible way. They also provided us with the model's toolkit, which is a set of practical and simple interventions that reinforce the language and philosophical underpinnings of the Sanctuary Model. These tools include community meetings, safety plans, SELF treatment planning conferencing, team meetings, self-care planning, SELF psycho-education which

promote daily practices for both staff and clients that support an organization's creation of a trauma informed culture. Our team decided to implement the Sanctuary Model over the next two years at kidsLINK, to begin to address some of the individual and cultural changes that needed to take place to better serve clients. However, it is my experience that the Sanctuary Model creates and further instills the victim identity. As much as the Sanctuary Model pays attention to the collective experience regarding culture and organizations and how staff is impacted by vicarious trauma, it does not attend to a collective experience of trauma beyond this, especially regarding the folks they serve. The main premise behind trauma informed care is that being trauma informed and providing trauma specific treatment are the ONLY ways to heal from trauma. It remains an individualist perspective, and fails to further incorporate the collective experience or the value of the relationships and social activity. It also neglects the concepts that have emerged from the research in the areas of posttraumatic growth, positive psychology and at times resilience theory. The next section introduces the reader to posttraumatic growth and resilience, and provides an opportunity to continue to examine how to re-construct the concept of trauma in the Western world.

Posttraumatic Growth and Resilience: The Evolution Continues

Calhoun and Tedeschi (1996) pioneered the concept of posttraumatic growth (PTG), a “construct of positive psychological change that occurs as the result of one's struggle with a highly challenging, stressful, and traumatic event.” (Tedeschi, R.G., & Calhoun, L.G. 1996, p. 455).

The events or sets of circumstances represent significant challenges to the adaptive resources of the individual, and pose significant challenges to individuals' way of understanding the world and their place in it. Posttraumatic growth is not about returning to the same life as it was previously experienced before a period of traumatic suffering; but rather it is about undergoing significant 'life-changing' psychological shifts in thinking and relating to the world, that contribute to a personal process of change, that is deeply meaningful. This concept is part of the positive psychology approach. (“posttraumatic growth”, n.d.).

Posttraumatic growth is typically measured by the 21 item Posttraumatic Growth Inventory which measures the impact of a traumatic event in bringing about positive change in the following areas: New Possibilities, Relating to Others, Personal Strength, Spiritual Change and Appreciation for Life (Tedeschi & Calhoun, 1996).

Posttraumatic growth theory requires significant distress to be present, usually over a period of time, in order for growth to occur, but it does not diminish or mitigate the trauma and distress. Characteristics such as personality traits and mood states, (for example extraversion, optimism, positive affect, openness) may play a central role in how an individual manages the interruption of one's life goals or plans through a personal crisis or a trauma (Tedeschi & Calhoun, 2004). It

is acknowledged that a Social Constructionist recognizes the individualization of these “personality” concepts and often views identity or ways of being as socially constructed and in flux (different identities may emerge based on different contexts or relationships).

Posttraumatic growth generates meaningful change out of adversity. Nelson Mandela, after spending 27 years in prison, who in his book *Long Walk to Freedom* (1995) said that

the policy of apartheid created a deep and lasting wound in my country and my people....But the decades of oppression and brutality had another unintended effect, and that was that it produced the Oliver Tambos, the Walter Sisulus, the Chief Luthulis, the Yusuf Dadoos, the Bram Fischers, the Robert Sobukwes of our time-men of extraordinary courage, wisdom and generosity and their like may never be known again. Perhaps it requires such depths of oppression to create such heights of character. (Mandela, 1995, pp. 614-615)

The public library redeemed itself by having a book that did not fully align with the dominant discourse of trauma. In this book, *What Doesn't Kill Us: The New Psychology of Posttraumatic growth*, by Stephen Joseph (2011), the author articulates some concepts about trauma that are not aligned with the dominant discourse. He talks about how therapists can be “expert companions” to people, but that ultimately, they “must take responsibility for their own recovery and for the meaning that they give to their experiences” (p. xv). He talks about the use of language in the Western World, and how we use the word “patient” in that it typically “portrays the person as someone who is damaged, impaired, deficient, maladjusted, disordered”, (p. xv) making it the therapists responsibility to fix or cure them. He talks about how there is a “cultural expectation” that posttraumatic stress disorder (PTSD) is “inevitable and inescapable”. He summarizes the research that most people who experience trauma are resilient and do not develop symptoms long term. He mentions the self-fulfilling prophecy of the dominant discourse of trauma, in that if people are told they are wounded and damaged, they may carry this as their story about the experience, which can be influenced by the media, our language etc. Joseph outlines humans as story-tellers, and the experience of trauma triggers the need for us to tell our stories in the form of conversations in order to make sense of what happened. “It is in the struggle to make sense if a traumatic event that growth can take hold” (p. xvii).

In Joseph’s research with people who survived the Herald disaster (a large passenger cruise ship travelling from Belgium to England in 1987 where 193 people died out of 500 passengers and 80 crew), two categories were discovered as he carefully sorted through what people said to him in their descriptions of positive and negative changes (Joseph, 2011). The negative changes in outlook include things such as “I don’t look forward to the future anymore”, “My life has no meaning anymore”, “I have very little trust in other people now”, “I feel as in I am in limbo”, “I am less tolerant of others”, “Nothing makes me happy anymore”, “I feel as if I’m dead from the neck downward” (p. 7) and so on. The positive changes in outlook include statements such as: “I don’t take life for granted anymore”, I value my relationships more”, I feel more experienced

in life now", "I don't worry about death", "I'm a more understanding and tolerant person now", "I am more determined to succeed in life now" (p. 8) and so on.

Joseph states that posttraumatic growth develops "through the process of accommodations during which our assumptions are modified so that they fit the new information, rather than through the process of assimilation, which involves our effort to make the new information fit our assumptions" (2011, p. 104).

Human beings are active, growth-oriented organisms who are-by nature- inclined to accommodate their psychological experiences into a unified sense of self and a realistic view of the world. But abandoning pre-existing ideas about ourselves and our world can be painful: This is why we attempt to protect ourselves and our views of the world by trying to assimilate our experiences instead-even though doing so can often leave us defensive, vulnerable and fragile. These two forces of accommodation and assimilation create a tension- the resolution of which determines a person's psychological outcome. (Joseph, 2011, p. 195)

Or perhaps more simply put, "trauma is the way into the self, and the way out" (Epstein, 2013, p. 15). The posttraumatic growth perspective is aligned with the experience of Dr. Bruce Perry, a childhood trauma "guru" and advocate who married his hometown sweetheart, Arlis Dykema. On October 12, 1974, Bruce and Arlis went for a walk on the Stanford campus where they were living and studying. Bruce returned back to their apartment to study but his wife continued walking. She never returned home and her murdered body was found later that evening. Bruce states that

friends and relatives had urged him not to think about Arlis's murder. Get right back in school, they told him. Get your mind off of it. I don't know if it was instinctual or what, but I didn't feel that was what I should do. I had to get in control of what had happened, instead of having the event control me. When anyone is traumatized, they've got to make that transition away from being a victim. Something had happened that was completely out of my control. I had to get away from feeling that because unpredictable, uncontrollable things happen, I might as well not do anything. Sometimes I felt like I was going through a movie-- I'd have moments where I'd go, 'Jesus--I can't believe this is going on.' I had long periods of pain, and sadness, and of thinking how unfair it seemed. I tried to think about what it was that would make a human being do this. There was a lot of anger initially--but I didn't know where to direct it, since I didn't know what exactly had happened. You sort of had to make something up to get angry at. Then I just quit doing that--it was getting in the way of me being able to move on. When I accepted the fact that death was a part of life, it did not matter that much anymore what the person who killed her looked like or was like. (Bogira, 1992, n.p.)

Perry says that he believes he

wasn't haunted by hallucinations or flashbacks and thinks he avoided PTSD partly because he dealt with the trauma head-on. Studies have indicated that when soldiers are persuaded to think about and discuss their feelings immediately after combat they develop PTSD symptoms less often. Unlike young children who are abused, 'I had the power to do abstract reasoning,' he says. He also had friends and family members he could talk to about what happened. The only people many maltreated kids have to talk to are the ones who are abusing them. "That's why kids end up working through these things behaviorally," he says. Instead of embittering him, Perry thinks his wife's murder strengthened him. He had been "relatively timid, shy" before the murder. Afterward he was "much more self-confident. Because I couldn't imagine anything worse to experience, and I saw I could live through even this and be happy. I felt older. I felt free to be whatever I wanted to be. (Bogira, 1992, n.p.)

Joseph (2011) argues that posttraumatic growth (PTG) does not deny the psychological pain and struggle of an experience, but rather recognizes there can be new perspectives on life that are of value. He identifies three "existential" themes that are central to PTG:

that life is uncertain and things change, that there is psychological mindfulness (how thoughts, emotions and behaviors are related to each other), and that there is personal agency, a sense of responsibility for the choices one makes in life and the awareness that choices have consequences. (p.19)

Joseph (2011) talks about individual factors that contribute to resilience, as well as an individual's attitude and perception of the event as mitigating the development of long term trauma symptoms. He explains the shift in our thinking, our world views, that helps "survivors" move on and let go. "People need to let go of old attachments, old ties of affection, old beliefs, old habits. If they can bring themselves to do this, equilibrium is theirs for the taking" (p. 106). What about the collective experience? Why do individual factors have to be the only ones that contribute to resilience? Joseph fails to acknowledge however, how opportunities and resources to "move on and let go", to foster resilience, are rooted in political, cultural, historical and social context and is not just individually based.

Those who experience trauma can further experience posttraumatic growth when they "accept that the direction of their life is their own responsibility" (Joseph, 2011, p. 130), as is the direction of their recovery and growth. Gemignani (2011) shares his experience in interviewing refugees about the past being the past versus moving on and seeing the past as a source of strength.

Because learning and memories are fundamental cognitive skills, and even traumatic experiences can be a source of learning and growth, interviewees found themselves struggling between neglecting 'move on' positions and selective attempts to gain their past as a symbolic fount of psychological strength. (p. 145)

Viktor Frankl (1959) believed while he was in the Nazi concentration camp that those who

survived in part were the ones who felt the power to make decisions about their future, or at the very least, to retain their dignity. Frankl later understood that it is not what happens to someone that determines the reaction, but rather the meaning that is given to the event, and that meaning can “in part” be found inside of a person. I say “in part” because of the influence of culture and language which is socially constructed that influences our meaning and story of the event. A traumatic event can disrupt our stories about ourselves and the world, and we need to “re-story” ourselves and world view to incorporate this new event in order to make sense of it. We tell and share these new stories to help us make sense of it, to reconstruct who we are and our understanding of where we fit into the world, and our community.

If posttraumatic growth is to take place, we must be active agents in the creation of our own lives. It is through storytelling that we ultimately make sense of our experiences, piece together what happened to us, assimilate information that is concordant with our views of self and the world, and accommodate other information that is discordant while at the same time rebuilding our worldview and understanding of ourselves. (Joseph, 2011, p. 140)

A pathway to posttraumatic growth can emerge from telling our story and expressing our emotions.

Shutting down one kind of feeling inevitably shuts down all of them. In protecting ourselves from the unbearable affect of trauma, we also close ourselves off from love, joy, empathy. Our humanity resides in our feelings, and we reclaim our humanity when we direct our curiosity at that which we would prefer to avoid. (Epstein, 2013, p. 97)

Human suffering can be ultimately transformed and healed in this way. Brene Brown (2012), in her latest book, *Daring Greatly*, states a similar conclusion in that when we numb uncomfortable feelings, we also numb joy, love and happiness as well. When we confront our vulnerability, we can live “wholeheartedly”, which leads to joy and love. Shame is the fear of connection and we can’t connect without being vulnerable. In her research with those who had a strong sense of worthiness, love and belonging, they also had a strong sense of connection to others through being authentic in their relationships. Brown (2010), in *The Gifts of Imperfection*, talks about how staying vulnerable is a risk we have to take if we want to experience connection. Brown also speaks of shame, which we know is most often a very strong feeling in adults who have experienced childhood abuse. When shame is used in parenting children, we are teaching them that they are not inherently worthy of love (Brown, 2012).

Resilience

Resilience is another concept that is emerging in the field of psychology and education but typically is seen as individually constructed and described like a “personality trait” where you

either have it or you don't (Bonanno, 2004). There is more focus in the last five years on building resilience in children and youth as it is now seen as a pathway to healthy social-emotional well-being. Resilience is more common than believed and there are multiple pathways to it but because of the psychological knowledge base (i.e. the dominant discourse of trauma) about how trauma can impact one to cause "psychological problems", resilience is often misunderstood and underestimated (Bonanno, 2004). The term recovery usually refers to "normal functioning being temporarily disrupted and psychopathological symptoms emerging, with a gradual return to normal functioning (Bonanno, 2004, p. 20). Resilience, on the other hand, "reflects the ability to maintain a stable equilibrium...and for children, are usually seen as "protective factors that foster the development of positive outcomes and healthy personality characteristics among children exposed to unfavorable or aversive life circumstances" (Bronanno, 2004, p. 20). For adults, resilience refers to the ability to "maintain relatively stable, healthy levels of psychological and physical functioning...and also "generally exhibit a stable trajectory of healthy functioning across time, as well as the capacity for generative experiences and positive emotions" (Bronanno, Papa & O'Neill, 2001 cited in Bronanno, 2004, p. 20-21). Research has focused so much on the dysfunction caused by trauma to the individual that "such reactions have generally come to be viewed at the norm" (Bronanno, 2004, p. 22). Individuals deemed as resilient do not have an absence of negative responses or symptoms to the trauma, but instead view these experiences as transient and they were not interfering in their daily life functioning. Children considered resilient in research have been found to have a blend of genetic, personal, environmental risk and protective factors (Bronanno, 2004). Bronanno concludes that "....dysfunction (in trauma) cannot be fully understood without a deeper understanding of health and resilience" (Bronanno, 2004, p. 26).

Michael Ungar has created a more social-ecological definition of resilience, which aligns with many concepts in Social Construction. As stated above by Bronanno (2004), the term resilience has come to be more about an individual's ability to overcome adversity and continue his or her normal development than about the social-ecological and culturally context. Ungar defines resilience as,

In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways." (Ungar, 2008 and Ungar, 2011)...This definition shifts our understanding of resilience from an individual concept, popular with western-trained researchers and human services providers, to a more relational understanding of well-being embedded in a social-ecological framework. Understood this way, resilience requires individuals have the capacity to find resources that

bolster well-being, while also emphasizing that it's up to families, communities and governments to provide these resources in ways individuals value. In this sense, resilience is the result of both successful navigation to resources and negotiation for resources to be provided in meaningful ways. (Ungar, n.d, para. 1).

This definition brings us some hope for the generation of alternative voices in trauma and moves us away from the dominant discourses of trauma since relational activity is emphasized in providing resources and opportunities to build resilience. This definition shifts the definition of resilience being an individual construction of a personality trait to one that is about navigating and generating resources and opportunities. Michael Ungar at the Waterloo Region District School Board's (WRDSB) Principal's Conference, in Grand Bend, (M. Ungar, personal communication October 3, 2014) tells a story when he is speaking at conferences about a young girl who was stealing candy from a nearby store at school during recess and giving it to her fellow students in her class so that she could have friends. She was from a "disadvantaged" home and considered to be a vulnerable child, who had poor social skills and trouble making friends. She found that giving candy to them made people like her. When she was caught, the school did not take a punitive approach and instead was able to inquire about why she was doing this, and put the reasons in the broader context. The school then provided the girl with opportunities and resources so that she could have a stronger sense of personal agency and power as Ungar describes it, with her fellow classmates. The school learned how well this girl could read, and gave her the special privilege of walking (or as Ungar describes it, strutting) out of class in front of her classmates, with a strong sense of personal agency, to be a mentor reader to younger students in another class. This example demonstrates how one school took the time to understand the broader context of a girl's behavior and instead of taking an individualistic approach of labeling and punishing her, put it in a larger social context and provided her with resources and opportunities.

Culture and the Construction of Trauma

What is the role of culture in the development of what some identify as "trauma symptoms" or even in the definition of trauma? Trauma occurs in every culture and this shapes its subjective meaning, and in turn symptom expression (Ghafoori, Caspi, Contractor & Smith, 2014), and possibly even healing. Culture determines rituals, values, and norms, and guide individual (and collective) responses, as well as identifies what is classified as mental illness. These researchers took the definition of trauma and used diagnostic criteria for Posttraumatic Stress Disorder (PTSD) to examine the common symptoms, and compared the evidence and expression of these symptoms across cultures to determine if there were differences. They concluded that even though some of these symptoms appear to be universal and biological, there are

numerous cultural manifestations that should be considered. They also found that there are inconsistencies in how symptoms are expressed both between and within cultures, so careful consideration is required regarding culture and symptom expression. Symptoms are given “meaning” in the culture and how they are expressed and manifested is culturally induced. For example, when looking at avoidance symptoms, the researchers believe that these may actually be useful in the adaptive process in traditional collectivist cultures. The “lack of separation between mental and physical functions typical of non-Western belief systems dictates a different approach to the somatic complaints and expressions of distress” (Ghafoori et al., 2014, p. 3).

This view of culture in determining the meaning of responses and symptoms aligns with the research reviewed earlier regarding the creation of mental illness, mental stigma and the DSM. It is important to note that other non-Western cultures have different meanings regarding trauma responses and how it is expressed, as well as the language used. It is beyond the scope of this research to fully examine this but we need to acknowledge that trauma is rooted in the historical, cultural, social and political context. The trauma informed movement, along with the concepts of posttraumatic growth and resilience, begin to present other voices besides the dominant discourse of trauma, where there is less emphasis on the individual and a consideration and exploration of the social, political, historical and cultural practices in the responses to trauma. This shift can help generate new possibilities in how trauma is talked about and presented in the Western World. The culture and construction of trauma was also reviewed briefly to help understand the meaning that can be attributed to trauma through the dominant discourses in culture.

Chapter 5 Narratives, Identity and Trauma



The Power of Stories

This chapter examines the power of stories in our lives, and how they provide meaning. The contextual dimensions in how stories are told, as well as the risks and benefits of telling a trauma stories are reviewed. A brief introduction to narrative therapy is also provided to demonstrate the power of stories and the capacity offered in a therapeutic relationship to “re-author” our stories. Although this dissertation is not focused on the clinical treatment of trauma or on the therapeutic relationship, this section on narrative therapy is included to better understand how stories influence personal agency, identity, and feelings of hope for our future.

As quoted at the start of this dissertation, songwriter Brandi Carlile sings in her song, “The Story”, “all of these lines across my face tell you the story of who I am. So many stories of where I’ve been, and how I got to where I am. But these stories don’t mean anything when you’ve got no one to tell them to...” (Carlile, 2007, track 2). Our stories need to be shared, need to be told. The stories we tell ourselves and the stories we share with others are narratives that can shift over time and are co-created with others through our social interactions, and are influenced by a number of factors. “Like all good stories, we end where we began. ‘Happily ever after’ is traditionally the ending of a fictional story...but it is the beginning of the real story, because the writing and rewriting of the narratives of our lives is one of the most powerful means available for moving toward greater happiness” (Tomasulo & Pawelski, 2012, p. 1189). What do we know about stories and how this contributes to how trauma impacts one’s identity and one’s sense of hope and future? What is it about stories that can make such a powerful difference in whether one has feelings of hope or despair? This chapter will review the power of stories and their impact on creating possibilities for change by outlining key points from the literature on narratives. Also discussed will be the contextual dimensions on how stories are

told as well as the risks and benefit of telling a trauma story. Narrative Therapy will also be briefly reviewed to further our understanding of the power of the narratives we hold on our sense of identity and selves.

Any life story is by definition a retrospective reconstruction, at least in part an outgrowth of native temperament. Yet the research so far suggests that people's life stories are neither rigid nor wildly variable, but rather change gradually over time, in close tandem with meaningful life events. (Carey, 2007, para. 14)

The narratives we hear as we listen cannot perfectly represent "what was" but is a continual "reconstruction" - since telling and listening further influence and create constructs, but the "stories people disqualify are perhaps as important as those they tell" (Brown, 2013 p. 22). Foucault (1980) states that "there is no binary division to be made between what one says and what one does not say; we must try to determine the different ways of not saying such things, how those who can and those who cannot speak of them are distributed, which types of discourses are authorized, or which form of discretion is required in either case" (as cited in Brown, 2013, p. 22). "Questions which explore self-blame can begin to create a scaffold for unpacking self-blame rather than leaving it intact" (Brown, 2013, p. 23). One must understand the "messiness of trauma" (Brown, 2013, p. 26), in understanding how the dominant cultural approaches to trauma influence the narrative. Brown is cautioning how this power of stories can be immersed in the dominant discourse of trauma, thereby reinforcing it or it can create a context where alternative narratives and constructs contribute to the power of stories in a different way.

Brown (2013) summarizes how White (1995, 2001) states that "stories need to be told, deconstructed-not simply heard-in order to avoid reifying existing unhelpful or oppressive stories." (p. 2). Just by asking another about their trauma story from a stance where the construction of the "wounded victim" and feelings of helplessness and hopelessness (which we know are rooted in the dominant discourse of trauma) can be challenged may generate a difference and perhaps create an alternative narrative. An example of this power of asking about the story and listening for turning points and hope is in the suicide helper program called ASIST, (Applied Suicide Intervention Skills Training), where persons age 16 or older, regardless of prior experience or training, can become an ASIST-trained caregiver who is capable of helping a person considering suicide stay alive and safe until further assistance and resources can be secured. ASIST is the world's leading suicide intervention workshop where in a two-day interactive session, participants learn to intervene and help prevent the immediate risk of suicide. Over 1,000,000 people have taken the workshop, and studies have proven that the ASIST method helps reduce suicidal feelings for those at risk. The key factors outlined in ASIST

in assisting the person considering suicide is for them to HEAR the person's story and then identify small moments of hope and turning points within their story of perceived hopelessness, so that they can hold onto that meaning as they choose life (Applied Suicide Intervention Skills Training, n.d.). Listening and hearing one's story of trauma and offering alternative perspectives is valuable to the person's meaning that they attribute to their experiences and relationships.

Contextual Dimensions in How Trauma Stories are Told

"I have learned now that while those who speak about one's miseries usually hurt, those who keep silence hurt more" C.S. Lewis

This section focuses on the contextual dimensions that are considered when a trauma story is shared, as well as some of the processes, dilemmas and risks associated for the person sharing the story.

This dissertation is mostly focused on how adults telling their stories of childhood trauma can generate space for new alternatives in narratives. But what do we know about children who tell their story of abuse or trauma when they are still young? We know that children choose to tell their story in a rather logical manner, using rules to help them gauge who they tell and how much they disclose. Petronio, Reeder, Hecht & Mon't Ros-Mendoza (1996) refers to this as locating sexually abused children's "voice of logic". These researchers have

learned how sexually abused children frame their ordeal through focusing on regulating disclosure discourse. From this information, it became clear that these children have a logic for allowing others access to information about abuse. The children told us they were strategic in how they made choices about telling or withholding this secret. By listening to them, to their voices, we learned a great deal about the rules they use to reveal or conceal their abuse. For example, they informed us that to disclose their abuse, they needed tacit permission from others. Selecting the circumstance to tell was also important to these children, and they used incremental disclosure to test the viability of ultimately revealing the fact they were sexually abused. These children conveyed a sense of thoughtfulness, consideration of events, people, and consequences before they talked about their sexual abuse. (Petronio et al., 1997, p. 102)

In analyzing the choices made by these children, we witness the ways in which these children use voice to rebuild—they identify trust, regain control, and recreate safety.

We also realize that while their struggles in responding to the abuse are not over, neither is their will destroyed. In their careful choices of confidants and their use of decision criteria, these children tell us much more than how they select a confidant. They help us understand the complexities of locating the voice of logic and how that voice becomes a means of resistance. Through their management of disclosure discourse these children move from being victims of child abuse toward becoming survivors, thereby resisting an identity as victim. While refusing to accept this identity, they inform others about the victimization that occurs. Depending on their own logic, they begin the healing process and challenge social conceptions of abuse. By recognizing the significance of how these children disclose, we might give others an opportunity to listen to their voices of logic. We need to put our scholarship into practice and find ways that we can benefit from the voices we hear and help others benefit from everyone's efforts. (Petronio et al., 1997, p. 111)

Children's stories of trauma, while they are still young, can provide a meaningful pathway for healing for them and others, but also can generate different alternatives and discourses that give less space to the victim voices dominating the discourses in Western society.

The research on stigma disclosure also helps us understand how stories that contain information perceived to be vulnerable to the teller impact how they are told to the listener. Trauma stories are often not told because of the trauma and vulnerabilities in sharing the story, because of the perceived stigma around trauma regarding shame, blame and guilt (Felitti et al., 1998). Stigma disclosure "involves a dialectical tension between the need to reveal and the need to conceal...the dialectical contradiction between revealing and concealing stigma may be multivocal in nature involving different meanings for different people or multiple meanings for specific individuals" (Dindia, 1998, p. 86). We know that there are many factors involved in whether an individual reveals or conceals something that is potentially stigmatizing to them, as Petronio et al., (1996) and Petronio et al., (1997) describes above for children's abuse disclosures.

Individuals select who, what, when, where, and why to self-disclose stigma. As stated by Herman (1993), 'Individuals *selectively* conceal such information about themselves at certain times, in certain situations, with certain individuals, and freely disclose the same information at other times, in other situations, with other individuals' (p. 305 as cited in (Dindia, 1998, p. 87).

Some of the known strategies in disclosure include selective disclosure, staging information (the disclosure continues depending on the response of the listener), indirect disclosure (implied meanings in the dialogue with others), concealment or nondisclosure (denial or lying) (Dindia, 1998). Herman (1993) found that people reveal and disclose when they perceive that listener and their response is “safe” compared to “risky”.

Ford, (1999), creates an argument for using a dialectical framework in order to help adult incest survivors understand intrafamilial sexual abuse and the communication dynamics that potentially affect all family members in intrafamilial sexual abuse. We know from Baxter and Montgomery, (1996) that their dialectical framework for communication in personal relationships consists of four assumptions: contradiction, dialectical change, praxis, and totality and is meant to reflect “the multifaceted, complex and sometimes disordered nature of social life. Further, its goal is to understand that knot of contradictions constituting social relations. These contradictions are manifested through people's communicative practices” (Ford, 1999, p. 139). According to Baxter and Montgomery (1996), “social life is an unfinished, ongoing dialogue in which a polyphony of dialectical voices struggle against one another to be heard, and in that struggle they set the stage for future struggles” (p. 4). Ford (1999) uses this dialectical framework in the context of adult childhood abuse disclosure since it is rooted in “a paradoxical past” (Ford, 1999, p. 139). Ford further states that “conceptualizing the change process for adult survivors as linear and cumulative and as the outcome of full disclosure is to miss the complexities of the relationships involved” (p. 146). The person who experienced the abuse is “caught in the web” (Ford, 1999, p. 139) because of the “overall contradiction of the abuser/protector role in their relationship with the perpetrator” (Ford, 1999, p. 139).

Further, as children, adult survivors experienced the paradox of support. The very people they should have been able to rely on to talk about the abuse were, in fact, the abusers (Ray, 1996). These primary contradictions were maintained through messages received from the perpetrator and/or family members which acted to keep the victim feeling victimized and silent (Ray, 1996). As adults, survivors may continue to hear the echoes of those silencing messages. In contrast to childhood, the power to choose to reveal or conceal, to engage in disclosure with its known and unknown risks, is often realized in adulthood. Thus, adult incest survivors face two intertwined, often paradoxical, communicative challenges: reliving the communicative dilemmas of their childhood relations with the perpetrator and other family members and managing the complicated communicative predicaments of disclosure as adults (Dindia, 1998; Ray, 1996). (Ford, 1999, p. 140)

When adults share their trauma stories in retrospect, they are providing “explanations,

reflections, and interpretations of the past through the present...which likely have beneficial physical and mental health outcomes as well” (Ford, 1999, p. 140). However, we know that when an adult discloses abuse, the risks associated with the disclosure are typically unknown and also unpredictable, which further can create risk in altering the meaning of the relationship between the person sharing the story and the listener (Ford, 1999).

The words of these adult survivors provide support for the primary contradiction of secrecy-disclosure and its multivocality. Generally, these examples represent positive revisions and/or increased understanding of the individuals and their relational dynamics... As they test the disclosive waters, survivors must balance the secrecy-disclosure tension as revelation may create other contradictions. They must also decide whether to continue their disclosure depending on the response of the recipient...(Ford, 1999, p. 144)

If the choice to disclose is made, the response of the disclosure recipient can be support or non-support, belief or disbelief, and may include specific responses such as denial, blaming the victim, and/or challenging the veracity of the victim's claims (Ray, 1996). Once the secret is revealed, all future communicative action is affected. (Ford, 1999, p. 147)

We know that people who have experienced trauma “choose particular disclosure targets, time their disclosures, and reveal and conceal particular details of the abuse” (Dindia, 1998, p. 148) in their efforts to seek on-going support.

The above section focused on sharing stories in a verbal manner, yet we know that writing or journaling about a trauma story can be helpful to their health, as well in shifting stories to alternative narratives that include space for other voices not as prominent in the dominant discourse of trauma. Despite the fact that some people may become upset when writing about or expressing a traumatic event, the majority report that the writing experience was valuable and meaningful to them (Pennebaker, 1997). “When people transform their feelings and thoughts about personally upsetting experiences into language, their physical and mental health often improve” (Pennebaker & Chung, 2011, p. 417). Those who keep silent about a secret were more likely to experience adverse health effects than those who talked openly about it with others. When people talk or write about self-defined meaningful (non-superficial) topics, biological responses are at the same level as those people who are trying to relax. Blood pressure and heart rate drop, even months later (Pennebaker & Chung, 2011). Pennebaker tells a story at the start of his book, *Opening Up: The Healing Power of Confiding in Others* (1990) about a bank manager whose heart rate, blood pressure and other biological signs are seriously elevated when he is being interviewed about his involvement in an embezzlement

scam and connected to a lie detector. He confesses after the interviewer persisted in verbalizing the discrepancies in his biological responses during the interview. After the confession, all rates return to normal. Pennebaker questioned why this man's heart rate and other biological measures of stress would decrease knowing that his career is now ruined and he will likely be going to jail in the near future. Pennebaker accounts for this by saying that "even when the costs are high, the confession of actions that violate our personal values can reduce anxiety and physiological stress...revealing pent-up thoughts and feelings (secrets) can be liberating" Pennebaker, 1990, p. 17). We know from Felitti et al. (1998) in the ACES research reviewed in Chapter 3 that many adults who experienced adverse childhood events feel they are keeping secrets and holding shame about the events that happened to them.

Although there is promising research in expressive writing, it remains unclear for whom it works best and when it should be used. Research is indicating however, that there are several conditions that are conducive to achieving strong health benefits in expressing events that are meaningful to them, such as trauma. Pennebaker & Chung (2011) report that providing open instructions allow people to write more freely and choose a topic that is meaningful to them. We know that people who are more positively focused can often incorporate this view into seemingly negative events (Seligman, 2000). We know that discussing one's trauma in a group setting doesn't usually provide positive effects (Pennebaker & Chung, 2011). Expressing the trauma may be more beneficial several months after the event. Positive benefits can be gained by writing about an event for only two minutes, for two consecutive days. Emotional expression is necessary to see positive gains- just writing about trauma facts won't suffice yet cognitive work is necessary too in that the experience must be translated into language. Pennebaker & Chung (2011) describe the A-D theory to explain this. "...once an event is adequately represented in language format, the verbal/conceptual processing takes over" (p. 432). Those who tend to ruminate and be negatively oriented in their story telling may benefit more from expressive writing. Most importantly, a person's health improved if the expression of the story was meaningful to them. Those who have stories that are incoherent to start benefit more from expressive writing than those who start off with a coherent story. Interestingly, "the more people oscillated in their use of 1st person singular pronouns (I, me, my) and all other personal pronouns (e.g. we, you, she, they), the more people's health improved (Pennebaker & Chung, 2011, p. 427). In addition, "disclosure begets disclosure" (Pennebaker & Chung, 2011 p. 428), in that social interaction was impacted-people talked to others about their writing. People may become better friends, better listeners and have more meaningful relationships by sharing their stories, in part because after writing about distressing events and feelings, people end up devoting less cognitive space to them. Sharing stories may also lead to others to share their stories, thereby creating more meaningful social interactions and relationships (Pennebaker & Chung, 2011). People who express their distressing story

opens up new possibilities regarding the story; it allows them to think differently about it, and have more meaningful social interactions with deeper connections to others. They are more able to use available social supports. Expressive writing also promotes better sleep and immune systems, and decreasing unhealthy behaviors and habits such as alcohol consumption (Pennebaker & Chung, 2011).

The Risks and Benefits of Telling a Trauma Story

There are benefits and risks associated with telling one's story. The research reviewed above has highlighted the significance in telling the story of trauma that one experienced, and some of the more positive or desirable impacts this has on the person's life-including desirable changes in social relationships and the ability to "heal", or move forward from the event because alternative narratives are generated. However, are there times when telling the story isn't as likely to lead to these desired changes, where the impact might be viewed as less desirable? There has been a lot of concern generated in the literature about the trauma informed movement regarding how telling one's story about trauma events can be de-stabilizing and lead to the person sharing the story to decompensate emotionally (Bloom, 1997). From my experience, emotional decompensation from sharing a trauma story is more likely to happen when the story is shared in a discursive context that is rooted in the dominant discourse of trauma. There is also literature, some of which was reviewed above, where it is argued that sharing the story of trauma can be seen as an emotional relief. This is strongly evident in the work on the ACES study, Feletti et al., (1998) and in the work on the trauma informed movement (Bloom, 1997, 1994).

'It's not the trauma but the secret' is how the researchers summarize their results of the Adverse Childhood Experience Study (ACES) that was reviewed in Chapter 3 (Felliti et al., 1998). The shame from the trauma experience is held individually inside and further creates distress and disease. The secrets sometimes are held forever. Felliti et al., (1998) talks about his ACES study and how one elderly woman wrote to him after her interview about her childhood sexual abuse and thanked him for asking the question about childhood abuse experiences for she said that she 'thought I was going to take it to my grave' referring to her trauma story that she told him about in the interview. (Retrieved from <http://acestoohigh.com/2012/10/03/the-adverse-childhood-experiences-study-the-largest-most-important-public-health-study-you-never-heard-of-began-in-an-obesity-clinic/>).

Perhaps the answer regarding when sharing a trauma story is helpful vs not helpful can be found in the discursive context. White (2004) states that encouraging people to revisit their traumatic experience by directly addressing it is "unproductive at best, and, in many circumstances, hazardous" (p. 70). This can lead to alienation and further isolation, especially if

the response to the trauma story from the listener is rooted in the dominant discourse of trauma. In order to address the effects of trauma and move the focus away from the response of trauma, a context first must be provided that restores one's sense of self, and to "the reinstatement of the doubling of consciousness referred to...as the "I" in relation to 'myself'" (White, 2004, p. 70). When talking about the trauma, one needs to be mindful that "traumatic memories are half memories as they exclude an account of personal agency that would be in harmony with the persons' familiar and preferred self of myself" (White, 2004, p. 71). The task to convert the half memories to full memories includes restoring what is in the dissociated memory-which White claims is people's responses to the traumatic experience and the foundations that these were built upon. Social Construction sees life as "multi-storied" and that all of our stories are rooted in cultural, relational, political and historical origin. Given this, opportunities can always exist to be in several different "stories" or "identities". If the discursive context when the story of trauma is shared promotes the dominant discourse of trauma in that children are "damaged goods" or wounded because of the traumatic experiences, then this further constructs and defines the person's identity as "their trauma" instead of finding alternative storylines.

These discourses have become prominent in the professional and the popular psychologies, and not only promote the construction of disabled identities, but also shape relationship practices that are diminishing and marginalising of people who have been through significant trauma. In the context of these relationship practices, people who have been subject to significant trauma become the 'other'. It is in the context of these relationship practices that their identity is constructed as 'spoiled'. In regard to service provision, when workers are encouraged to place their sole focus on the trauma that children have been subject to, and on the consequences of this trauma, they become vulnerable to the reproduction of these discourses of victimhood in their therapeutic work. In this circumstance, there is a risk that counsellors/ community workers will further diminish children's sense of personal agency and, as well, inadvertently reinforce a passive-recipient identity status for these children. This central and exclusive focus on trauma and its consequences obscures the extent to which identity is constructed in language and in the context of relational practices. And it obscures the extent to which it is identity that is very much at stake in work with children who have been subject to abuse. (White, 2005, p. 14)

Narrative Therapy

Narrative Therapy can help us better understand the role of stories in how they affect personal agency, identity, and feelings of hope for our future, especially with the focus of trauma stories. As stated earlier, this dissertation is not focused on the clinical treatment of trauma or on the therapeutic relationship, but this section on narrative therapy is included to better understand how stories influence personal agency, identity, and feelings of hope for our future.

Narrative therapy emerged when Michael White in Australia and David Epston in New Zealand found their work in story-telling and anthropology connected. Narrative therapy is based on the narrative, or story, and how people make sense of this based on what meaning it provides for them (Anderson, n.d.). Narratives shape our realities and identity. They are influenced by the dominant discourse and reflect our historical, cultural and political context. Narrative therapy therefore focuses on helping people understand the construction of their stories and provide opportunities to reconstruct them, along with their sense of agency and identity.

“Narrative therapy doesn’t believe in a ‘whole self’ which needs to be integrated but rather that our identities are made up of many stories, and that these stories are constantly changing.” (Carey & Russell, 2002, p. 13).

An example of how stories can shift could be seen in the concept of “externalizing the problem” which emerged from narrative therapy in the 1980’s, and can help us understand the social construction of “the problem”. .. “There are many ways of understanding externalizing, but perhaps it is best summed up in the phrase, ‘the person is not the problem, the problem is the problem’. By the time people turn to us as therapists for assistance, they have often got to a point where they believe there is something wrong with them, that they or something about them is problematic. The problem has become ‘internalized’. As we’re sure you’re aware, it is very common for problems to be understood as ‘internal’ to people, as if they represent something about the nature, or ‘inner-self’ of the person concerned. Externalizing practices are an alternative to internalizing practices. (Carey & Russell, 2002, p. 3)

Externalizing locates problems, not within individuals, but as products of culture and history. Problems are understood to have been socially constructed and created over time.

The aim of externalizing practices is therefore to enable people to realize that they and the problem are not the same thing. (Carey & Russell, 2002, p. 2)

Through specific questions that can help the person begin to think differently about the problem, some “space is created” and alternate stories and relationships about the ‘problem’ can emerge. The authors state that

externalising is all about power and politics. So much of psychology and therapy has enabled what are social issues to be located only within individuals. Through externalising practices, it becomes more possible for us to trace how problems have been shaped by broader relations of power. This in turn can help people to separate their identities from these problems...this is about putting back into culture and history what has come from culture and history and this is small ‘p’ political work. (Russell & Carey, 2002, p. 14-15)

Narrative therapy promotes that a ‘sense of myself’-a familiarity with one’s identity, can be lost by people who have experienced recurrent trauma (White, 2004). Identity is diminished and people lose sense of what they treasure in life. The therapeutic process seeks to restore this valued sense of self, and find ways to validate what the person gives value to in life (White, 2004). To invigorate this sense of self, White (2004) proposed that an account be developed about how the person responded to the trauma so that it can be determined what the person gives value to in life. Like Wade’s response-based trauma (1997) reviewed later in Chapter 9, White elicits in the therapeutic context how one attempted to preserve and protect what is of value to them during the traumatic situation. “No one is a passive recipient of trauma” (White, 2004, p. 47). This provides a rich opportunity to strengthen the ‘sense of myself’ and shift identity and sense of agency in the person. These responses and values are often dismissed by the dominant discourse; they are often devalued and ridiculed, or at least overlooked (White, 2004). White uses the terms “double listening” and “double-storied” to describe the focus on responses and listening beyond the “single-story” describing the experience of trauma. In order to help people shift their story of trauma and redefine their identity, White (2004) also uses “definitional ceremony structure” where there are “structured levels of tellings and retellings, and that reproduces a specific tradition of acknowledgement” (p. 52). This includes the initial telling, where the focus is on the double-storied telling, followed by a retelling of the telling, where external outside witnesses listen to the initial telling and provide a structured response that re-presents what the person gives value to, and what resonated with them as they listened to the story. This is followed by the retelling of the retelling, where the story teller is re-interviewed by the therapist, about their response to what the outsider witnesses had said, to further elicit a ‘self of myself’ in the person.

Narrative Therapy provides us with an interesting and alternate approach for how we view trauma narratives in the therapeutic world but these concepts could be extended to help us

think about alternative discourses in the Western world. White coined the term 'pain as testimony' (White, 2003) to shift our understanding of how we view the pain and suffering that people who have experienced trauma. He states that:

On-going psychological pain in response to trauma in the history of people's lives might be considered a testimony to the significance of what it was that the person held precious that was violated through the experience of trauma. This can include people's understandings about: a. cherished purposes for one's life; b. prized values and beliefs around acceptance, justice and fairness; c. treasured aspirations, hopes and dreams; d. moral visions about how things might be in the world; e. significant pledges, vows and commitments about ways of being in life; etc. (White, 2003 in White, 2005, p. 16). If such emotional distress can be considered to be a tribute to people's determination to maintain a constant relationship with that which was powerfully disrespected and demeaned in the context of trauma, then the experienced intensity of this distress can be considered to be a reflection of the degree to which the person has continued to revere and maintain a relationship with what it is that they hold precious. In the context of therapeutic conversations, acknowledgement of people's refusal to relinquish what was so powerfully disrespected, and explorations of their skills in maintaining a relationship with these intentional states, can be very significantly elevating of their sense of who they are, and of what their lives are about (White, 2003, in White, 2005, p. 16). Psychological pain and emotional distress might be understood to be elements of a legacy expressed by people who, in the face of the non-responsiveness of the world around them, remain resolute in their determination that the trauma that they and others have gone through will not be for nothing – that things must change on account of what they have gone through. According to this understanding, despite the absence of a wider acknowledgement that things must change, these people are sentinels who will not let this matter drop, and who have remained on guard against forces that would be diminishing of their experiences, and that would be reproducing of trauma in the lives of others. This understanding contributes to a context in which the legacy that is represented in expressions of psychological pain and emotional distress can be significantly honoured and joined with by others. It can also contribute to a context that is acknowledging of the way in which people rely upon their insider experience of trauma in recognising the consequences of this in the lives of others, and in responding to others with a compassion that touches

their lives, and that evokes a sense of solidarity with them. (White, 2003, p. 17)

Personal agency is often diminished in a person who has experienced significant trauma in that they do not believe that they can impact or influence the world around them. There is a sense that nothing they say or do matters, and nothing makes a difference. White (2004) again uses outsider-witness retellings to restore a sense of agency, and often this results in the person who has experienced the trauma to believe that they have not suffered for no reason, and that somehow, what they experienced, can actually contribute somehow to the lives of others in a meaningful way.

White (2000) suggests that we are most at risk to re-traumatize a person or to “reinforce negative identity conclusions” when we can’t see beyond the single-story; when we don’t engage in a multi-storied approach and contribute to “re-visioning history”. He suggests we re-engage with personal history on new terms to alter their relationship with their own history; to “bring forth multi-storied experiences of life and of identity.” (White, 2007). One of the routes to this re-engagement with personal history is through the notion of “absent but implicit”. He reminds us that descriptions in our discourse is “relational, not representational”. We need to ask “how the person came to identify and to represent their experience in the way (they have), in the circumstances or conditions that made it possible for them to discern despair”, for example. (White, 2000, p. 37). We can apply the absent but implicit to the stories we hear about trauma. What is NOT being said about the trauma story when we “listen beyond words” (DeVault, 1990, p. 101). We may look beyond the wounded victim story being presented and ask questions about resilience, hope and their future, being careful to present a balanced view in our questions so as to not minimize the pain and suffering but also to not dismiss the resilience and hope that have brought this person to this conversation. This again provides an opportunity for an alternative story to be re-created, an identity that doesn’t have to align with the dominant discourse of the victim-ness of trauma. Ford (1999) argues that for incest survivors the

transformation of identity from victim to survivor represents a significant context shift. This transformation from victim to survivor identity is complicated and characterized by the secrecy-disclosure contradiction. Nonetheless, the notion of acquiring a survivor identity and managing the contradictions from that transformed context has resonance. For adult survivors this identity transformation, although arduous, is symbolic of healing. (Ford, 1999, p. 153)

For adult incest survivors, the meaning in their story may need to shift to include the survivor

identity while both working individually and collectively to give voice to that identity (Ray, 1996).

White (2004) also talks about how re-authoring conversations can provide “another place in which to stand that makes it possible to give expression to their experiences of trauma without being defined by these experiences” (p. 60). Re-authoring conversations can provide alternatives to stories of people’s lives. In order to develop this, White (2004) states that the therapist’s task is to “provide a scaffold through questions that makes it possible for people to draw together, into a storyline, many of the neglected but more sparkling events and actions of their lives” (p. 61).

White (2005) argues that by developing a subordinate storyline in the therapeutic context when working with children who have experienced trauma “affords children a significant degree of immunity from the potential for re-traumatisation in response to therapeutic initiatives to assist them to speak of their experiences of trauma and its consequences” (White, 2005, p.10). White (2005) states that children may experience an increased sense of shame, vulnerability, hopelessness, desolation and futility if they tell their story of trauma in ways that end up reinforcing the “negative conclusions they hold about their identity” (p. 11). White suggests that a context of psychological and emotional safety be carefully established and that consideration be given to the child’s ‘psychological positioning’ to ensure that their telling of the trauma story is rooted in subordinate storylines to avoid re-traumatization. In order to identify and establish these subordinate storyline, White once again proposes a similar process outlined above, where the child’s response to the trauma is given space and what the child gives value to is acknowledged.

White argues that the meaning behind this is not to dismiss the trauma experience nor ignore the impact, or even the facts of the trauma, but to also first establish “alternative territories of identity”. This permits for the significance of responses to be acknowledged and to

emphasize the fact that the negative consequences of trauma do not represent the whole story of a child’s life and identity, and to give an account of some of the ‘material’ that is ever-available for the sort of subordinate storyline development that constructs alternative territories of identity that can be occupied by children in giving expression to their experience of trauma (White, 2005, p. 12)

Stories reveal our identity. Perhaps we could say that stories reflect our identity and our identity reflects our stories. Gergen reminds us from a Social Constructionist perspective, that “We have an identity for practical purposes. To be sure we do create reliable worlds in this

way.” (Gergen, 2009b, p. 45). An example of this became evident when I heard Justin Tines speak and sing at a Principal’s Conference with the Waterloo Region District School Board in October 6, 2014. Tines is a Canadian singer and songwriter who has a rare, genetic joint condition called Larsen’s syndrome, which confines him to a wheelchair, starting very early in life. Justin performs songs and gives “life lessons” in between songs during his performances. He tells a story where he says that he initially attended a school designed for children with serious physical disabilities, and was eventually “integrated” into the mainstream education system while still in early grade school. However, the school was very careful to prepare these children who were entering the mainstream system to deal with questions from other classmates and attend to the “stares” and needs for accommodations compared to the other students. Justin says one day the teacher had the students in a circle and they each had to practice their “speech” that explained what was wrong with them. The students each went around in the circle and eloquently identified their various disorders, explaining the diagnosis and how it affected them. When it came for Justin’s turn, he was at a loss for words. Recall that Justin is in a wheel chair and has his joints on his arms and legs in very awkward looking positions. He thought and reflected for a few moments, and then stated matter of fact-like, “I have asthma”. Justin was raised in an environment that believed he was not his disability; that it wasn’t a label that consumed his identity; family life and his relationships with others did not revolve around his diagnosis and accommodating it, but instead treated him as an individual with strengths to nurture. That is why Justin did not know how to answer the question about what was “wrong” with him (J. Tines, personal communication, October 6, 2014). Justin’s identity was not consumed by his disability and diagnosis as the story he held about himself, and the story his family held about his, did not solely focus on his disability and instead on his abilities.

Marlowe (2010) reminds those working alongside refugee populations that we need to distinguish between *extra-ordinary* and *ordinary* stories and how this connects to their identity. It is important to listen to and validate the experiences that identify the “negative sequelae of trauma” (p. 195), the grief, loss and taboos that are typically associated with forced migration. Yet it is important to open up space to hear about what got them through the hardship, how they managed to stay hopeful in order to reveal the

extra-ordinary within the *ordinary* in research contexts. Thus recognizing people’s responses can play a partial but important role in addressing the misrecognition of refugees commonly associated with trauma focused identities. Such a shift is arguably a key step in recognizing refugees as agency in their own lives who are capable of making meaningful contributions to society. (Marlowe, 2010, p. 195)

“For both therapists and patients, the risk is to reinforce constructions of identity in which the trauma is the axis around which the refugee’s life turns” (Gemignani, 2011, p. 138). Although the researcher here is speaking about refugee trauma, the concept of rooting the conversation or discursive context in the trauma as the main identity of the person is not helpful, and can lead to the “internalization and individualization of trauma” (p. 138), while omitting to consider the historical, political, societal and cultural factors that shape identity and our constructions and meaning in life events.

This section tried to shed some light regarding the on-going concerns or debate about how sharing one’s trauma story can lead to adverse reactions in the person sharing the story. What we have learned, is that perhaps there is a tricky balance in finding the space to truly listen to the story and “sit in the muck” with the horror of the trauma while creating a context or space where alternatives can be created that are not rooted in the dominant discourse of trauma. The next chapter expands the trauma story-telling context to include a review of the literature regarding a more collective and community approach.



Chapter 6 Collective Story Telling, Culture and Communities

Public Testimony and Stories of Trauma

What is the value and power in telling one's story in public? People share their story in part for their own healing but also to have a more collective response and social action perhaps. This chapter reviews the power of public testimony, both individually and collectively, for individual or collective trauma, in potentially creating space for healing and social change. The power of connection and empathy in creating space for growth as well as a collective response to trauma in the Western world will be reviewed.

Understanding the social context of trauma, especially collective trauma, can contribute to responsive healing at a social and individual level (Ajdukovic, 2004). Collective trauma (also known as social trauma, mass trauma) can be distinguished from individual trauma in that it

affects mass people and the community in which it happened, such as a natural disaster or extreme violence, such as a school shooting. Ajdukovic (2004) argues that in mass trauma, the support mechanisms are far from adequate to meet the needs of the people and infers that this is different for individual or personal trauma, where there are infrastructures and resources available to aid healing. Social networks are fragmented and changed after a mass trauma, as are social norms, values and social interactions. The impact is that people become confused, frightened and can feel uncertain (Ajdukovic, 2004). Trust and guilt become two emotions the community need to manage as these emerge regarding the event, and how one sees the impact or attributes blame. Creating safety is almost impossible, given the lack of infrastructure and resources required to do so. Ajdukovic (2004) proposes that healing should focus on reconstructing meaningful events in the community and “considers various levels of ecology in which the traumatized individual is embedded of helping are integrated” (Ajdukovic, 2004, p.125). New social structures and institutions need to be established in a different context than prior to the mass trauma. Renewing the social fabric of the community requires members of it to work together on this, not separately.

The task of effective community-based interventions is to facilitate psychosocial reconstruction of communities, decrease social tensions among groups that have been involved in conflict, provide treatment for most traumatized individuals and work towards re-connecting community members. We therefore see individual recovery from trauma and community social reconstruction as two parallel, non-linear and related processes: the individuals need to deal with disturbing post-traumatic symptoms and integrate their traumatic experiences and losses. Communities need to find ways to deal with painful collective history and overcome conflicting narratives about who-did-what-to-whom among various community groups. (Ajdukovic, 2004, p.125-126)

Healing from trauma must be considered within the social context in which it occurred so that the individual and community responses to the mass trauma are addressed.

“Collective trauma requires a collective response...A collective response is a paradigmatic shift, which promotes resiliency and wellness” (Saul & Bava, 2008, p. 5). Saul & Bava created a conceptual framework for family, resiliency and trauma work in communities where massive trauma occurred, and highlight the common principles in applying collective approaches. “A preventative approach that is relational and dialogical is more likely to promote peace and development” (Saul & Bava, 2008, p. 44) when addressing community trauma. “Attending to the cultural and historical location of psychological trauma challenges the relegation of traumatic memories as existing only within the individual and intra-psychological sphere” (Gemignani, 2011, p.134).

Andrews (2010) explores the limits and possibilities of narratives in which individuals use language to express and communicate the experiences of trauma that they have endured, individually and collectively. “The central dilemma for many survivors of trauma is that they must tell their stories, and yet their stories cannot be told” (p. 147), they are inexpressible. Many times, the person telling the story is doing so not for their own healing, but for those who are unable to tell their stories. This is the power in collective story-telling and public testimony. Andrews (2010) however highlights the challenges for those who are the listeners of public testimony and individual traumatic stories in that

traumatic experiences often defy understanding by those who were not there when it happened. In fact, often those who are hearing the story over-interpret what was said, and what was not said. The listener does not understand what they do not understand—that is, we as listeners cannot often represent that which was told to us, because many times, the experience itself is not able to be understood, represented or expressed. (Andrews, 2010, p. 147)

Testimony of those who have survived can be marked by what is not there: coherence, structure, meaning, and comprehensibility. The actual emplotment (sic) of trauma testimony into conventional narrative configurations — contained in time- transforms them into something which they are not: experiences which are endowed with a particular wholeness, which occurred in the past, and which have now ended. (Andrews, 2010, p. 147)

Andrews asks us to consider how one can transform a series of events into a whole story that has a beginning, middle and end, and is set in a period of time, with coherence, and an ending, when there may be no ending? “Only when we can emplot (sic) our experiences... can we decipher meaning in the events of our lives” (Andrews, 2010, p. 159).

Andrews (2010) believes there is a collective bonding that can happen when people share their story together. She acknowledges that

there may be not promise that telling leads to healing, but the very act of speech...can begin the process of reconnecting one to the world of the living....And here lies the potential gift of the narrative: the knowledge that we are not alone. (p. 165)

Andrews (2010) has some cautions about public story telling as the healing and the focus is on the collective, the community, and not the individual healing. An example is the Truth and Reconciliation Commission in South Africa, where collective healing from Apartheid was structured sometimes at the expense of individual healing. “Even those who were re-traumatized by giving testimony did not necessarily regret their decision to participate, as their contribution may have achieved other ends, at the same time that it caused them anguish (p.

152). This public testimony may lose sight of the individual aspects that make it “their” story, which can further lead to silence and pain for that individual.

David Denborough, in one of his Ten Themes of Collective Narrative Practice, states that the

generation and performance of ‘local folk culture’ can reinvigorate local healing knowledge and local social action. If rich descriptions of people’s skills and knowledge in dealing with hardship can be transformed into local cultural mediums (written word, spoken word, song, film, dance, poetry, celebration) this makes many things possible. It can enable people to perform witness and share within ceremonies of re-definition of identity. This process of cultural creativity can also contribute to the sustenance and reinvigoration of the language of inner life. (Denborough, n.d. Ten Themes...#8)

An example that supports the above literature on public testimony and a desired collective response comes from Max Eisen, a Holocaust “survivor”, in a lecture at Wilfrid Laurier University on January 13, 2012. Eisen states about the Holocaust that “it is a story that needs to be told, because it is a history that must be remembered”. He said that he tells his story to “remind people of the sins of the past, but it’s also a warning for the future. Don’t allow lies to become the truth, he said. Don’t be a bystander.” Max also recalls that 10% of his country’s population (in Czechoslovakia), the Jewish people, were marched through their town in exodus and the public community “yelled terrible things” at them, similar to the story we heard in an earlier chapter about the suicidal youth and people telling him to jump. What is it about the individual in the community that allows for this type of non-empathic, alienating response? Max ended his story reminding the audience, particularly the youth, to not be a bystander, “be an upstander”. Work as a community and in society to ensure people are treated as humans and that this atrocity is never repeated. Max believes that telling his story of his family’s and country’s trauma, even at his age of 83, would make a difference in the world (M. Eisen, personal communication, 2012, January 13).

Likewise, Miriam Friedman Ziegler felt compelled to share her holocaust story as well. She was in Auschwitz, the German concentration camp during the Holocaust, when she was nine years old. She said that “For many, many, years, I never talked about it or anything. But I felt it’s my duty to go (to return to the camp at age 79 on the 70th anniversary of the camp’s liberation) to say ‘here I am, I lived through all of this and I’m here with my daughter’ (Alamenciak, 2015, p. C4). She said that even today, she still doesn’t “believe I could live through what I lived through....It never should happen again. That’s why I am talking about it and saying things. I don’t want anybody to go through what we went through. (Alamenciak, 2015, p. C4). This is why many stories are told, after years of silence, to share the experience so that it doesn’t

happen to others.

A powerful example of the power of story and public testimony is happening right now in Canada where an investigation by the Toronto Star on a “famous” and very popular CBC (Canadian Broadcast Corporation) radio host led to many women coming forward to share similar stories of trauma about this radio host, but also about other women experiencing other traumas. This allowed for their victim voices to no longer remain silent and opened space to hear stories from these women, and potentially shift the discursive context of trauma. CBC radio host Jian Ghomeshi, host of the popular show “Q”, was fired on October 26, 2014 for “graphic evidence that Jian had caused physical injury to a woman” (Toronto Star Staff, 2014, 3rd para.). Since his firing, at least nine women and one man have come forward reporting serious allegations against Ghomeshi of harassment, physical abuse, and sexual assault, some dating back to more than 20 years. The Toronto Star, a well-respected Canadian newspaper, began the investigation on this story after hearing ‘rumours’ about it and that CBC did not do anything about it.

What is significant here to the research questions on trauma is how one person telling their story has influenced other people, many who have been silent for years, to raise their voice and tell their story. This has had a significant impact since October 26, 2014 in Canada, not just for women allegedly abused by Ghomeshi but also in other establishments. On November 10, 2014, former Liberal Cabinet Minister Sheila Copps says she was sexually assaulted by a fellow politician when she was a MPP (Member of Provincial Parliament), and was also raped by someone she knew. When she reported the events 30 years ago when they happened, the police told her a “conviction would be impossible” (Visser, 2014, para. 7). Copps told her story after Liberal Leader Justin Trudeau went public with allegations against two Liberal MP’s (Member of Parliament) against two NDP (National Democratic Party) MPs. Copps said that Parliament has a lack of due process for sexual harassment allegations. An outcome of this event has been that Canada is now establishing such a policy to address harassment in Parliament. An Editorial from the Toronto Star on Nov 9, 2014, summarizes how sharing a story further leads to others sharing their stories.

The Jian Ghomeshi scandal opens floodgates on discussion of sexual abuse. Debate and an outpouring of angst over the Jian Ghomeshi scandal may have led to a sea change in our tolerance for allegations of abuse. Call it the ‘Jian Ghomeshi effect’. Two weeks of allegations and revelations about the former CBC broadcaster appear to have tapped into a wellspring of angst and anger and action that cannot be shut off. The deluge is now engulfing everyone from Ontario doctors found guilty of sexual abuse, to MPs on Parliament Hill accused of “personal misconduct,” to hockey players who posted misogynist messages on social media. And no longer are conversations about

rape culture, sexism, misogyny and abuse being held only in the rarified atmosphere of university feminist studies classes.

Allegations of sexual abuse have suddenly gone from quiet whispers in private to a public Twitter landslide of 50 million “impressions” involving women around the world who felt compelled to tweet about their own experience...initially ignited by the visceral response to the Ghomeshi scandal. And where stories of sexual harassment in the workplace or on dates were once largely fodder for stories in women’s magazines, they are the focus of front page stories and top news broadcasts. Most importantly, they are now top of the agenda for swift action.

It’s clear from this week’s storm that there has been a sea change in the tolerance for abuse. Now the question is whether the edifice of power that has protected so many in the past is simply cracked or will crumble under the glare of news camera lights, commentator attacks, testimony — and action. We can only hope. For too long the balance of power has been weighted to silence victims.

A landmark survey from Statistics Canada conducted in 1993 (the most recent figures) found only six per cent of women who had been sexually assaulted reported it to police. The tens of thousands of tweets...and interviews with women who allege they were attacked by Ghomeshi, but never spoke up, explain their fears of not being believed by police, feeling somehow responsible, and being ashamed. Perhaps that is about to change, too, as women feel empowered by actions that those in authority are now taking to speak out — whether it’s in a tweet, a column, or a complaint to police. That doesn’t mean there is not still a presumption of innocence until proven guilty. But it does mean there can be a shift in public perception away from a culture of victim blaming and quiet tolerance of abuse. It also means... that those in authority can act swiftly on complaints they have independently investigated, while they are waiting for allegations to work their way through courts, tribunals or human resource offices. There are no easy paths to navigate around these thorny issues. But what is clear from the week’s events is this: when it comes to allegations of personal misconduct or sexual abuse, no boys’ club, no power, no sense of entitlement — whether it’s in media, politics, sports or elsewhere — should any longer be able to protect alleged abusers from, at the very least, public scrutiny. That’s already a giant leap forward. (“Ghomeshi”, 2014, para 1-22).

As a culture where the dominant voice of trauma and abuse aligns with voices of shame, guilt and self-blame, is this perhaps some energy to shift the social construct of victim? Could this open up more space, more conversations for the other voices in trauma, such as the resistant

and resilient ones?

Another example of the power of people coming forward and sharing their stories is regarding the allegations against comedian and actor Bill Cosby. The dominant discourse of trauma has trapped women into a victim voice and it just took one person stepping forward to share her story of alleged sexual abuse against Bill Cosby for many others to silence this Victim Voice and give space to their resistant and Resilient Voices. As of Nov 29, 2014, according to the Waterloo Region Record, (Holley, 2014) 20 women have accused the 77 year old of sexual assault, with details of shockingly similarity which includes a drug in their drink followed by sexual assault, some dating back to 1965. Jewell Allison, a former model who is alleging sexual abuse by Cosby, states that “we may be looking at America’s greatest serial rapist that ever got away with this for the longest time....because he was hiding behind the image of Cliff Huxtable” (the television character he played on *The Cosby Show*) (Holley, 2014, Section A, p. 7). As of January 7, 2015, 30 women have accused Bill Cosby of sexual assault and their stories seem to share common elements of the abuse tactics (Rubinoff, 2015). In my community, Waterloo Region, Bill Cosby did a show at our local entertainment venue (The Centre in the Square) on January 7 which created a lot of conversation and discourse in the media regarding freedom of speech, our belief as a country in being seen as innocent until proven guilty (Mr. Cosby has yet to be charged), and the atrocity of these allegations from such a large number of women (30). Waterloo Region was the first of three shows in Canada at that time. Protests were organized outside the theater and an alternative show was designed for those who wanted to support women who have experienced abuse, where entertainment was provided with funds raised going towards the Region’s local women’s crisis shelter. The Region’s Mayor and other key players attended this alternate show. Apparently, larger protests are being planned in the other two cities (London and Hamilton) which are nearby Waterloo. The Record reporter Joel Rubinoff, on January 7th, 2015 states “Not that I condone extreme actions, but here’s my concern: What does it say about Kitchener (*located in Waterloo Region*) if a comedy titan accused of 27 (*now 30*) women of sexual abuse meets little or no resistance, plays to a near sold out crowd, receives numerous standing ovations (*as he did at his show in Florida last November*) and is whisked off in a limo to his next gig?” (Rubinoff, 2015, Section C, p. 1). The article spoke about the older generation, who are the *Cosby Show* fans, not understanding sexual abuse nor the power and role of social media in going against such power figures as Cosby. “Fundamentally, it’s a cultural change, notes Melanie Baker, spokesperson for the *VoicesCarry Fundraiser (the alterative event to Cosby’s show in the Region of Waterloo)*. You have to raise a generation that doesn’t believe in victimizing people. Unfortunately, it tends to take major scandals to get people talking about it. It’s already happening, as it did for racism and gay rights, thanks to disgraced celebrities like Cosby and CBC radio host Jian Ghomeshi”. (Rubinoff, 2015, Section C, p. 3). This is describing how the discursive context shifts the

construction of trauma and abuse, of telling the story in a collective manner, and perhaps how we listen and respond to these stories in our community and society to deconstruct the dominant discourse of trauma and reconstruct it to one that invites more productive relational activity and identities that leaves one with personal agency and a strong sense of belonging, connectedness and resilience.

Community Story Telling and Healing

What is the power and role of stories in culture and communities, and in healing? How does the community maintain these stories? Why is it so important to tell your story? How can sharing stories within or even amongst communities aid healing?

“We are telling our stories in ways that make us stronger.” (Wingard & Lester, 2001, p. 1). Aboriginal authors with the Dulwich Centre, state that they have explored new ways to heal from generations of grief and loss through story telling in public.

When we reclaim the stories we want to tell about our lives, when we reconnect with those we have lost, and the memories we have forgotten, then we become stronger. Not only are we telling our stories differently, but we are listening differently too. We are listening for our people’s abilities and knowledges (sic) and skills. We’ve been knocked so many times that we often don’t think very well of ourselves. But we’re finding ways to acknowledge one another and to see the abilities that people have but may not know they have. Without putting people on pedestals, we are finding ways of acknowledging each other’s stories of survival....Our old people are who we belong to. Through them we identify each other....All my histories are through my grandmother. Everybody knows of her and her children. Hanging on to these old people is very much part of our strength. It is part of our story-telling. They are talked about so much that they are still with us. (Wingard & Lester, 2001, p. 2)

Research has demonstrated that exchanging stories can generate a sense of solidarity (Denborough, Koolmatrjie, Mununggirrtj, Markia, Dhurrkay & Yunuping, 2006). Sharing stories of how different communities created initiatives to generate healing were witnessed and responded to by other communities in efforts to share skills, knowledge, and further exchange ways people were holding onto hopes and dreams. One of the participants in Denborough’s et

al., (2006) research stated about the impact of exchanging stories that

Their words speak for us. Their stories are so similar to what we experience. It is like they are talking for us as well. It's like we are sharing the same problems under the one tent. We know now that these things are not just happening in Arnhem Land but also down south. We are thinking of them and now we would like to pass on something to them. We want to share our stories with them, just like they shared their stories with us. We will speak about our experiences and then link these together with the experiences of those from Port Augusta. (Denborough et al., 2006, p. 25).

How can the concepts and meaning in this exchange of stories between communities be applied to how people are sharing their stories in more informal ways, such as through social media groups? We hear about the meaning of this and the space that can be generated when we review the Ghomeshi and Cosby allegations, as described above, where one woman told her story publicly, and many others came forth to share very similar stories, about the same "abuser". Silence of many years was broken and it provided an opportunity for people to share their stories and have more confidence that their experience was validated. This collective sharing removes some of the fear when sharing a trauma story in isolation, where blame and shame can take over for both the teller and listener, where the outcome at the end of the story is less predictable. There is solidarity in exchanging and sharing stories, even amongst strangers.

Whether in relation to people we will never meet, or strangers we are about to meet, or those who become "strange" through the wear and tear of everyday life, recognizing our common humanity confronts us all. It is at the heart of compassionate witnessing and, simply, it is a biological, psychological, interpersonal and societal imperative if we are to survive as a planet. (Weingarten, 2003, p. 2-3)

Exchanging stories can generate this compassionate witnessing Weingarten is describing. She further states that grief cannot be done as easily alone as it can be done with others" (Weingarten, 2003, p. 12).

Perry (2015) states that:

Our ancestors had to learn to cope with trauma in order to survive, somehow traumatized people had to find ways to continue to sustain family, community and culture and move forward. What did they do to cope with trauma?... Healing rituals from a wide range of geographical separate, culturally disconnected groups converge into a set of core elements related to adaptation and healing following trauma. These core elements include an overarching belief system-a rationale, a belief, a reason for the pain, injury, loss; a retelling or re-enactment of the trauma in words, dance, or song; a set of somato-sensory

experiences-touch, the patterned repetitive movements of dance, and song-all provided in an intensely relational experience with family and clan participating in the ritual.” Together these elements create a total neurobiological healing.

Retell the story.

Hold each other.

Massage, dance, sing.

Create images of the battle, hunt and death.

Fill literature, sculpture and drama with retelling.

Reconnect to loved ones and to community

Celebrate, eat and share. (Perry, 2015, p. xi)

Ann Jennings, a psychologist in the USA whose daughter, Anna Caroline Jennings, was sexually abused prior to the age of three, and then experienced several other traumatic experiences. She was institutionalized for over 12 years, and completed suicide at the age of 32 in the back ward of a mental institution. Anna’s mother, Ann, assisted in the creation in 2013 of the “Important Souls” video, which talks about the lack of trauma informed care her daughter received over the years while showing Anna’s stunning artwork which depicts her inner turmoil and pain. The “Important Souls” video demonstrates how sharing a story in public space can provide alternatives for people beyond the dominant discourses of trauma and offer hope and healing. The video states some key messages:

What we understand as symptoms are unique adaptations to traumatic distress. To the trauma survivor, they are coping skills, not signs of pathology....Numerous cultures throughout history have recognized the power and wisdom in our stories. In Kenya, the women say “inagusua” meaning “I feel much lighter” when they tell their life’s story and share their experiences with violence. In Australia, the Aboriginal culture promotes healing through “dadirri”, a deep contemplative process of listening to one another in reciprocal relationships. Our stories are our common language. They represent our shared humanity. Telling our stories creates opportunity to offer a new and hopeful story for the future. The truth lies in a person’s story, not just their symptoms. Healing begins when a trauma survivor’s story is validated and heard. Such important souls deserve nothing less. (Jennings, 2013, n.p.)

The history of our stories in the wider context allows for the personal story to be experienced with others in a collective manner. “Collective stories provide the place for personal traumatic memories to ‘kick in’, and for new formulations of self-narratives and identities” (Gemignani, 2011, p. 148). A healthy tension can be found between individual and collective memories, and past and present narrations. Painful memories do not have to be rooted in feeling victimized,

but instead can contribute to feelings or identity of 'survivorship'. (Gemignani, 2011).

The open discussion of cultural, historical, and collective experiences of trauma tells the patient that she is not alone, that suffering is not (only) an individual issue, and that the healing practice should not be limited to face-to-face relations with experts (psychiatrists, psychologists, counsellors, social workers etc.). (Gemignani, 2011, p. 150)

South Africa's Truth and Reconciliation Commission used collective story-telling and public testimony as a method of providing amnesty to those who tortured and killed during Apartheid, for if they shared their story publically, they were held accountable to telling the truth because of the witnesses to this process. Through this, the country had to re-live some of the trauma and other horrific experiences, but it also allowed for reconciliation and healing, and the healing was more than the absence of pain (Hetzel Silbert, 2010). Hetzel Silbert (2010) explains that Justice Albie Sachs of the Constitutional Court of South Africa, describes that acknowledgment of the pain and experience bring forth space for positive growth. Justice Sachs speaks of "dialogical truth", something that is experienced through dialogue and in the exchange of stories.

Storytelling itself is a process, and it is society's oldest, most universal means of creating and sharing knowledge. Its power comes not only from the "data" it reveals, but also from its generative process of engaging, moving and inspiring connection-connection to new perspectives and learning, as well as connection among people. (Hetzel Silbert, 2010, p. 3)

Fr. Michael Lapsley, who lives and works in Capetown, South Africa, as the Director of the Institute for the Healing of Memories, states that in their work at the Institute, workshops are offered in the healing of memories through story-telling.

We work hard to make it possible for these stories (of Apartheid) to be told and heard in ways that transcend the extraordinary barriers that have been placed between people in this country for so long. There have been very few opportunities for people to tell and witness each other's stories...This involves creating a spiritual space where we can begin to look at our lives. One of the places where we begin is to look at that which is destructive in our lives and ways of changing our relationship with this. (Lapsley, 2002, p. 73)

We also look to that which is redemptive in the past and how this can be carried forward. We talk about the certain qualities that people have demonstrated in the past, such as commitment and courage. We share stories about these and discuss how they might be carried on into the future. A part of this process is to try to invite people into a different sense of time. Many people who have experienced trauma feel as if they are prisoners of a

particular moment in history and they've never had the opportunity to have this acknowledged. We create the opportunities to explore the effects of these particular moments in time. We do so in ways that link these events to the past, the present and the future so that people can be freed from that sense of being captured in a single moment. (Lapsley, 2002, p. 74)

Rwanda is another country that used public testimony and collective story-telling in healing from collective trauma. Rwanda in 2014 marked the 20th anniversary of the 100 days of killing in 1994 between the Hutu-Tutsi populations, where more than 800 000 Rwandans were murdered. Today, many reconciliation groups have been created in an attempt at healing the nation. Those who killed are haunted by guilt and memories; those who were injured and lost dozens of relatives and friends are filled with grief. Both groups suffer from Post-Traumatic Stress Disorder (PTSD). Many folks have found it in their hearts to forgive, and work towards healing. Others have come forward to confess, and publicly account for their murderous actions, as well as the genocide, which to this day remains in denial for some. Many fear that another genocide could happen, or even is happening (in Syria), and advocate for the role of the United Nations and political action from other countries (Straziuso, 2014).

A woman at a conference luncheon informed me that during her mission work with her local church on a trip to Rwanda to do some healing groups in the country, there are many "past hurts" but she ended up learning about healing from them. She said the Rwandans are very forgiving people, some living beside people who were responsible for killing their family members during the genocide. She said they are very open in their communication, and "talk about everything" anywhere, with anyone. She cited an example of a man who took his car to the garage for repair, and was crying with the mechanic about their grief, but also their faith, forgiveness and healing process. They focus on accountability and forgiveness now, even though they are still finding bodies and graves from the genocide. The Rwandans pray together and now feel "united in their culture", and have "pride in the changes" they are making. The Rwandans share ownership in their neighbourhood, and take in the children whose parents have died from the genocide or HIV, even if they end up with 15 kids in one small hut. There is a sense of community now, with strong messages of hope and forgiveness in their songs. She said that their hope lies in their future and that "education is seen as the way out" from poverty and the gender oppression women can experience there. Women are learning a skill or trade so they are less dependent on the patriarchal system where "your husband's family can take over your home" and "kick you out" in the event of his death. (R. Richards, personal conversation, March 2014).

The First Nation, Metis, Inuit (FNMI) populations in Canada are only now reclaiming their

culture and stories, which were lost over time due to residential schools, the 60's Scoop, and cultural oppression. The 'White people' forced the children with Aboriginal heritage to live in residential schools and later apprehended children and placed them into foster care as Wards of the State (province). How can a parent, elders and a community hand down stories and culture when the children are not living with them, and have no contact? How can children hear their stories, learn and practice their culture when they are punished and severely abused for speaking their language, honouring the spirit world or practicing other healing traditions? Many generations later, the families who experienced this oppression are still fighting the impact this.

In the Aboriginal culture, stories along with humour are frequently used to enable people to "bear the unbearable" (Fagan, 2009, p. 1). "Because Aboriginal communities have gone through probably the worst situation in North America that any peoples have gone through they *had to have* the ability to laugh. If they didn't, they wouldn't be existing today" (Mohawk actor Gary Farmer, as cited in Fagan, 2009, p. 1). Story telling is used amongst the Aboriginal peoples to "explore connections between the traumatic past and troubles in the present and to self-reflexively examine the potential and limits of such indirect and humorous communication" (Fagan, 2009, p. 1). Fagan speaks about how the Western approach to healing from trauma is individualized, and often not culturally sensitive in that community harmony and integration approaches are more successful. Stories are valued in Aboriginal cultures as they are passed down from generation to generation so that complex teachings, history, science, ethics, spirituality and knowledge about survival and healing can be shared (Fagan, 2009). However, these stories often contain "indirect discourse." (Roppolo, 2008), where there is implied meaning that the listener generates themselves. Story telling in Aboriginal cultures does not provide direct messages as in mainstream society and instead use the free will of the listener to determine the meaning that the story holds for them. Humour is also used as a means of teaching. Often gentle teasing is used to help others look at their own behavior that may need to be changed. Respect and dignity are maintained in this process, and sometimes humour can be used as a form of affection as well. It is important for the listener to pay close attention to the story line in the humour, as it is used to cover pain and difficult situations. Storytelling, laughter and humour are frequently used by people with Aboriginal heritage as means of dealing with the tensions regarding trauma and healing differences between the Western ways and their own culture. It is a way to cope and the common concept that "laughter is good medicine" fits well here. Storytelling and humour also can be viewed as a form of resistance, as it can provide often the only means of expressing the un-expressible, their pain and loss. It is a way to say something without being negative, blaming, having direct conversation about it or being interfering (these can be identified culture differences). "Through a joke, one can both say something and not say something" (Fagan, 2009, p. 5).

In a detailed personal conversation with Santiago Grande, a Refugee/Immigrant Counsellor with a local community counselling agency, we spoke about trauma and a community or collective response. In his experience living previously in Latin American and Africa, he states that sharing strategies of coping together as a community creates a “collective voice” (S. Grande, personal communication, October 9, 2014). An external reality is created that extends beyond the immediate community. He described the individuals together in a community as a group, who rely on the next layer of community for support, who are further connected internationally. There is fluidity between the groups and communities especially if there is conflict between members of the circles. Internationally, what is happening in one group affects all the groups. An example may be the war in Iraq, which has a direct impact on individuals and groups living in this community. There is an inter connection, an inter relationship. “Those who have done damage begin to experience the energy of those who are healing”. Santiago told a story of his dad, when his family was in El Salvador, their native home. He said his dad was protesting the army’s actions, which created conflict with another family nearby. His dad was arrested and tortured in prison, several times. They finally escaped and left the country, eventually setting in this community. They received word a few years later that a member of this other family moved to their Province, one hour away from their community. Santiago’s dad invited this family member to meet with him in their home. After several requests, the man accepted and visited his family. After an initial uncomfortable meeting, Santiago’s family and this man came to a common understanding of what happened. This man later returned to El Salvador, and talked to his family about “how wrong they were” in their oppression and persecution of this Santiago’s father. Santiago contrasts this community fluidity model with the Western way of being, which he described as “isolated”.

Santiago says that this is what healing looks like, that this is treatment! This is about building the relationship. He said that the settlement service sector for immigrants and refugees in most places would be a good source of external support for the individuals and groups here, but that they are often in their own healing process which limits their ability to network and reach out constructively to other groups who need understanding.

Santiago also talks about the Alternative to Violence project in Rwanda, where the community is healing by directly dealing with the trauma in a collective manner. He said the communication and relationships are being slowly established between those who have harmed and those who have been harmed. “You deal with the enemy directly” he said.

He questions how we can better work together internationally, how can people in Canada have more direct contact with their countries of origin, where family members still reside, and how

can we influence each other's government in a collaborative way?

Santiago is an advocate for group work for healing from trauma. Although there is a risk of further trauma and conflict between individuals or groups in the healing group, it is always "rewarding" and brings out the "humanist spirit". He says a group facilitator can nurture that spirit and energy for the "goodness of healing". The group experience can help replicate the outside community support that some refugees/immigrants are used to from their home country. Technology can also assist in creating more fluidity and connection between communities and groups. Skype and other programs like it allow families to connect for the first time in 30 years he said. This can allow for the influence of the outer community circle- where the energy can be felt and built upon, creating further international fluidity, and healing both individually and collectively in all communities.

The Power of Connection and Empathy in Creating Space for Growth

The above sections of this chapter discuss the power of collective story-telling and public testimony in healing, both for individuals but more so for a community or country. What do we know about the power of connection in healing? Can the research reviewed below be tied to some of the reasons that collective story-telling and public testimony are such powerful forces in promoting space for growth and alternatives in stories? Joseph (2011) reviews the powerful role of social support. "When we are wounded, we retreat to the safety of our community....and people have a compelling need to talk after the trauma" (Joseph, 2011, p. 122). "Conversations transforms the meaning that we make about our experiences. Through conversation, we are able to allocate blame and praise more objectively, seek new perspectives, correct incorrect perceptions, and find new insights" (Joseph, 2011, p. 123). In other words, Joseph is supporting how conversation and language offer an opportunity to create an alternate story, through a co-creation process.

In the "Lethality of Loneliness: We now know how it can ravage our body and brain" by Judith Shulevitz, The New Republic, May 2013, Frieda Fromm-Reichmann is described as being insistent that "no patient was too sick to be healed through trust and intimacy." (Shulevitz, 2013, 2nd para.). Fromm-Reichmann said that loneliness "is the want of intimacy" (Shulevitz, 2013, 2nd para.). Psychologists are now identifying that loneliness sends misleading hormonal signals, rejiggers the molecules on genes that govern behaviors and wrenches a slew of other systems out of whack....proving that lone lasting loneliness can not only make you sick; it can kill you." (Shulevitz, 2013, 2nd para.). Some argue that loneliness of the failure of social networks and it is this that can lead to illness or death. If one has experienced rejection or

discrimination and is lonely, the impact is more damaging than if not.

In the TedXYYC Talk on April 20, 2011, Dr. Megan McElheran speaks on “Trauma Change Resilience”. She states that it is “normal” to create distance between the trauma experience and life afterwards; that it is normal to “withdraw”. However, she also states that the “antidote to the struggle...rests in re-engagement...with themselves and the internal world of thoughts and feelings and with those around them. And it is in this process of re-engagement that healing begins to occur”. She reminds us that there is “incredible curative power in our relationships and our ability to attach to one another”. It is well documented and researched that we “get better not through technique but through connection to another human being”. Dr. McElheran explains that it is easy to disconnect or be isolated from those around us who have experienced horrific things, it is easier to see these people as different from us, to put distance between us but we need empathy in order to engage with others in a human connection. As a society, we need to continually “examine the beliefs that are held”, and how frequent the message about trauma is that there is something wrong with you, as an individual, which creates a “risk of alienation”. Yet the antidote lies in an empathic meaningful connection to others. She also talks about posttraumatic growth by explaining how pain brings forth the struggle to re-emerge, to transform, and that sometimes “more meaning and beauty can emerge”.

The Buddha’s most fundamental discovery was that the human mind is, in itself, the relational home that is needed to process trauma. While we all tend to think of ourselves as isolated individuals adrift in a hostile universe, the Buddha ultimately saw this way of thinking as delusional...we are relational creatures, our minds reflecting the organizational patterns of our earliest interactions....if you go into aloneness without the customary fear, you may be surprised at the sense of unknown boundless presence you will find. The implicit relational knowing of the mother is hardwired into each of our minds. (Epstein, 2013 p. 202)

I am not a student of Buddhism, but I think what Epstein is trying to describe is that the connection and relational being we have with significant others (he uses mothers, for example), can be harnessed, accessed and used as a renewable resource to feel and be relational. A relational home can ultimately be found within.

While the things that bother us cannot always be eliminated, we can change the way we relate to them...trauma, if it doesn’t destroy us, wakes us up both to our own relational capacities and to the suffering of others. Not only does it make us hurt, it makes us more human, caring and wise. (Epstein, 2013, p. 203)

Here Epstein is also demonstrating the generative power in connecting to others, and having

meaningful social relations.

What happens individually and collectively when we don't have these social connections and interactions? The loss of social anchors in a community or society can rapidly affect relationships and have an impact on the health and productivity of the community and members. "A trans-generational process of healing can also take place in these groups as they reconnect to their cultural anchors and incorporate healthy elements of the modern world (Perry, 2010, p. 204). Perry supports this with an example of a man of Aboriginal heritage he knew who had severe addictions to drugs and alcohol, with a history of "behavior problems" and criminal activity in school and his community. However, when he was invited into some traditional singing, drumming and a sweat lodge, "he was moved. The drum spoke to him. He knew suddenly that this was what he wanted, what he was meant to do with his life" (Perry, 2010, p. 206). The man was then nurtured, guided and mentored by others who could now connect him to his cultural past. Perry argues that in addition to the connection to a healthy mentor group and gaining a sense of his cultural traditions, the patterned, rhythmic qualities of the singing and drumming soothed his dysregulated stress response system, and provided relief that previously could only be achieved through substance use.

Most cultures have developed some form of patterned, repetitive and rhythmic dance-which is used to bring people together, for celebrations, for story-telling and to bring folks together, as a community, for further connection. When we are connected to others, we are more likely to be compassionate towards them, to empathize. When we see others as less human, then we are more at risk to engage in non-compassionate acts towards them.

Perry, in his book on how empathy is developed in human beings, discovers the role of the family, community, media, relationships and society in this. He speaks of social capital-how well a country or community develops trust-"a term for the economic value associated with people's connections with and trust in one another and their capacity to form and utilize networks of those contacts" (Perry, 2010, p. 265). He cites Iceland as an example, where there was not much inequality during the early twenty-first century; Icelanders were dependent on cooperation with each other for survival, and there is that underlying sense that "we're all in it together". This contributes to a strong social safety net and helps form strong family connections. Iceland has a culture where education is valued, folks take care of each other, and it is rather homogeneous, with little racial, ethnical or religious diversity (93% of the population is Icelandic). Perry argues that this contributes to the strong development of empathy-we are more likely to be empathic towards those who look like us. Iceland ranks one of the highest in the world for health and happiness. Iceland also has one of the highest life expectancy rates in the world (80.5 compared to 78.14 for US). Perry also argues that the low economic inequality in Iceland further contributes to the stability of this health, happiness and long life. Economic

inequality is inversely correlated with trust. “The greater the gap between rich and poor, the lower the level of overall trust there is in a society” (Perry, 2010, p. 279). This inequality affects levels of crime, warfare, as well as mental and physical health.

Even though Iceland has a high divorce rate (37%) and 65% of births occur out of wedlock, their rates of happiness are not disrupted. Why does the separation in families not impact the brain development like we see in other countries, where divorce, separation from parents, blended families and multiple caregivers can be connected to a multitude of emotional effects? Perry argues that the large, strong social network as well as the social safety net of public health care, healthy day care and a focus on education buffers the effects of the divorce. Even in the economic crash of 2008 in Iceland, there was no violence but instead community connections, demonstrations and rallies to solve the problem. They have developed a resilience which mitigates the impact of trauma too. Perry describes an orphanage where the babies and children were raised together as a group but failed to thrive because of a lack of connection to their community and caregivers. The fear of spreading germs created a situation in this Romanian orphanage where the children were raised together as a group but experienced no individualized care or human touch. “The lack of individualized care wasn’t just unhealthy, it was frequently fatal, killing more than one in three infants subjected to it” (Perry, 2010, p. 51).

“Empathy-fully expressed as a community of nurturing independent people-promotes health, creativity, intelligence and productivity. In contrast, apathy and lack of empathy contribute to individual societal dysfunction, inhumane ideologies and often brutal actions” (Perry, 2010, p. 288). We know that giving helps the giver; it reduces chronic pain and depression, and can even extend life (Perry, 2010). Numerous studies support this and show that being kind and giving relieves distress and reduces stress hormones (Perry, 2010). Perry creates an argument that our Western world is in trouble though, as we are becoming a less empathic society due to political divides, shrinking families, less trust of each other, increased poverty and financial divide, decreased feelings of having friends you can trust, lack of free play for children and increased structured activities, less time for parent-child interactions etc. He suggests we ask “what kind of society do we want to live in?” (Perry, 2010 p. 310). Perry goes on to build a strong case for the connection between a healthy society and a sense of connection and relationships for its members. Perry says that empathy “originates in the family. The major determinants of an individual’s capacity to care are the nurture, timing and quality of his/her foundational relational interactions in infancy and early childhood” (Perry, 2010, p. 310). Perry discusses for the next several pages after this quote to reveal several concrete ways that parents (caregivers) can help their children develop empathy (such as through reading to them, proper discipline, discussions, high quality caregiving in infancy, through play, unstructured time, affection and so on). But what about this sense of community and belonging? Can

parents/caregivers create an environment that is of “high quality” in isolation? Perry says we need a culture of cooperation and that it takes a “village to raise a child”, and describes a few programs that help communities build empathy.

An example of what Perry is suggesting comes from a little Belgian town named Geel (roughly pronounced “Hyale”), who has been using medieval methods successfully to “treat” “mentally ill” people from around the world (Jay, 2014). The story is inspiring and invites one to reflect on using human resources in a society takes away the pain and suffering, as well as the aloneness that those who are not as mentally well as others may experience (Jay, 2014). For more than 700 years, Geel has used a “family care system” where words initially like “mentally ill”, “patient” and “psychiatric” were not used. Folks who used the family care system were defined by their social condition-needing a place to stay, not their mental state. They were therefore referred to as “boarders”; they were in need of a place to stay and were unable to cope on their own or rely on friends, family or their own community for assistance. A boarder is treated as a member of the family, involved in all activities and is encouraged to create relationships with others, especially the children. If behavior from the boarder is challenging, it is referred to as “difficult”, not crazy, odd, bad or dangerous (Jay, 2014).

The family care system is not treatment or therapy but professionals in the field wonder about the power of the connection in this setting for those who often are no longer able to connect due to their trauma or “mental” challenges. “If these ties can be remade so that the individual is reintegrated with the collective, doesn’t ‘family care’ amount to therapy” (Jay, 2014, para. 6).

Over time, the family care system has shifted, beginning in 1850 when the system was transferred from church to government, and later medical supervision from the hospital was infused into the system. “Local jokes tended to revolve around how frequently locals and boarders were confused and how hard it was to tell the difference” (Jay, 2014, p. 12). However, since 1970, the number of borders has significantly decreased, likely due to the modern family where both parents are working in industry or business, and less on the land in manual labour. Other factors include society’s tendency towards greater privacy, ability to travel, shift work and the increasing focus on wealth. In modern day, “psychiatry has met the town half way” (Jay, 2014, para. 14) and care in the community is more the norm-where a combination of medication and community mental health teams provide the care system now. Jay proposes perhaps that the modern psychiatric clinic decrease its intrusive involvement so that it is on the peripheral like at the turn of the century. “Yet this would demand a reform not simply from medicine but of society itself. It’s ironic but probably not coincidental that the need for a community response to mental illness is becoming obvious just as the structures that might provide it are failing” (Jay, 2014, para. 18).

A Collective Response to Trauma in the Western World

How would our Western World move towards a collective response to trauma? What would it take for that shift to happen? What would happen if the dominant discourse in our society was that people who were sexually abused as a child were considered “heroes” instead of “survivors”? What would it look like to remove the stigma and shame? It might look a lot like breast cancer heroes, where people who have it are described as “courageous”, “fighters”, “resilient”, “strong” and so on. These terms are used even after death to describe the “battle”, and how the women are “heroes”. One memorial poem recited at the funeral of a co-worker I knew stated that “the most beautiful people we have known are those who have known defeat, known suffering, known loss and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness and a deep loving concern. Beautiful people do not just happen”. Wouldn’t it be great if the same was said about those who have experienced childhood sexual abuse or trauma? How different would their sense of self be if they grew up feeling like they were beautiful people because of what they had to endure? It takes the trauma out of the individual and holds it in more of a collective experience.

There are numerous collective and community experiences for women with a cancer diagnosis as well. There are fund raising “runs”, walks, support groups where one is not ashamed to tell others where they are going. There are thousands of different types of merchandise that have a symbol of breast cancer, the pink ribbon, on them, where a designated amount of the proceeds goes towards “finding a cure”. They have their own symbol that they wear with pride—imagine if sexual abuse “survivors” had this to help mitigate what they had to endure. I’m not saying that those with breast cancer don’t struggle, but with such beautiful community, country and international support and recognition, it helps one cope with the challenges, pain and uncertainty of cancer. It doesn’t bring forth a lot of the secrecy and shame as in sexual abuse. There are also numerous funds to assist in the losses experienced with cancer. Wig making places, funds to support it, beauty products and packages to help those with cancer still “feel beautiful” during their struggle. Imagine if sexual abuse “survivors” had this access? Why don’t we as a society and community take this approach? Because of the dominant discourse described earlier. What would it be like to have the individual experience become collective, where we ask what happened to the one who did the abusing instead of asking why or how it happened, or what role the child or youth played in the abuse? This blame on the “victim” doesn’t so much happen in our society when little ones are involved, but blame sure is placed on women who experience physical or sexual abuse in our world. The police and media ask what she was wearing, where she was walking, at what time of day the assault occurred etc. It’s time to re-construct how we view trauma, particularly childhood trauma and sexual abuse,

in our society.

This chapter explored how sharing stories in public in the community can assist in trauma healing, and included several examples of collective healing from collective trauma. It also explored the relational activity of connection and the role of empathy in creating a space for growth. These concepts were included in this dissertation to demonstrate the interconnections of relationships, connection and healing in the concept of trauma, both individually and collectively.

The next chapter reviews and describes the methods and rationale for the research which focuses on childhood physical and sexual abuse. This may help us come closer to an understanding of what a collective response to trauma might look like as well as how we might begin to re-construct the concept of trauma.

Chapter 7 The Research Process

“Talking about the problem makes it a problem” (K. Gergen, personal communication, October 24, 2013, Duquesne University, Pittsburgh). Instead, it is necessary to use strength based, narrative questions and be open to what is generated. Ken was inviting our class to look at research from a Social Constructionist approach instead of the dominant discourse of science.

This chapter introduces the reader to the research procedures that were used in the data collection and data analysis for the research conducted in this study. The research questions are reviewed followed by a section on the role of the researcher in the research. This section aligns with the Social Constructionist stance, and acknowledges the researcher and research participants both as active participants in construction of the research outcomes. Next, the reader is then introduced to the research method for data analysis, the Listening Guide, is introduced followed by the process for how the interviews were conducted with the research participants. A section on focus groups explains the rationale for using them in this study, to help determine the meaning of the research results from the interviews. A summary of all methods used in this research is presented at the conclusion of this chapter.

Research Questions

Recall the research questions from Chapter 1:

How do we shift the story about trauma that people hold when it is rooted in the dominant discourse based on individual and deficit-based perspectives to one that instead is generative and involve the community and relational context?

What discursive context dimensions are involved in how we co-create an alternate story that folks hold about the trauma they experienced?

Could we generate a tool that is resilience and strength based, as well as post trauma growth aligned to help those listening to a story about a trauma experience hear all aspects of the story (i.e. both the pain and impact as well as the resilience, growth and hope for the future).

The Role of the Researcher in Research

In the 2nd Edition of *The Literature Review: Six Steps to Success*, the authors state that “the inquiring researcher knows that each person has biases, opinions, beliefs, values, and experiences that come together to create a unique perspective. While these are fundamental

human traits, researchers set them aside during the research process.” (Machi & McEnvoy, 2012, p.7). The authors further state that the “researcher is objective and has no predetermined conclusions... (and) is open to seeing all results of the inquiry and weighs the value of each piece of evidence” (Machi & McEnvoy, 2012, p. 7). The authors however, did not describe how I as a researcher can “set aside” my “fundamental human traits” to fully achieve objective and unbiased research and data analysis except to suggest careful introspection of one self to bring forth personal views, and then to “rationally identify and confront these views” (Machi & McEnvoy, 2012, p. 19). Research is “severely compromised” if there are embedded and unidentified attachments” (Machi & McEnvoy, 2012, p. 19). Although the authors have some merit when they suggest it is necessary to identify biases and attachments, and they may be talking about approaching research from a stance of “not knowing”, they are missing from their explanation and description the value of the social interaction between the researcher and interviewee, as well as the Social Constructional aspects of research. Social Constructionists know that the researcher brings their own assumptions, beliefs and social constructs, which are embedded into society, and are ever changing. We use this to our advantage in our research, and *add* the human component instead of removing it.

The interview is a complex relational process and can unfold in ways that either invite or suppress what is offered by the respondent. With the interviewer’s keen sensitivity to the relationship and a continuing flexibility, respondents may supply far richer and more illuminating views than can ever be obtained through standardization (Ruthellen Josselson, 2013 as cited in Gergen, 2014a, p. 51)

Social Constructionists also acknowledge the dominant discourse and social constructs as a part of their research process, data analysis, results and conclusions. The data analyzed by the researcher continues to socially construct concepts and narratives by giving space to certain parts of the interview, and not regarding others, as well as in making other data related decisions.

At the outset, the very agreements essential to moving forward with a research endeavor are, in effect, ontologically and culturally preserving. That is, they sustain existing traditions of indexing the world along with forms of life in which they are embedded. One may comfortably launch research into the causes of prejudice, aggression, human happiness, aging, and so on because these are commonly shared terms of understanding the world (Gergen, 2014b, section The Captivating Gaze, 2nd para. p. 5).

Scientific research methods come under scrutiny in social science research in other ways. There is much promotion for “sound scientific standards” and in “rejecting pseudoscientific principles” in order to obtain results that are in an increasingly fresh and vibrant field from which greater innovation and evolution can occur. “This innovation will inevitably lead to a

renewed commitment to theory building, as the evolving scientific database will drive new ways of thinking about the myriad of issues..." (Moore, 2007, p. 9).

Moore promotes that scientific knowledge is always in a state of incremental evolution and scientific knowledge can be achieved by

selecting a problem, begin to define questions about the problem by proposing a theory, critically discuss and test the theory, and respond to flaws in the theory and/or new information by going back to step 3, and then forward again. (Popper, 1972 as cited in Moore, 2007 p. 10)

Whereas pseudoscience often has an "over-reliance on anecdotal evidence, a lack of critical skepticism, and a tendency for unsupportive data to be ignored or explained away... (Researchers who practice this tend to) "hold beliefs that are not self-correcting and evolutionary" (Moore, 2007, p. 10). Social Construction research is more concerned about the processes of communication and the joint action as opposed to discovering a phenomenon or creating a new Truth (McNamee, 2010). Social Construction research generates new possibilities as they are co-created through relation activity and can provide new meaning.

The results of Social Construction research are not generalizable to the general population, or even specific populations, but are instead "useful to a particular community in a particular culture, historical, and situated context" (McNamee, 2010, p. 15). Generalizing results is not the focus of Social Constructionist research, since research is about creating change and not about replicating results. Given the subjectivity of the researcher and the co-creation and generation of the results, the specifics to which the meaning can be applied, results cannot be generalized. However, the Social Construction research does not have an "anything goes" approach either, but instead requires the researchers to explain their choices and reasoning for the methods chosen as well as account for their subjectivity in this. Social Constructionists believe that objective research does not exist and that one cannot identify or define 'social reality' (Hoffman, 1992 in McNamee & Gergen, 1992). In looking at data, Social Construction research is not seeking the "right answer" or discovering "facts" but instead searching for what meaning is generated for what groups of people, and in what, as well as from what context. Therefore, there is no correct method or approach to collecting or analyzing data (McNamee, 2010). The objective of Social Construction research is not to "predict and control" (but we do not dismiss this approach as it has proved valuable in many areas, such as disease control, when factors remain more stable over time) (Gergen, 2009b). However, we know that as social human beings, we are not stable over time, but in a state of flux, and are under the influence of the Social Constructions around us and that "...virtually all meaningful activity is constructed, and these constructions are highly malleable and continuously in motion" (Gergen, 2009b, p. 60).

Social Construction research emphasizes “the co-constructed nature of relational realities” (Gergen, 2009b, p. 16) where the researcher is an inquirer and open to amendments based on dialogue with their community stakeholders. Social Construction research also assumes that many “communities or stakeholders populate any research endeavour. There is no attempt to reach a consensus among diverse beliefs or values of the various participants; nor is there any attempt to determine which community’s values and beliefs are “best” or “right” (McNamee, 2010, p. 16). Social Construction research is value-laden and subjective as objectivity of the researcher is impossible to reach, given that we are all rooted in some way, in the dominant values of society. Reliability and validity acknowledges that “all knowledge is provisional and contestable from some other knowledge community. All accounts and claims of knowledge are locally, historically, and culturally specific” (McNamee, 2010, p. 17). The researcher is looking for whom is this co-generated knowledge useful and how will it help as a community to “go on together” (McNamee, 2010).

The Social Constructionist researcher co-creates narratives with the participant, and both are participating from a socially constructed world. They are oriented so that their research creates a “world where appreciation, curiosity, and acknowledgement of alternative research worlds...are centred.” (McNamee, 2014, p.10). The relational orientation of the Social Constructionist researcher invites a conversation that focuses on ‘reflexive inquiry’, where there is consideration for which voices are speaking and which are silenced or absent (McNamee, 2014).

McNamee (2014) summarizes three vital shifts in the Social Constructionist research world. The first is the “shift from individual to communal rationality” (p. 14), where rationality is rooted in a particular community and is seen as a relational process as opposed to individual cognition. The second shift is one away from the typical scientific ‘empirical’ method to one of Social Construction. The third shift is one towards the perspective that language is seen as social action. McNamee is careful to point out that Social Construction research, as described, does not see itself as superior or “the right way” compared to other more empirically-based research, but rather it is a way to include and not dismiss all forms of research. It is an invitation to engage in an interactive process and to generate “how to go on together” (Wittgenstein, 1953 in McNamee, 2014), where new meaning might be co-created and where alternatives might be given new space.

MacMartin (1999) reminds us that when we hear a “disclosure of abuse”, it involves the teller but also the listener, in that the “disclosure story that takes shape reflects the social interaction of that conversation (Brown, 2013, p. 6). Participants and researchers are active co-creators in the construction of the narrative, which further provides an opportunity for the researcher to challenge the dominant discourse. Just as the telling of a story is not objective, the hearing of a

story can be equally subjective, not neutral and rooted in the researcher's own constructs of the narratives.

When we ask questions of people as they answer, emotions, relationships and the like are invoked in the living flow of experience. Thus through questioning you experience life. In the process of describing an event you potentially experience the event differently. Thus the stories we tell may begin to change or the potential is established for the event itself to take on a new meaning and significance....The practice of interviewing may be said to be designed to change the lived or living experience of those who participate in the interview such that radical alterations in people's interactions come about. (Lang and McAdam, n.d., p. 17)

The interview questions asked by the researcher in a semi structured format allows for the participant to share their life story across time, and are asked about their understanding of what these events meant to them over time (Brown, 2013). The interview has purpose and direction yet allows for the dominant discourse to be revealed as well as opportunities to challenge this and reconstruct alternative narratives through the questions the researcher asks.

From the above review of the literature regarding the role of the researcher in the interview, I discovered the strong influence and considerations I had in this role and learned how to listen to a trauma story in an interview. I learned to acknowledge my biases and that it is impossible to be an objective researcher, and that my questions and responses to the story influence the story and the answers. I discovered my role as a Social Constructionist researcher is to create change and to not focus on generalizing results or a study that can be replicated. I learned my role is to search for what meaning is created for what groups of people in what context. I learned that I had to acknowledge the context that rooted me in the questions I asked and the responses I provided in the interview. I learned how the participants co-create the research with me, and that I bring biases in the analysis, and what I decide to focus on, despite being as objective as possible.

Research Method: A Listener's Guide

Carol Gilligan's book, *In a Different Voice* (1982) has opened space and created alternative perspectives, in this case for women and men to see themselves and each other differently. Carol Gilligan sees scientific research in psychology as persistently and systematically misunderstanding and misrepresenting women, with research instead focused on the male perspective, the male voice, and the dominant discourses of gender. Gilligan views women's motives, morals commitments, the course of their psychological growth, and their special view of what is important in life as different from men.

A decade later, Gilligan published *In Meeting At the Crossroads: The Landmark Book About the Turning Points in Girls' and Women's Lives*, where Lyn Mikel Brown and Carol Gilligan

interviewed and researched the lives of girls and women and created a unique way of “documenting both what was lost and girls’ resistance to these losses” (Brown & Gilligan, 1992, p. 4). In listening to their stories, the interviewers noticed how girls tend to “forget or cover over” (Brown & Gilligan, 1992, p. 4) the many experiences they have known or the feelings they have felt, as they struggle to stay connected with themselves and others. This struggle is internal but is rooted in their relations to others, society and their culture. The struggle to stay connected yet resist the seemingly predetermined disconnection to one self and others is articulated in their stories and can be heard through careful listening of the different “voices”. The interviewers

created a ‘Listener’s Guide’ that had, built in, the space for a girl to speak in her own voice and thus to refuse the established story of a white, middle-class heterosexual woman’s life, a story all girls in this culture...struggle against, albeit in different ways. Our goal was to create a collaboration and a relational method that, rather than upholding the usual lines of division, provided a way to come into relationship with another person. (Brown & Gilligan, 1992, p. 15)

This voice-centred, relational method allows for the creation of an authentic and respectful relationship between the interviewer and interviewee. “Recasting psychology as a relational practice, we attend to the relational dimensions of our listening, speaking, taking in, interpreting, and writing about the words and the silences, the stories and the narratives of other people” (Brown & Gilligan, 1992, p. 22).

The Listener’s Guide considers a person’s voice not as singular, but as polyphonic. A person’s expressed experiences are considered as embedding in many inter-related or ‘contrapuntal’ voices (Gilligan, Brown, & Rogers, 1990, Gilligan et al., 2003), drawn from the musical form counterpoint, which refers to different melodic lines moving simultaneously and inter-related throughout a piece of music. In storytelling, simultaneous voices are co-occurring, expressing different aspects of the dynamics of the multi-layered inner world. These simultaneous voices are related to one another, to the first-person voice of the self, to the voices of present and remembered others, and to the context and culture within which the person lives. (Gilligan et al., 2003 as cited in Villanueva O’Driscoll & Loots, 2014, p. 368)

In listening to adults recount their stories of childhood trauma for this dissertation; I wondered if the Listener’s Guide method would show the polynomic nature of the voice in telling the story. If people’s story of childhood trauma is rooted in societal, cultural, historical, political and relational contexts, then how will we hear the resistance to this? Without this, how could we begin to create alternative stories and perhaps alternative perspectives on trauma itself? The Listener’s Guide seemed to be the method that provided the greatest opportunity for these voices to be located and heard. It also allowed for consideration of the voices that are rooted in the dominant societal, cultural and political contexts, and gave consideration to the relationships in each interviewee’s world on the different voices.

This method was further selected because of the relationship between the interviewer and interviewee that is created, which further influences the story and language we use when talking about trauma. I was intrigued to be able to acknowledge in the analysis my role as the researcher, the interviewer, and to be able to record my thoughts and responses from a subjective position, instead of being neutral and bias-free. The Listening Guide, as it later became named from The Listener's Guide, aligns with the Social Constructionist approach, where we don't have to be restricted into one personality type, or label, but where we can express and be a complexity of voices and have different relationships with different people or institutions. We may respond or act one way at work, and another at home, but we are still the same person. So the Listener's Guide and the Social Constructionist approach pays attention to these complexities, the context, and "allows" one to have many different, and sometimes opposing voices as well as it gives space to our multi-stories.

The Listener's Guide method of analysis allows the opportunity to "analyse both implicit and explicit meaning" in the stories gathered through interviews (Way, 2001, p. 112). "Most theories of human development have been based on what we can see and what we can quantify" (Way, 2001, p. 112). The Listener's Guide also accounts for the researcher being part of the interview in a non-objective manner, in that the interview is co-constructed. It acknowledges the influence of the researcher in the interview process and provides the opportunity for the researcher to consider this and their "non-objectivity" throughout the interview. This relational influence and aspect of the Listener's Guide also attunes to the power dynamics in the interview between the researcher and interviewee. To provide a balance between these roles and to continue to attune to the possibility of misrepresenting the interviewee through the researcher's bias or misunderstanding, quotes are used extensively. In addition, the researcher and the interviewee reunite after the initial interview so that they can review the transcripts and analysis, to ensure an accurate account and reflection has been detailed. This further provides an opportunity for the interviewee to co-construct the process and influence the theory or outcomes of the research, and allows for the "unexpected".

The Listener's Guide promotes that "the words of individuals cannot be separated from the cultural and societal context in which these words are embedded" (Way, 2001, p. 116). Cultural and societal expectations, hopes, desires and stereotypes are expressed through the spoken word but the Listener's Guide also pays attention to how these influences may be expressed through a resistant voice (Way, 2001).

How to Use the Listener's Guide

The Listener's Guide method involves sequential readings of the interview scripts where the researcher "listens" for specific concepts and voices in each step. It also involves listening to the interview recording several times to ensure that the transcript accurately reflects the interview "nuances". This means that each pause, laugh, rhythms, pitch, changes in intonation

etc. are indicated and recorded as part of the narrative. The Listener's Guide method involves at least four listenings.

The initial listening focuses on the plot of the story that is being told and the researcher's response to this. This is also where the researcher reflects on the relational aspects of the interview between themselves and the interviewee, and considers the co-construction of the interview and story being told. The researcher is listening for the answer to what the interviewee is telling them in the story, "who is telling what story" (Bryne et al., 2009, as cited in Edwards and Weller, 2012, p. 69). The emphasis here is on "locating the speaker in the story she tells" (Brown & Gilligan, 1992, p. 27).

We attend to recurring words and images, central metaphors, emotional resonances, contradictions or inconsistencies in style, revisions, and absences in the story, as well as shifts in the sounds of the voice and in narrative position: the use of first-, second-, third-person narration. (Brown & Gilligan, 1992, p. 23).

This initial listening also demonstrates the understanding the researcher has of his/her own assumptions and views, and possibly their roots in personal, political, theoretical or cultural contexts as an influence.

The second step in the Listener's Guide involves paying attention to the "I" statements made by the interviewee and creating an "I poem" that reflects the variability in the narrative. This allows for an interesting tracking of the story and provides a reflection on the "change and continuity" in a person's "sense of self over time" or throughout the interview (Edwards & Weller, 2012, p. 203). It also shows the parameters of the interviewee's social world (Doucet & Mauthner, 2009). "Within this perspective, narratives provide subjects with identities, and allow them to speak about who *they believe they are*.....reading for the 'I' gives us access to this emerging narrated self." (Doucet & Mauthner, 2009, p. 409). This second reading allows us to listen to the interviewee's voice and understand her from her own view, on her own terms, before we attempt to write about her as an interviewer (Brown & Gilligan, 1992).

The first and second step put the interviewer in a relational context with the interviewee. Because the voice of the interviewee "enters our psyche" (Brown & Gilligan, 1992), we cannot listen or respond from an objective or detached stance. We are impacted both intellectually and emotionally by the story, which can lead to changes in our own relationships and stories, which can further lead to the co-creation and discovery of new things or alternatives.

The third step listens for the contrapuntal voice, (which is borrowed from music theory, where two or more independent melodic lines are present). "This is where the researcher listens for the voices of the interviewee that align with theoretical explanations and for those that may "resist" the "mainstream constructions" (Gilligan et al., 2003 p. 165). What is the story being told by the different voices? What are the patterns and relationships between them? What are the beliefs or philosophical and psychological underpinnings of the different voices? This "offers a way of charting the multiple ways people understand and experience the world"

(Gilligan et al., 2003, p. 164). “The third reading concentrates on how the interviewee talks about their relationships with other people and what they see as the consequences of these relationships, in particular tracing the different for multiple subjectivities associated with these relationships” (Edwards & Weller, 2012, p. 205). “It is a reading for social networks, and close and intimate relationships.....a reading that recognizes the self-in-relation.” (Doucet & Mauthner, 2009, p. 406).

The forth step is the final analysis of all the text and voices as they connect to the researcher’s question. It also involves attuning to the cultural and political contexts as well as the social and economic structures which may contribute to the narrative or the interviewee’s sense of self (Edwards & Weller, 2012). It focuses on “structured power relations and dominant ideologies that frame narratives.....where “micro-level narratives” link with “macro-level processes and structures” (Doucet & Mauthner, 2009, p. 406). Because once life narrative exists in a web of narratives with the stories that others will tell to make sense of themselves, there will always be ‘retelling, remembering and reconfiguring’” (Benhabib, 1999 as cited in Doucet & Mauthner, 2009, p. 407).

The third and fourth listening looks for the voices and experiences, the stories, that resonate with the interviewee’s culture and society, as well as the voices, experiences and stories that resist this, where they can be authentic and free to express themselves. The listener is attuned to when the interviewee may be experiencing oppression, disconnection, invalidation, silencing as well as the times they are experiencing healthy, empowering, authentic relations with others and the world around them (Brown & Gilligan 1992).

We also listen for signs of political resistance, times when people struggle against abusive relationships and fight for relationships in which it is possible for them to disagree openly with others, to feel and speak a full range of emotions. (Brown & Gilligan, 1992, p. 30)

Research Decisions and Description of Methods Used

The decision was made to use the Listener’s Guide and the next step was locating sources of data. In determining the research method and “subjects”, we (researcher and the Taos Institute Advisor/Promoter) decided that children would not be interviewed about their trauma experience and healing process, because we were looking for longer term factors that impacted one’s ability to “move on” and flourish, and children are still in the throes of this journey. We then gave consideration to conducting in depth interviews with adults who experienced significant childhood trauma in an attempt to discern the factors that contributed to their “healing” or ability to move on. How does one go about finding such a sample? What would the criteria be regarding the childhood trauma they experienced? Most importantly, how would I know that the interview process and the questions I would ask as the researcher not bring

them harm? We know that there are factors at play where sharing a trauma story is considered a positive experience for the teller, yet we also know that in certain conditions, it is not helpful to the teller, and can contribute to re-experiencing the trauma through flashbacks and triggers, (as discussed in Chapter 5). Sharing the story can be taxing to one's coping and support system, and disruptive to one's regular routine and ability to function in day to day life. How would I as a researcher assess and account for this? Was it enough to have criteria that the interviewee needs to have a strong support system and be currently connected to a practitioner focused on such healing? Or that they needed to have their healing process "complete", which we know, does not exist. I briefly pondered placing a classified ad in Kijiji, a web-based classified advertisement for selling and buying items and services in a specified geographical area, for such interviewees to share their story. However, this method could lead to interviews with people who may not be as stable in their emotional state as required for interview questions that are based on reflections and personal insight regarding their own childhood trauma experiences.

When sharing this ethical dilemma with a fellow therapist and discussing the issues at hand, she informed me that she is currently working with a woman (as a client) who "would be perfect" for such a research interview. She said this person is "in the field" of social work, has experienced significant trauma from her family as well as sexual assault, and has made significant gains in moving on. I did not know much more but trusted my colleague's instinct that this person she referred for my research would not be "unravelling" from the interview and had the ability to express self-reflections about her trauma experiences. My colleague later asked this "client" if she would be interested in participating in such an interview and research project, and she wholeheartedly agreed. I sent her a brief summary of the research intention (described below) through email. She emailed back and said that her partner (boyfriend) is also a survivor of childhood trauma, and she identified him as "male sexual abuse survivor" who is also a "minority" (racialized, because of having black skin). She said he may be interested as well. I then sent him a brief research statement, and he too agreed to be interviewed.

I interviewed each person separately but within the same week, and three times over the course of 13 months. In arranging the interview time and location, both interviewees each time said they would prefer the interview take place in my home when given the option of holding them in public, in their home, in my home, or in an alternate location. They both said they were comfortable with a large dog and had no allergies. The interviews took place in my home at the kitchen table where we shared a pot of tea and both interviewees enjoyed the spontaneous greetings from my large dog throughout the interviews. This set the stage to "just have a conversation" about trauma and provided the setting for them to share their stories and talk about the reconstruction of trauma.

The interviews were audiotaped, with consent and later transcribed. I acknowledge that the data collected for this research comes from a WEIRD sample, in that the interviewees are

rooted in a culture that is best described as western, educated, industrialized, rich and democratic.

First Interviews

The first interviews took place in April 2014. Consents to participate in the research were signed (refer to Appendix 1) and the following script was used as a guide to introduce myself as well as the research for the first interview:

“Hi. My name is Barbara Ward. I have worked in the trauma care field for several years, but decided to do a study to find out what is helpful. I am curious about what is helpful and not helpful to people who have experienced childhood trauma in different cultures, communities and societies.

Since I want to learn more about childhood traumatic experiences, I am asking for people to share their story to help me better understand what it was like for them, and what they experienced as helpful. I want to hear your story and would like to ask you a few questions to guide this interview. Is that OK with you?

I am interested in hearing your story, and this may take more than the time we have set aside today. I hope we can continue the conversation if needed so that we are not under any time pressures today and I have time to fully hear your story today. In addition, I am also interested in coming back to you at a future date to “bounce things off you” regarding ideas that may emerge through this research in the area of childhood trauma. I’m interested in creating a group of people who can be consultants to my research, offering their reflections and ideas helping me to understand how to improve future support and care

I also would prefer to audio record this interview, since it is hard for me to listen and engage in a conversation with you while writing. I would like to take some notes to guide me but am asking your permission to audio record the interview. The recording will be confidential and will be transcribed by myself or an assistant. The transcript will be read by my advisor and possibly a few other peers who are central to this research. Do I have your permission for this?

Sometimes it can be unsettling to people when they share their story of traumatic experiences, especially from childhood. Please know that you can stop the interview at any point in time, and also know that you can take your time before moving forward to allow yourself to use any coping strategies that you find effective. How would you like me to support you if this would happen? Also, is there a person who can further support you after the interview if you need it? Are you aware of resources available in your community should you be interested in them? Is there anything else I should know about you or ask before we begin?

Do you have any questions for me before we begin?”

The following interview questions were used to guide the conversation in the first interview:

1. What do I have to know about you before starting to tell the story about your childhood experiences of trauma?
2. Can you tell me/ share with me the story about the trauma you experienced in your childhood.
3. What was it like for you to experience this?
4. How did you deal with it?
5. Who was on your side during or after the experience and how did you know this?
6. What systems, supports or other resources could you rely on?
7. Did you receive any help from professionals because of this experience?
8. What was this like for you?
9. What are your thoughts now about this help?
10. Have you experienced a turning point in your life that helped you see alternatives?
11. What did this experience teach you about life, relationships, forgiveness, the future, hope?
12. What strengths do you have in yourself that helped you move beyond this difficult time?
13. What do you value most about yourself when you were experiencing the trauma?
14. What are the greatest qualities in you that you can always fall back on to get you through?
15. What else was there besides the trauma in your childhood?
16. What are the good parts of your life now?
17. In summary, what would you highlight as helpful and not helpful?
18. What other questions should I ask you?
19. What advice would you give others now about childhood trauma? (What do you think others could learn from you and your experiences?)
20. What advice would you give professionals?
21. Now that you are in the field at times working with others who have experienced trauma, what does this mean to you regarding how you practice in this field?
22. How was this conversation for you? What did you learn out of it?
23. Would you mind participating in a reflection group on my research and finding?

The data from these first interviews with the two interviewees were transcribed (including intonation, pauses, etc.), and analyzed using the Listener's Guide. This analysis is provided in Chapters 8 and 9 for each of the interviewees and highlights the voices that emerged during the interviews.

Second Interviews

In November, 2014, a second set of interviews again took place at the kitchen table in my home with a pot of hot tea and occasional greetings from my large dog, but the interviews were during the day this time instead of in the evening. The following questions were used as a guide during the second interview:

1. What was participating in the interview like for you? What was it like to tell your story to me?
2. How did participating in the interview influence you? How are you responding now to the story you told me? (What's different for you?).
3. Did the interview influence your thinking of trauma? (Has your thinking of trauma changed?)
4. *Explain about the resilience and resistance voices, speaking against the dominant discourse.* Where do you think the Resistant and Resilient Voices come from that you talked about last time?
5. How could we as a community and society talk about trauma differently? How do you think the way our community/society views trauma could be different?
6. What could practitioners who are working with those who have experienced trauma say or do to begin to create what you said in question #5?
7. What else should I know or focus on? (What am I missing?). What else would you like to say? What else should I ask? (In relation to my research question of exploring different perspectives on trauma).

These second interviews were also recorded and transcribed, and the data analyzed for shifts in the voices that emerged from the first interviews. A thematic analysis was completed on the second set of interviews. "Thematic analysis is a process for encoding qualitative information" (Boyatzis, 1998, p. 4). It has several purposes, including being used as a "way of seeing, a way of making sense out of seemingly unrelated material, a way of analyzing qualitative information, a way of systemically observing...and a way of converting qualitative information into quantitative data" (Boyatzis, 1998, p. 4-5). The steps involved in a thematic analysis include collecting the data and transcribing it, then examining the data for patterns of ideas. The next step is to "identify all data that relate to the already classified patterns" (Aronson, 1994, p. 1), followed by combining and cataloguing the related patterns into various sub-themes. These themes and sub-themes that emerge are then gathered to represent the data and an argument is created. The literature is consulted to further develop the story, framework, theory to continue to expand comprehension of the topic. (Aronson, 1994).

The thematic analysis of the data in the second interviews was combined with the analysis from the first interview. Themes emerged that identified what contributed to the shift from the dominant discourses and opened up space for other voices. The details and context regarding the moments where these shifts occurred were examined and the Story Shifter themes that are explained in Chapter 10 were generated from this. The first interviews were reviewed again to gather further contributions to these details and moments and expand upon the context of the Story Shifters. The Story Shifter Framework emerged from this combined examination and analysis of the first and second interviews that is described in Chapter 10.

Third Interviews

I also met with the interviewees a third time in May, 2015 in order to share some of the “results” from the research project and to check out how these resonated with them. I reviewed the Power Point presentation from the community focus groups and highlighted the Story Shifter Framework for our discussion. The results of these interviews are shared at the end of Chapter 11, which also summarizes the meaning the Story Shifter Framework holds for others. Emily and Landon were provided with the full dissertation document in September 2015, upon their request, and were encouraged to provide feedback on it if they wish, as well as to indicate if there were any edits they would like to make regarding what they said in the interview or how I wrote about it. Emily requested to make one edit regarding a comment about her dad, which she said “looking back, I don’t feel its fair for me to make that statement” so it was removed from the dissertation.

Focus Groups

The data from the interviews demonstrated the role practitioners, and others, can play in trauma stories and healing, among other factors. I struggle in this dissertation and research to have it contain concepts that can be understood by the general public, and have it meaningful to both practitioners and therapists working directly with those who have trauma stories as well as to anyone in the community who may not have a background in the social sciences, such as librarians, coaches, teachers, nurses, janitors etc. Yet in order for a dissertation to academically “pass muster”, it must contain theory and contribute to the field. How do I test out the meaning of this research in my community using language and concepts that make sense and are not rooted in a dominant discourse? What meaning do the research results hold for practitioners and for community members? How can they be given space in the therapeutic context and any other relational context? What might this research mean for those seeking help and relief from common responses to trauma?

After the second interviews were analyzed and the Story Shifter Framework was developed, a series of focus groups was held to further understand the meaning that Story Shifters might hold for therapists in their work with trauma stories as well as for community members. I also wanted to gather input on the Story Shifter Framework to further develop it so that it had meaning and space for all, as best as possible. Focus groups were selected for their generative process in that they provide an opportunity for rich dialogue. I was curious about the influence of the dominant discourse of trauma on the dialogue from focus group participants and their orientation to it as the Story Shifter Framework was reviewed in the focus group sessions. In addition to focus groups, several other individual and group feedback meetings were conducted with key people who I believed could articulate what meaning might be generated by the Story Shifter Framework because of their experience as practitioners, and/or persons who have experienced trauma and the treatment system.

Comments were gathered through audio-recordings as well as through written recorders who volunteered for this, at each table during the focus groups. Comments were summarized by this researcher from this data and all views that were stated were presented in this chapter.

It is important to note that the feedback sessions were conducted to offer the meaning of the Story Shifter Framework in my community and is not considered to be a separate or additional research study.

A focus group is a form of qualitative research in which a group of people are asked about their perceptions, opinions, beliefs, and attitudes towards a product, service, concept, advertisement, idea, or packaging. Questions are asked in an interactive group setting where participants are free to talk with other group members. ("Focus Groups", 2015, March 2, para 1).

Focus groups are commonly used for research that is exploratory in nature to assist in future research ideas or developments of theory or new practices. The benefit of focus groups is that they allow participants' responses to build upon one another and for the group to potentially reach consensus about a product, service, theory, approach etc. Rich information and data can be gleaned from this group process compared to individual interviews, which can also be more costly and time consuming. This also means that responses of participants are potentially influenced by group dynamics, which may sway final decisions, perceptions or practices. Because of the influence of group dynamics, focus groups also have leaders in the conversation and participants who may not voice their opinions or true thoughts. Focus groups therefore require a skilled and experienced facilitator who can manage these group dynamics, keep the conversation focused on the topic at hand, and ensure that every participant has a voice in the process (Stewart, Shamdasnai & Rook, 2007).

Focus group dynamics are influenced by three categories: intrapersonal factors and individual differences, interpersonal differences and environmental factors (Stewart et al., 2007). The first category pertains to demographic variables, such as age, socioeconomic status, gender etc. It is noted that focus groups are best conducted when these variables are similar. Interpersonal differences and interactions are influenced by how we expect others will act or behave, which are rooted in beliefs and stereotypes about demographic variables, personality and physical traits (Stewart et al., 2007). The facilitator of the group must understand these influences and set the expectations of the group. The facilitator needs to establish a healthy sense of group cohesiveness and monitor the social power and other influences on the group. Finally, environmental factors, referring to the setting of the focus groups, can influence group dynamics and affect rapport and participation (Stewart et al., 2007). The literature tells us that the structure of the focus group should consist of 8-12 individuals, and last in length from about 1.5-2.5 hours (Stewart et al., 2007).

The comments gathered for the focus groups below was generated through audio-recordings of each focus group and interview, as well as through written feedback from the recorders who volunteered for this, at each table during the focus group conversations about the focus group questions. Comments were summarized by this researcher from this data and all views that were stated are presented in Chapter 11. It is important to note that the feedback sessions were conducted to offer the meaning of the Story Shifter Framework in my community and is not considered to be a separate or additional research study.

Focus Group #1 with Community Members

A focus group with community members was held on April 28, 2015 at the local public library in their rented meeting room on the meaning the Story Shifter Framework holds for them individually and collectively, as a community. This location is accessible by transit so that location was not a limiting factor in those who wanted to attend.

Invitation and Forum Process

Invitations (refer to Appendix 2) were posted on the library bulletin boards at various branches throughout the Region. I also sent out email invitations to professional and social networks, including practitioners and therapists who are known to have a focus and interested in trauma. At this first focus group, there were two youth present as well as several senior citizens, teachers, education consultants, a naturopath, a marketing/communication consultant as well as other community members curious about trauma. In total 24 people registered and 20

people attended. There were a few cancellations within 24 hours before the event as well as a few people who attended without registering.

Upon entering the library meeting room, participants were greeted by the researcher and invited to create a name tag, sign a consent form (Appendix 3), provide an email address if they wished to receive a summary of the feedback from the forum, and fill out a ballot for a door prize. Snacks and water were also available. Community resource information was available at the entrance table for participants to refer to should they feel unsettled given the information presented and conversation generated about trauma. This availability of the resources was also mentioned several times throughout the presentation and at the end of the evening.

The meeting was scheduled for 1.5 hours, started 15 minutes after the official start time and ended 15 minutes later than the designated end time. I deliberately did not include introductions of the community members at the start of the forum in order to minimize conversation bias in that if someone identifies themselves as having a higher education, or as a specialist, a doctor or lawyer, they often are considered as an authority on any subject and often hold more power in the conversation in this culture and community. In an effort to truly hear all voices in the forums, introductions were not formally included.

I presented a power point presentation for 45 minutes (refer to Appendix 4) which explained the concept of the dominant discourse of trauma and the research questions I was curious about. The Story Shifter Framework was then shared with explanations and examples. The process for the feedback conversations was then outlined. Each table was to designate a conversation facilitator, a recorder and a speaker (to share a summary of the conversation with the room at the end of the table conversation). Some guidelines were reviewed to ensure that everyone had a voice. Each table and participant had a set of five suggested conversation questions (listed below) which they could use to guide their thoughts individually, as well as collectively. Each table started with a different question to ensure that there was feedback on all the questions over the forum time. Each table could move to any of the other questions once the conversation flowed in that direction. There were four tables but five questions on the Story Shifter Framework so the last question was not directly assigned to a table as a starting question for guaranteed discussion. I moved from table to table and participated in the conversation mostly by listening to what was being generated.

At the end of the forum, participants were encouraged to record their thoughts individually on the question sheet, to ensure that all voices and reflections were given space and consideration. Participants were again reminded of the resources in our community if they required personal or individual support because of trauma or any other emerging emotional feelings they were struggling with because of the information shared and the conversation that emerged in the forum. A draw for a deck of Yoga Pretzel cards was made at the end of the

session as a token of appreciation for the community members for attending and participating in the forum.

Questions for Reflection on the Story Shifter Framework

1. What resonates with you about the story shifter's framework and the reconstruction of trauma process? Do you have any experiences of the Story Shifters in action?
2. What doesn't make sense to you? What concepts don't you agree with? Do you have any experiences where Story Shifters would have been helpful?
3. What value might the Story Shifters hold and in what settings? (E.g. therapeutic setting? sports setting with coaches? Schools?)
4. What meaning might this provide for members of our community? For those who have experienced trauma?
5. What are you further curious about regarding this research?

The table conversation continued for approximately 20 minutes. Each of the four tables designated a speaker for their group then provided a summary of the conversation, starting with their responses to their designated starting question and then reflecting the rest of the conversation. Other tables were invited to ask questions of clarification or add comments after each summary was presented from each table. The results of the focus group sessions are summarized and reviewed in Chapter 11.

Focus Group #2 with Community Members

The first focus group was very positive in their feedback about the meaning of the Story Shifter Framework. Several people wanted to attend the first focus group but were unavailable. A second focus group was hosted and these people were invited. Invitations were also sent to participants of the first focus group, as they said they would "love to hear if another focus group is offered", so they were invited to share this invitation with others they felt were interested.

The second focus group was held at a Retirement Living Centre in Waterloo on May 11, 2015, which offered a beautiful presentation room and equipment at no rental cost. The structure and process of the focus group followed the same as described for the first focus group. Ten people participated and two were young adults (age 21), two were therapists, some were school staff, and others identified themselves as interested community members. Two table conversations followed the initial presentation on the Story Shifter Framework. The results of the focus group sessions are summarized and reviewed in Chapter 11.

Focus Group with Practitioners at a Trauma Conference

A focus group with practitioners was held on May 6, 2015 at a Canadian National Grounding Trauma conference in Ontario. This conference brings together practitioners who are working with people who have experienced significant trauma. The Grounding Trauma conference is hosted by CAST Canada, which stands for “come and sit together.” CAST Canada advertised the Grounding Trauma conference on their website by stating that:

there is a growing understanding of the numerous and diverse effects of trauma and unresolved grief on individuals, families and communities. In the last few years there have been many advances in our understanding of how the brain, the body and emotions are connected. We are eager to explore emerging and progressive approaches to trauma. In honour of Children's Mental Health Week 2015 we will be exploring the successes and challenges working with children, youth and young families. Grounding Trauma is Canada's only national cross-sectorial trauma conference. We expect over 200 professionals from across sectors and across Canada. It is a great event for networking, exploring new ideas and learning. (Retrieved from <http://cast-canada.ca/GT2015.html>)

Structure and Format of the Practitioner Focus Group

The conference organizers suggested that the focus group forum for the practitioners be held after the first day main conference workshops were concluded. They suggested the focus group begin 30 minutes after the last workshop, to allow people to transition to the focus group. The focus group was therefore scheduled from 4:15-5:30 pm. Every attendee at the trauma conference was provided with a flyer, similar to the flyer used for the community focus groups, which was placed in their registration package and bag, inviting them to the focus group session (refer to Appendix 5). The focus group date, time and location was also listed in two separate sections of the conference agenda, which was also included in their registration package. During the opening remarks, the option of attending the focus group and the topic was also introduced by a conference organizer.

Unfortunately, the focus group time was competing with the warmest, sunniest day after a winter of record breaking cold temperatures. Three practitioners arrived, and we decided to move forward with the focus group despite the low numbers. A power point presentation on the dominant discourse of trauma, Social Construction, the discursive context, and Story Shifters was delivered to the focus group participants (refer to Appendix 4).

The meeting started casually with spontaneous introductions of the people in room, while we waited for others to arrive. Snacks and water were provided. Permission to audio/video record

and consent to participate in the focus group was gathered (refer to Appendix 6). In addition, participants could provide their email address if they wanted a summary of the feedback from the forum, and if they wished to participate in the door prize. We all had a good laugh at the odds for the door prize given that there were only three participants.

Focus Group questions for this forum including the following:

1. What resonates with you about the Story Shifter Framework and the reconstruction of trauma process? Do you have any experiences of the Story Shifters in action?
2. What doesn't make sense to you? What concepts don't you agree with? Do you have any experiences where Story Shifters would have been helpful?
3. In what way would you consider using aspects of the Story Shifters in clinical or therapeutic settings?
4. What value might the Story Shifters hold and in what settings? (E.g. therapeutic setting? sports setting with coaches? Schools?)
5. What meaning might this provide for members of our community? For those who have experienced trauma?
6. What are you further curious about regarding this research?

The results of the focus group sessions are summarized and reviewed in Chapter 11.

I also met individually with several practitioners who have experience working clinically with people, both adults and children/youth, who have experienced significant childhood trauma as well as with a family who experienced several generations of various types of trauma and helping systems. The people interviewed here were colleagues who had expressed interest in the Story Shifter Framework, and who work with people who have experienced trauma. These results are reviewed in Chapter 11.

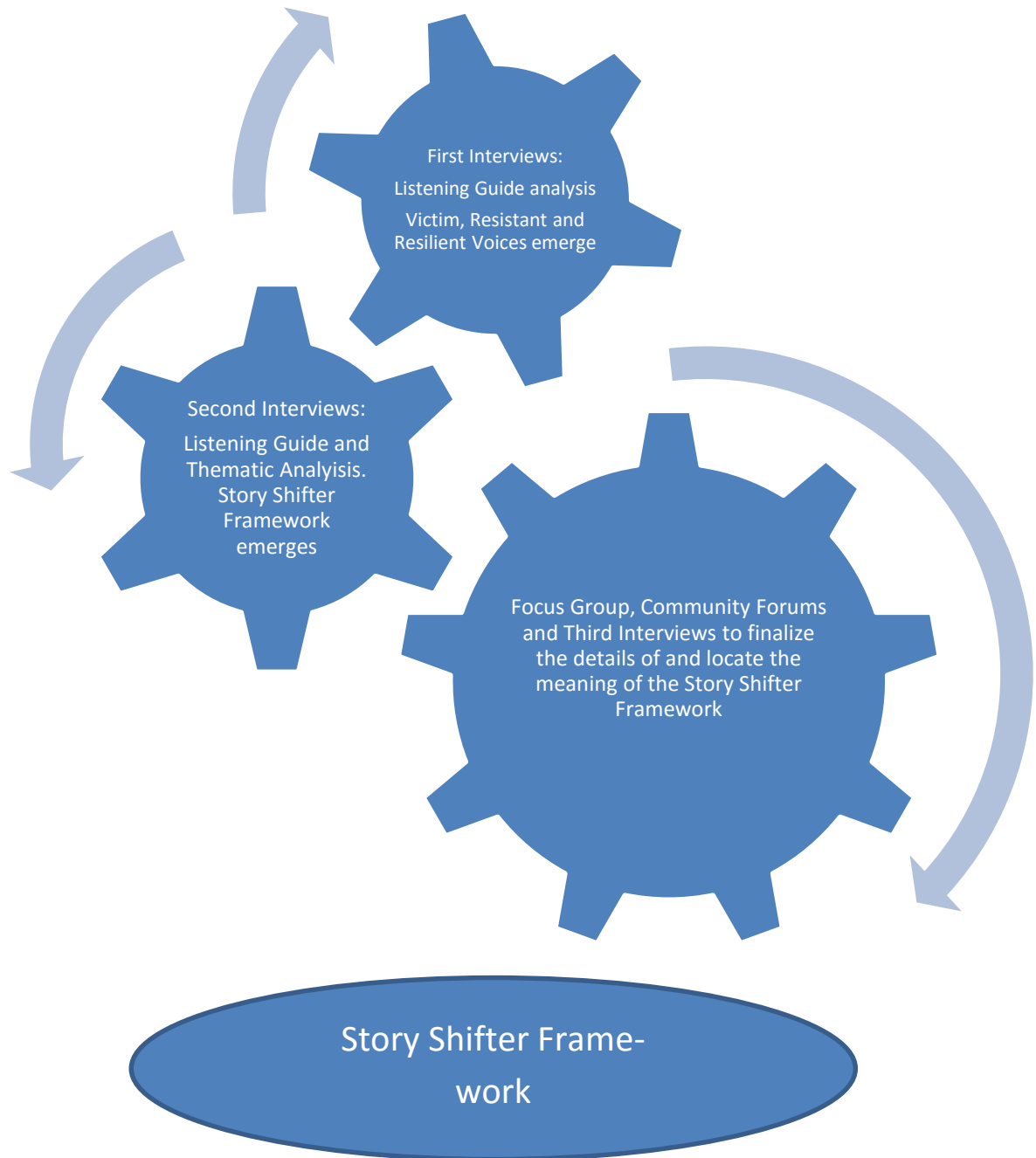
The figure below shows a summary of the data collection and research methods used for this dissertation, with the outcomes that emerged at each phase. This led to the Story Shifter Framework in the final version presented in Chapter 10. The methods shown below were not set out in advance of the first interviews and instead evolved as the data was collected and analyzed at each stage. After the initial interviews with the two research participants, my Advisor/Promoter and I felt we had enough rich data to move forward into the second interviews without interviewing more participants. After the second interviews, we examined the meaning and connection between the voices that emerged in the first interviews and the data that was provided in the second interviews about the dimensions of the discursive context that facilitated space for the resilient voices. A thematic analysis was completed on the data from the second set of interviews. The Story Shifter Framework was developed to help us draw

these connections and meanings. Interviews with others as well as focus groups were held to further develop the Story Shifter Framework and to explore the meaning that the Framework holds for others. Finally, interviews with the two research participants took place for a third time to fully present the results of the research and gather feedback and input.

This chapter reviewed the research methods used in all stages of the research and explained the orientation and rationale for each method. A summary of the methods was presented at the conclusion of this chapter both as a figure and in written form.

The next two chapters (8 and 9) will present the Listener's Guide analysis for the two people who were interviewed, Emily and Landon. Emily's first interview was twice the length of Landon's and therefore results in a more comprehensive analysis compared to the chapter on Landon's interview. Chapter 10 presents the Story Shifter Framework that was generated from the thematic analysis of the second interviews, in conjunction with the themes that also emerged in the first interviews that aligned with this. Chapter 11 reviews the focus group data and Chapter 12 explores possibilities the Story Shifter Framework might hold for the future.

Summary of Methods



Chapter 8 Emily's Story

This chapter is the Listener's Guide Analysis for interviewee Emily which emerged from the first interview with her. Emily has requested that her real name be used to describe her story, reflections, opinions and when referencing her words. I have decided to include most of the Listener's Guide analysis in this Chapter, due to the rich content and to set the stage for the Story Shifter Framework that is based in part upon the voices that emerged from the first interviews. My response as the researcher in the interview is included so that it aligns with the Social Constructionist belief that the researcher is an active co-creator in the research interview and outcomes. This chapter reviews the data in terms of the voices that emerged. Quotes from the interview with Emily are included in rich detail to support the voices that emerged.

Emily's Story from Her Perspective

Emily is a young woman in her early twenties who was raised by her mother and father, and has a brother. They lived in a rural town. Emily comes from a family that she describes as chaotic, where her needs were consistently not met the way she knew they needed to be met. She refers to her father having the "emotional intelligence of a frog" twice in this first interview. She describes an incident where her father physically abused her as a teenager but she realizes now he was regularly verbally abusive as well. She articulates that she was actually grateful for the physical abuse incident because it finally allowed her an "outlet" for the abuse and pain she had experienced up to that point in her life. It gave her something "concrete" to explain her feelings about her family but especially towards her dad.

Her relationship with her mother is more compassionate now as an adult, and she sees her mom as afraid of her dad and life in general. She describes a conflictual relationship with her mother throughout her childhood and adolescence, but has been able to find some peace and meaning in her relationship with her now.

Emily describes her brother as having "quite severe Asperger Syndrome, to the stronger side of autism" and being "pretty physically aggressive" to her repeatedly. She says she only recently, through therapy, identified this aggression as "abusive" to her.

Emily talks about her lonely childhood, how she cried "a lot" and how growing up in a small rural town impacted her ability to grow emotionally. Emily says that she repeatedly experienced that no one cared about what happened to her and that she had no one to talk to. She tells herself the story that she minimized everything that happened to her as a way of coping. "I guess I realized that I minimize a lot of things about my childhood. I guess it was kind of a coping strategy for me."

Emily was date raped when she was age 13-14 and is confused about the details of this story to this day. She knows that she again used this concrete example of abuse as a way to express all her physical and emotional pain, both current and past, at that point in her life. She tells herself that she uses this as a crutch because she shares this with people when she first meets them, telling them about it right away, so that perhaps people will “be more gentle with her.” When Emily said this, I wondered “what do they need to be gentle about and what would happen if she didn’t do this?”

Emily tells her story of her childhood and adolescence for 31 pages of script in the first interview. She talks then about turning points in her life, where she was able to engage in some healing and put meaning to her experiences. She talks about her boyfriend/fiancé at the time, Landon, who she met in high school, first as non-emotional friends. It quickly turned into a very meaningful relationship, where they appreciated the love and nurturance, as well as how they challenged each other. Her story moves forward when she moves out of her house at age 16 and into Landon’s family home, where she develops relationships which she describes as being healthy for her.

Emily’s story includes some life turning points. One involves her receiving a post-secondary education in the social sciences, which helped her learn about some of the psychology behind her experiences. She says that this contributed to her beginning to frame her story in a different way for the first time in her life.

She also talks about the power of connection and someone believing in her as she encounters role models and mentors who were her supervisor or therapist. She says, “I think I always had these qualities but didn’t believe them until other people did.”

Emily talks about her story as having a consistent theme of being “unbelievable.” She regularly talks about how odd or bizarre something was that happened, as if it is so out of the ordinary that she needs to state this in the interview in order to be believed. She describes how many people from her past who hurt her end up in her adult life as friends, with a connection that binds her past to the present.

Emily’s story holds resilience throughout it in that she seemed to be able to always focus on the future and the promise for change, a better tomorrow, and what it held for her. Her sense of hope seems strong throughout the interview as does her sense of gratitude and ability to forgive. Her story displays how she is able to see the bigger picture or explanation for her experiences or other’s behaviors. She is able to talk about her strengths that are evident throughout her story but also in how she tells her story. She has a sense of humour, a strong emotional intelligence level, values connections to others and makes friends easily she says. She states that she has high pain management skills, a hard work ethic and is articulate.

Emily's story begins to shift at the end of the interview when she articulates about the interview process that she was surprised that in her story, "the system was the biggest abuser." She notes all the "missed opportunities" where her needs could have been better met by the social service and justice system that let her down. In her role as a counsellor now, she wants to make a difference where she can, to make sure no one who crosses her path experiences the system the way she did. She tells the story that she is good at what she does and believes she is making a difference in the system already.

The Analysis Paralysis

Although I thoroughly enjoyed the interview preparation process as well as the two hour interview with Emily, and transcribed it right away, I avoided engaging in the analysis. It was a daunting task and I also did not have a large enough chunk of time to engage in it the way I had envisioned I should do so. However, as I re-read the interview script, I was again invigorated and excited about this interview; being a witness to Emily's journey was a privilege for me. It was hard to not clinically analyze or listen to Emily's story, as I had been trained to do for so many years as a clinician and manager/director. I soon found it exciting to listen to the story and for the different voices instead, as it was a rich and humbling experience for me.

The Researcher's Participation in the Story

As I listened to Emily's story in the interview the first time, I was struck by several things. The first being how emotionally intelligent this woman is; the self-awareness she described as well as the lens that she viewed the events from her past through. She has a very mature response to her childhood in her adulthood, which in my experience is rather rare. Most folks with adverse childhood experiences tend to hold and describe a lot of shame and blame in their story. As much as Emily experienced being a "victim" of numerous adverse childhood events, she seems to be able to hold a larger systemic view and look at things from a "they-did-the-best-they-could" perspective, almost understanding "what happened" to them instead of asking "what's wrong" with them. For example, about her parents "poor" parenting skills, she stated about her mom's background "which I learned more about, my mom was sexually assaulted when she was younger too, which I found out kind of recently. Um, so I have a better – I have more empathy for my mom than I do my dad. Um. My dad had a really rough upbringing too. His father was really bad and took off, and he just – he's really repressed." She says, about her parent's parenting style, that "so I always knew something was wrong when I was a kid, but I could never really articulate it." There are many other examples of this throughout her story where this Wise Voice emerges.

The first 31 pages of the interview provide a rather sad story of a little girl who was victimized and where it seemed all systems and resources, including people, failed to be able to connect and reach out to Emily, offering her any hope. I was struck by the victimization that came through despite Emily's mature and broad lens to explain why things happened the way they did.

Emily was sexually abused by a peer at the same age as my daughter was at the time of the interview. I felt awful for how this experience must have been for someone so young, and as a mother, couldn't help but think about how my daughter would respond to a similar situation, and how I would respond as her mother. It was extremely difficult for me to listen to Emily talk about how many adults and systems in her life had failed to nurture her and protect her, as well as help her heal from what happened to her at this point in her life. I would rather not believe it, but know from listening to repeated stories from other children, youth and adults over the past 25 years in my profession that experiences of abuse and a system of care that doesn't respond are too common. As I am a mother and also worked as a therapist for many years, then had leadership responsibilities at my workplace and my community for addressing trauma, I also felt guilty and a sense of failure at the "system." I was eager and excited to get to the parts of her story that demonstrated resilience and healing, despite the system failing Emily, perhaps in part to provide some relief to my own feelings of guilt and shame for being part of this.

Emily was determined to make sure that she told me her story in sequence, with accurate dates and details for the events. She checked in with me repeatedly on this and apologized profusely for what she perceived as "failing me" in this regard, despite repeated reassurances from me that I simply was interested in "hearing your story." She said several times: "I'm sorry I got off track", or "I'm sorry I just thought of another incident", "It feels really jumbled to me, so I hope you were able to (understand)" "I'm sorry I can't remember the exact..." (date, detail, age etc.). I'm not sure what this was about for her beyond just wanting to be a good participant but it made me feel like I had authority or power over how the story and interview should go. Perhaps this aligns with Emily's understanding of what a good researcher and a good interviewee should act like, according to APA standards and a rigorous qualitative research study especially given her training as a counsellor. I kept trying to be a "good" qualitative researcher who prescribes to this alternative concept of "just listening" rather than directing the interview, I was acutely aware that anything I do and say, and how I behave, both verbally and non-verbally, is influencing the interview. Perhaps I was not attuned to the power and authority I had in the interview with Emily, for whether I wanted it there or not, it was there. I truly wanted to just hear Emily's story and did not feel as though I had to control or direct the interview. I felt curious and open to whatever happened and thought that no matter what was said, it would be rich data for my dissertation and take me where I needed to go. My wise

dissertation advisor's words were ringing in my ears during the interview about not having to finish the interview in one sitting and that it is always OK to go back and ask questions of clarification or further talk about what may have come up in the first interview. I found this incredibly reassuring and truly believed that I could use whatever emerged from this interview...yet I did complete the interview in "one take" and was eager to hear answers to all the questions. Perhaps I was eager to ask all the questions with Emily so that I could hear more about her resilience, hope and future, more for my sake than hers? As much as I may have been nervous, I was not anxious but felt incredibly calm, which allowed me to appreciate the interview process and better attend to the conversation I think. However, it seems Emily did not feel the same "what will be will be" state of mind I had tried to create. She put a lot of pressure on herself and the interview to be on track. "As long as I'm on track" she says after apologizing for telling a "big story" and saying "I'm like I said, I talk a lot".

I was in awe when I started to hear the resilience in her voice and in her story. I became more excited inside to start asking some of the resilience focused questions so we could move away from the victim stance and move forward to what made a difference in her life-what shaped this amazing woman in front of me who so obviously thrived despite the abuse. That's what I saw and heard and I was eager to hear about this journey. I was excited as well when Emily started talking about turning points in her story, which involved mentors who "believed in her" and her connection to others in a healthy way, her feelings of being understood for the first time. Of her partner Landon, Emily says that "he was, he's just – was very understanding, very gentle and he – it's because he got it...(others were) like afraid to talk to me. Landon was not afraid. He asked questions, he was open, he was understanding, and he felt bad, and he's – you know, he just understood. So I don't know, it was more of a subconscious...You know, everyone saw me as a there was something wrong with me, and I was – I was bad. Landon saw something really good in me. And uh, you know, we're really, really good partners, you know we're good friends."

Another example of a mentor Emily provides is when she talks about her mom taking her to a Herbal Magic diet coach when she was a young teenager, and Emily tells her about how she was raped. Emily describes the woman and their interaction like this-"This nice older woman, probably in her late 30s, early 40s, and she was just funny and kind. And she was this red head with these big freckles, and she was very rough woman. You can tell she's lived a life, kind of woman. And uh, I told her what happened and I said has that ever happened to you before? Again I was a very, just really blunt kid. And some of that has tapered off as adult but, [laughs] um, and she said yeah, and she told me a little bit. She was well I'm really sorry about what happened to you, and then she told me a little bit about how she kind of had a similar incident when she was, like a young woman, and kind of told me about it. I still remember the whole incident that she told me. I, it never left my brain. [laughs]. And so I remember her telling me

about it, and I felt like, you know, she got it. Anyways, so I had this tool which was just like oh I get it now, anyways.”

Emily speaks of the role of another mentor in her life when she was doing a placement for her Bachelor of Social Work degree (BSW): “But the people in my life who’ve really helped me um, Jen Davies, is the – was my supervisor at Guelph Wellington Women in Crisis. And I was there for my BSW from age 21 to 22. Um, and I, she changed my life. I have met, like she and she won’t believe me, but I’ve told her, like she was the first person to just really believe in me. Like uh, I went for my interview there and she wanted me right away. And um, I always felt like I had to prove myself to people, but for some reason she just – she got me as soon as she met me and she saw something really, really special in me, and she is a – this was a big deal to me also, because she’s a really well respected woman in that community...But she got me to just feel like a whole person. Like for a long time I still didn’t feel like I was good enough, I still felt like I was bad. Like I just wasn’t a good person. But she just um, I don’t know she just really thought I was this amazing person, and that I was so smart, and I was so great at all these things. And then I started to believe her.” Emily later says, “And now I have all these other people in my life who believe the same thing, because she helped me show it more”

Emily repeatedly talks about and differentiates between people who “get it” or “got her” and those who didn’t. This is illustrated in the above examples where she talks about mentors, but also when she talks about her mom “not getting it.” Emily says: “Like my mom, didn’t really get me. She wanted me to be something else, and so she never really thought I was smart. Like she kind of pictured me as a stay at home mom, and oh good God, no that’s not what’s happening to me now. [laughs]. And never really got it, but Jan just really, really got it...”

I was disheartened in the interview, at the end, when I asked Emily ‘what did you learn out of this?’ (referring to the interview). She replied “Well you know I had never said the words that the system was my biggest abuser before; that just literally came out when I was thinking about it now. Um, because having to say it all in succession like that, it’s like holy crap. There were so many opportunities for me to have support, where it just didn’t happen. And that kind of made me mad. You know, and it’s always kind of made me mad, but it’s kind of like – yeah wow there was a lot of shortcomings there. And especially, now that like I’m in the field and I’m really in the field. Like I’m – I’m, this is my area, this is where I’m trying to connect with kids and I feel like I’m pulling for these things.” The system failed Emily within the last 10 years, especially the school system in their response to her sexual assault as well as a “neglected” child. ‘I was part of this system!!!!’ was screaming through my head when she said this. I am used to hearing about adult’s adverse childhood experiences and how the system failed them when they happened 20 years ago or more, but since I have been in the field for 25 years, I am part of the system that failed Emily, and many others, regardless of the help I provided and the culture I

was embedded in. It made me reflect on how I may have failed to help kids like Emily by being part of a system, part of the culture and dominant discourse, that just wasn't enough to help and provide messages of hope and connecting them to their future.

Currently, in my role at the local public School Board for the last two years as the Mental Health Lead, I am responsible to create and implement a strategy to better attend to the mental health and wellness of students in the classroom and across the system. This makes me feel even more vulnerable to "get it right" so that teachers and other school staff can help kids and youth like Emily by identifying the signs of adverse childhood experiences and guiding them to resources that help build their resilience.

How did my own views and assumptions, my own cultural and theoretical contexts, contribute to the interview process and co-construction of Emily's story as she told it in the interview? I was raised in a community not far from the rural town Emily grew up in. We now live in the same community and work in the same field. My training in social work and on trauma was mostly rooted in the dominant discourse of trauma; even though it didn't fit well for me, I didn't know the alternatives early on in my career. In the last decade, I have received training and actually train others on the impact that adverse childhood experiences have on the brain development of a youngster. This contributes to my understanding that the brain is "plastic", in that it can be shifted and changed in ways that alter healthy development when trauma is experienced. However, thankfully, this same theory allows for the healing of 'disrupted' neurological pathways when certain conditions are met, including a sense of belonging and purpose in one's community and life. I recognize that this theoretical framework on trauma is still rooted in the dominant discourse on trauma.

The interview questions were created out of my beliefs and experiences from the field of trauma. Further, my training and personal experience in the role of gratitude, forgiveness and connection to others and one's community influenced the interview questions as well as perhaps my eagerness to hear about Emily's own story of resilience. I have only experienced professional training and education to date in the Western world, which strongly promotes the view of the individual in society and the role of personality in most of our theories on development and mental health. Cognitive Behavior Therapy, Family Systems Theory and Trauma Informed Care are probably the greatest contexts of my professional work. Further, my world includes a medical model focus which first looks at deficits and pathologies in the individual, often ignoring the influence of society and Social Constructions on how we identify and describe symptoms as well as diagnose and treat situations we identify as undesirable conditions. In addition, I have also had training in "alternative" or non-evidence practices, such as hypnosis, Emotional Freedom Technique (EFT), nutrition, spirituality, forgiveness and

gratitude to provide alternative ways of looking at the world and promote healing and resilience in myself and others.

There is also perhaps something in Emily's references to growing up in the country and feeling so alone and isolated. I could relate to this as I too grew up "in the country" on the outskirts of town with no public transportation, cable TV or single telephone lines (we had 'party lines' that were shared with neighbours). She says "the country is very nice, and ah, (moving to the city) that just opened up a whole world for me (she is referring to moving into the city in an earlier statement), 'cause it was just miserable for me being in a small town where everyone knew me, and had all their prejudgements about me". She further describes the appeal of the city to her "So I got to be in a place where no one knew who I was, and that was great". The small country town culture that is supposed to appeal to city folks in that it creates a greater sense of connectedness and belonging, where neighbours know each other and look out for one another, where smiles and friendly greetings are exchanged in passing on sidewalks and grocery store aisles, didn't happen for Emily. The small town culture instead further created isolation, loneliness and stigma for her, since she felt that everyone knew her business but she was alone in her struggle with her adverse childhood experiences.

What exactly is Emily telling me? This is the question I continued to reflect upon as I read and re-read the interview transcript. To me, it felt like a story of thriving despite circumstances that repeatedly tried to show Emily a different way to be in her world. She resisted and struggled against the prescribed role of the victim in Western society. She challenged the system by repeatedly talking about her abuse, to the point where she was labeled as a "bad kid", medicated and isolated from a system that could have helped her. Perhaps Emily's wisdom provided a broader lens in which to view her life circumstances, in that she knew what was not her fault, and knew what she needed in life (she knew the diets her mother put her on were not helpful, she knew the police and social services she needed but did not receive, she knew her mom and dad were missing something in their parenting, and that something was amiss in her family). Even as a child, she refused to align her views with those of the Western world when it came to neglect and trauma. Despite her childhood filled with loneliness and struggle, she thrived in surviving. The more she felt resistance when her internal self did not match the external world, the more she acted out behaviorally in her attempts to demonstrate to the world how she saw it and what she felt about herself. She seemed to know the view that others' held of her was incongruent with who she really was. Most times she actively showed this, until some critical turning points in her life where she no longer had to fight the incongruences, because others saw her shining inside too.

Emily, in her story, has told me about the power of mentors, and someone seeing the "real you" that you feel is inside of you that no one else can see but you. As soon as someone from

the outside world sees this same view of Emily that she sees in herself, she flourishes, blossoms, and thrives. She no longer needs to resist the common view that everyone else has of her up to this point in her life. An example of this was perhaps the Herbal Magic diet coach that she had when she was young, where Emily asks her if she was ever abused in a similar way, and the coach responded affirmatively. Emily suddenly does not feel as isolated with this, as if someone not only validated her experience, but also showed her that she is not alone in her experience of “date rape.” The Western view of trauma and especially childhood sexual abuse is that we experience and treat it alone, it is an individual experience and there is not a collective experience in the healing process that we typically ascribe to. Yet when we talk to others about what was healing for them, it always points to some form of connection to others in sharing the experience.

When Emily, as an intern and new social worker, begins her career, she again experiences a mentorship that holds a view of her that aligns with her own. Emily speaks about Jen and her other supervisor in her first two social work jobs, as well as her partner/fiancé at the time, Landon, and her current therapist Lynn as being key alternative turning points in her life because of the view they had of her which was different from the view she received from her community up to that point. “I’m so very close to my supervisor and that’s had a lot to do with my healing process, as well”. Her peers at school, her peers’ family, most of her teachers and other school staff, her family as well as the social services she received saw her as a “bad” kid. Emily transforms as soon as she feels connected to someone who “gets her.” Emily uses this term a lot throughout her story to distinguish between who “gets her” and who doesn’t “get her”, as in those who understand the reasons of why she acted the ways she did, and those who saw the shining light though the smoke and mirrors she presented, with the smoke and mirrors being the drugs, alcohol and promiscuous behavior).

Emily’s narrative moves to one of resilience, hope, gratitude and future. She is very forgiving of those who contributed to her adverse childhood experiences, very grateful for what she has in her life (her career, family and her fiancé), and she has some strong hope for her future and lots of determination and confidence to get her there.

I Poem for Emily

As we learned in Chapter 7, the second step in the Listener’s Guide involves paying attention to the “I” statements made by the interviewee and creating an “I poem” that reflects the variability in the narrative. This allows for an interesting tracking of the story and provides a reflection on the “change and continuity” in a person’s “sense of self over time” or throughout the interview (Edwards & Weller, 2012, p. 203). It also shows the parameters of the interviewee’s social world (Doucet & Mauthner, 2009). “Within this perspective, narratives provide subjects with identities, and allow them to speak about who *they believe they*

are.....reading for the 'I' gives us access to this emerging narrated self." (Doucet & Mauthner, 2009, p. 409). This second reading allows us to listen to the interviewee's voice and understand her from her own view, on her own terms, before we attempt to write about her as an interviewee (Brown & Gilligan, 1992).

Emily's "I Poem" was created by pulling out the significant "I statements" she made in the course of the first interview that seems to summarize her experience of her story. It is acknowledged that I, as the researcher, had the liberty to deliberately review the interview statements and strategically select the ones that fit based on my understanding of what she was telling me in the interview.

"I minimize"

"I was lonely"

"I cried a lot"

"I guess"

"I didn't get connected"

"I never got help"

"I was blamed...I was bad"

"I don't want to be mad anymore"

"I'm sick of being mad"

"I started talking"

"I got connected"

"I deal with things now"

"I had someone"

"I understand"

"I have people"

"I'm happy"

"I'm grateful"

“I’m really grateful”

“I feel whole and complete”

Voices in the Story of Emily

The following voices were found in the analysis of this interview using the Listener’s Guide, as described in Chapter 7: The Minimizer Voice, The Wise Voice, The Resistant Voice, The Victim Voice, and The Resilient Voice. In the section below, each Voice will be described in terms of what it means for Emily, with many quotes from the interview, in an effort to give the reader a strong understanding of not only what these voices mean for Emily, but also the interplay amongst them.

The Minimizer Voice

The Minimizer Voice minimizes Emily’s childhood and teen experiences and is the voice of her low sense of self at times. We know that minimizing the abuse and trauma is a common response, as it can help the person cope by making the situation feel “not so bad.” Minimizing also occurs because it is easy for the person to “adapt” to their abusive situation, to “get used to it” and not be fully aware of how severe or significant it is. It may also be difficult for the person to know what life may be like outside of their abusive situation, especially for a child who may “know nothing else” due to their limited experiences in non-abusive situations. Emily says, “I don’t know, yeah I just felt for a long time it was really hard to believe that it had happened. Like I, because of my reaction I felt like I was over exaggerating it.”

Emily further supports this when she refers to her dad’s abusive incident with her as being “a bit” physically abusive, as well as when she describes it as happening only one time, as if the frequency diminishes the impact. “Another kind of incident, my dad was a bit physically abusive. I tend to minimize it, ‘cause it was only one incident.”

Emily also minimizes the severity of her response to her childhood experiences. She says that she “kind of” had a suicide attempt, which was not “kind of” at all but a full attempt which required hospitalization and further assessment. She perhaps says it was “kind of” an attempt because deep down she knew she didn’t really want to die, but also did not know what other options she had to deal with her pain. Emily says of this incident “I had a suicide attempt, kind of, but I don’t think I really intended to kill myself.”

Emily also talks about the severity of her drinking and drugs use but then minimizes it. “I cut and ah drank really, really heavily, and did drugs. And just nothing major [laughs] but.....” The

Minimizer Voice is not connecting to the Resilient Voice which screams that something is wrong here, that something needs to change. The Minimizer Voice is not connected to how society is silencing her Resistant Voice and instead aligns with the voice in society that tells the victim to not cause trouble, that it is her fault somehow, that she is the one who needs help, and finally, perhaps these things happen because she is just a “bad person”. These voices are aligned with the dominant discourse in trauma in the Western world.

Emily is now aware that this Minimizer Voice was connected to how she coped when she says, “I guess I realized that I minimize a lot of things about my childhood. I guess it was kind of a coping strategy for me...” She does not yet see the full connection to how the dominant discourse about trauma in her world encouraged the Minimizer Voice and silenced the Resilient Voice. She sees it as an individual response rather than a common societal response to trauma, as described above.

The Wise Voice

The Wise Voice knows what Emily needed in her childhood and youth but didn’t receive from society or her family. She is utterly aware of missed opportunities even as a youngster. “And so I always knew something was wrong when I was a kid, but I could never really articulate it.” Here Emily’s Wise Voice summarizes that she knew her world wasn’t right. This stance likely helped protect her sense of self and identify, where perhaps she didn’t blame or shame herself as much because she knew something outside of herself wasn’t right. I can’t help but wonder what would happen if all people who experienced trauma were able to keep the blame and shame away from themselves and instead see that something wasn’t right in their outside world. My experience as a therapist has lead me to conclude that children who know the abuse was not their fault, who can identify some flaw or fault in the abuser or system, recover better from the trauma and have less negative impacts of the trauma into adulthood.

Emily had a keen sense of some of the things she needed in her childhood, as well as how some things she received were not right for her. She describes an incident when she was about 12 where she knew she needed someone to talk to and instead was put on anti-depressants and provided with numerous diets from the subsequent weight gain. “Um. I was put on anti-depressants when I was 12 [laughs] which I didn’t need, I wasn’t depressed.....Um, I just had a lot going on at home that I didn’t understand. So they didn’t send me to counseling, they didn’t do anything. My mom’s a nurse so she has a medical background. So she sent me to a doctor who put me on really, really strong anti-depressants, and I gained a bunch of weight. [laughs] And uh, then you know gaining weight, my mom put me on a bunch of diets. And that created a really negative image for me. Some of my earliest memories, you know my mom is, would try all these crazy experimental diets, and I’d be like five or six. And she’d be having me do them

with her, kind of thing.” Despite knowing this was not somehow right, Emily’s Wise Voice was internal and not spoken aloud. As with the Minimizer Voice, this voice too is silenced by a society that blames and pathologizes the individual. Emily’s rights were not respected; they too were muted because of how we conceptualize and treat trauma individually and from a dysfunction view, instead of one that takes a broader system approach, roots the individual in a healthy community, and provides the connection, support and healing the person needs. Emily’s Wise Voice says this when she states, “I think I just, I really needed someone to talk to, And I wasn’t getting any help.”

About the parenting she received, Emily’s Wise Voice knew some of the things she needed from her parents but didn’t receive. She says about her mother, “But she never did anything to set up rules. And so that was something I really needed were rules.” Again, this voice remains internal and was not voiced or heard as a child or youth. The voice again was muted and silenced by a society that allows parents to raise children and treat them as property, with too often ineffective enforcement for the few laws we have regarding child abuse and neglect. It is only recently in our country that the child neglect law is being enforced and tried in court. Prior to this the neglect clause in the Child and Family Services Act (CFSA) was not considered because it was too hard to prove (CFSA, 1990).

Emily, at a young age, knew that she was different from others and especially her family in her thoughts and perspective. She states, “And I was a very different thinker.” Perhaps this again is how we conceptualize trauma and make those who have experienced it feel different from the rest of society? I have heard from many adults who experienced adverse childhood experiences that they felt like they had their abuse written on their forehead where everyone they met could tell they were different. This also is about the shame we as a society instill on others in how we conceptualize trauma. Perhaps Emily just knew that she had different ideas, thoughts and feelings compared to those around her who seemed to “better” accept the common ideas and dominant discourse about gender, roles, trauma, parenting, education etc.

Emily’s Wise Voice shines through in protecting herself during her teen years from her own reckless behavior. She had control when she was seemingly “out of control.” She says: “Like yeah I drank, but you know I was still very conscious about not getting into trouble at school.” “When I was doing drugs and drinking a lot, I was always really careful not to get into too much trouble, ‘cause I didn’t want to screw up my future.” Here her Wise Voice and her constant vision for her future full of hope protected her from permanent or lasting consequences in her response to her trauma. As well, her Wise Voice quietly protect her even though they are not voiced aloud or articulated to others. She may have used drugs and alcohol, which are a common response for people who have experienced the violations of their rights in childhood,

but this Wise Voice kept her safe and from engaging in further reckless behavior which could have a lasting impact on her future.

Emily describes from her Wise Voice what it is like to heal from trauma, now as an adult, to people she works with in similar situations, “And so I always tell clients um, when you’re recovering from something like sexual assault, it’s not quite like another trauma. Like say like, like you know if you were in a car accident and you had post-traumatic stress disorder from a car accident, well okay how do you get over that? Well you – you go stand next to the car, you touch the car, you get into the car, you get behind the wheel, and eventually you drive. You do those step by step, by step, trying to relax yourself in those different, you know, level of those. Basically it’s that exposure kind of therapy. This is not the same process. This is more like muddling through and trying to find what works for you. Like so some things would work, and some things really wouldn’t work. You know you might find like meditation is something that’s really good for you. Me not so much, but that mindfulness is great. Um. It was a process that I just really had to muddle through, and then when you get there, you’re able to tell these other people how you did it. So I always say that to my clients. I’m like you know what, you muddle through you’ll get there, and then you’ll be able to tell me how you got there, and please let me know” [laughs].

This supports how trauma healing is messy as one has to “muddle through” in order to “get to the other side.” There is no formula or step by step process, no guide that will work for everyone. Emily had a good sense of what she needed as a child and youth to help her move forward from the trauma. Once she was able to gain some independence and make some choices as a youth, she was able to further seek and obtain some of the supports and resources she felt she needed. This independence and these choices also allowed her to break free from the dominating constructs of trauma that we have heard Emily struggle with especially through the Minimizer Voice. She broke away from the victim mentality and refused to see herself as others saw her in her childhood, as a “bad kid” who was to be blamed and pathologized for her struggles. She now uses her Wise Voice externally, to help other children and youth who are struggling.

Resistant Voice

The Resistant Voice won’t stop telling Emily’s story despite repeatedly being shut down, shamed and not believed in. Emily acts out until someone believes her. The Resistant Voice finds ways to fight the Victim Voice, which we will hear about shortly. Emily describes the struggle of her Resistant Voice, in knowing it wasn’t her fault and yet needing someone to help her do something about her pain. She articulates that “having to remind myself it wasn’t my fault. Um, but as soon as that incident happened, I had a really weird reaction, uh because

there was so much pain going on at home and not getting any attention for it. I was really open about what happened at first, if anyone had asked me I'd be like, yeah I was raped over the weekend. You know like 'cause I wanted was help. So it started off like that and then no one believed me. Because I was so forthright about it, like I was just talking about it like it was – like I went to the beach on the weekend, kind of thing.” Emily here talks about how she repeatedly told her story until someone listened and believed her, or helped her. It became her common “go to” story, which she told over and over, in an attempt to get someone to validate her experience. This lead to an interesting consequence where the more she spoke about it, the less emotion she told the story with, which seemed to perhaps further isolate her and create a sense of “unbelievability.” The more society and those around Emily tried to silence this voice by not believing her, by not helping her, by not acknowledging her pain, the more frequent this voice and story emerged, until it became almost “rote” for her to tell the story. Here we see Emily’s power to survive, and the persistent nature of this voice which ‘caused her so much trouble, yet saved her. It lead to her leaving her small town and discovering a world that saw her potential, where a little bit of encouragement, empowerment and validation were enough to catapult her forward into healing and developing healthy relationships.

Emily’s pattern of repeatedly telling her story also generated the development of Emily using her adverse childhood experiences as a “crutch” or a way to get her other needs met. She describes the process this way: “It was that I was capitalizing on the pain. So like when I had gone through so much stuff that I couldn’t really explain, as a young kid why things were not okay at home. When something (is) sexual assault, that’s a pretty black and white thing, you don’t do that, that hurts. That’s bad. Then I, you know, I really wanted people to respond to that and finally get some attention, and some help that I really wanted. So it was very grey, like it didn’t, it wasn’t a black and white, like just some stranger on a bus thing. It was as a friend, and it was alcohol, and it was everything. For a long time I think I was using my – my sexual assault as like, I would tell people right away, so that they would be a little bit more gentle with me.” This Resistant Voice refused to be silenced and was using whatever power it had to survive. It tried to rise up against a system that repeatedly silenced her voice. Here though, we see the Victim Voice and the Resistant Voice merge when she uses her trauma story as a “crutch”, but also it is a Resistant Voice because she is opening talking about something that our culture wants silenced, and goes through great lengths to accomplish this, as we hear in Emily’s story. Emily explains that she used her trauma story as a “crutch” “because I wanted them to know this is why I am the way I am.” It was as if everyone could see the bad in her. Emily was repeatedly told this by many people around her and it further generated the Victim Voice.

Emily’s Resistant Voice further emerges when she goes to the police station at some point after the rape. She tells the story this way: “They took me into one of the interrogation rooms, and it

was – cold and dark, and uh, he asked me to talk about what happened. And I didn't, I would – I refused to tell him who it was, 'cause I didn't want to press charges. And uh, he was very threatening, he's like you know I could find out who it was if I wanted to. And I could, you know, and I was like well I'm, you can try if you'd like, kind of thing. And I was very matter of fact, when he was talking, and he told my mom, he asked her if I had a mental disability. Because, of the way I was talking, I guess."

Here is Emily at the police station, a little confused and worried about getting the person who raped her into trouble, a little unsure of things, and the police officer could have likely used better social skills and compassion to help her understand the situation and his role, the role of the justice system. Instead, he intimidates her, which pretty much aligns with her experience in life to date, and she resists; she refused to comply to such an extent that the officer questions her mental capacity. The dominant discourse in society on trauma is seen here again in how the officer addresses the sexual assault with Emily, blaming her, pathologizing her by questioning her mental capacity instead of seeing her statements more about her resilience and attempts to protect herself further from a non-responsive system. Every time I hear Emily's story about the police station, I have to smile about her boldness with the Officer. She openly engages in a power struggle with him, knowing that he is not part of a system that will generate healing for all those involved. She is courageous for rising against the justice system that she knows will not help her.

Emily's Resistant Voice is described by her in this way: "I always thought there was something wrong with me for talking so much about it. Like most, you picture a victim as this quiet shaking, I was not, I was loud and I was angry and I was upset." Emily thought something was wrong with her for talking about her trauma because this voice was silenced so frequently by those around her. She got the message loud and clear that we do not talk about these things aloud, and instead we just quietly accept and live with them. Emily now says that she is in the field so that she can ensure other children and youth who have experienced abuse, neglect and trauma can have their voices heard. She continues to use her Resistant Voice and help others find theirs to perhaps shift the system to better respond to and contribute to healing.

The Pleaser Voice

The Pleaser Voice is the one that says, "I-have-to-get-it-right" in the interview. Emily is eager to get the story right, in that it must be told in chronological order, with accurate details re: dates, ages, etc. She is hyper aware when she believes she is "off track" from the conversation question and apologizes repeatedly despite reassurance from the interviewer that things are making sense and there is no right or wrong way to tell the story, in that I just wanted to hear her story.

This Pleaser Voice was analyzed in the above section (The Researcher's Participation in the Story) where the relationship between the interviewer and interviewee is discussed. Emily repeatedly says "sorry I got off track." However, later in the interview, she says, "I'll get to that later." Emily states this several times in the middle of the interview as she is telling her story, and seems to feel more in "control" of the narrative. She is tracking the events and sorting them herself instead of asking for reassurance or apologizing for appearing what she believes is disorganized in her story telling.

The Victim Voice

The Victim Voice is the voice who knows that no one would help or listen, where Emily ends up using the abuse as a "crutch" (her words). This is the voice of shame and secrecy. It's the not knowing voice. The not being believed voice. The voice that tells Emily that her life is so odd and strange. This is the voice that is about how the system failed Emily.

Emily's Victim Voice is keenly aware of the blame and shame thrown on her for being neglected and abused. She articulates this several times during the interview: "And then I was very blamed as the victim, blame the victim.... "I was blamed a lot for my behavior." "And so I was blamed for so, so much when I was a kid." I was just blamed for all the problems, and so I grew up believing that I was really bad. "No one asked, it really was that, like there was just – no one took the time to really try to understand. People were just so scared to ask, and people were so scared of me. It felt like I would – had the plague, you know."

Emily's Victim Voice identifies how the actual trauma incident often isn't as powerful as the reactions others have to it around you. This further created feelings of victimization for Emily. We know that it is not the event that determines whether something is traumatic, but the individual's experience of the event and the meaning that they attribute to it. Emily describes it best when she says, "I just really needed someone to acknowledge the pain that I was in. Um, so from what I know about sexual assault, is the sexual assault incident actually is a lot less powerful than the reaction to the sexual assault. Like if you can – if you're, say your daughter is sexually assaulted and if you, believe here right away, and give her the support she needs and put her into counseling, then she has a great opportunity of being resilient there. But if you know you have that opportunity which is, you know people get mad and they don't believe her. And they blame the victim, and that kind of thing, you know that is much more powerful than the actual – like you can have a very violent incident, and a more minor incident, and the reaction has more to do with how people recover. And so I think that I was waiting for a good reaction for a long time. Like I just had so many bad reactions to what happened. My boyfriend broke up with me, 'cause he said I cheated on him. He broke up with me, it probably was in the hospital. Um, and uh, my dad's clueless and went to anger. My mom did not know what to do,

and I had no support, no counseling – they just kind of were afraid of me for a while. Like afraid to talk to me.”

Emily also takes the victim stance about the person who raped her when she says, “I already feel guilt for that young boy as well, ‘cause we were not very far apart in age. And uh I had felt for a long time really, really guilty, ‘cause I felt like I ruined his life as well, ‘cause I told so many people....I felt like I deserved it, or I felt like it didn’t really happen. Like maybe I did make it up, ‘cause no one believed me. And then I was thinking, well you know I had kissed him before, oh those kinds of excuses.”

This aligns with the dominant discourse in our society where the person who was assaulted experiences shame and blame, which in turn prevents them from telling their story, sharing it with others. Their voice is silenced and they are lost instead in their pain, trying to heal themselves and cope independently. How do we learn to do this? To keep it inside and feel like maybe it was our fault. This doesn’t happen in other situations, for example a car accident, where everyone always wants to blame the other driver(s), or the conditions of the roads, or the weather is blamed, or the infrastructure system (“it’s the governments’ fault”). How does our culture create such a context for us to internalize such abuse? More importantly, how do we shift the language of our culture so that we begin to generate alternative constructs of trauma that are rooted more in a community approach or a collective experience?

Although Emily talks about her journey to healing and being on the other side now of victimization as an adult, she speaks about how she is still at times haunted by the Victim Voice. She describes it as this: “It was, you know I feel a lot more like a whole person. And it’s a part of me, and it always will be, and there’s still days where I have to go through the guilt thinking, where I have to remind myself that it wasn’t my fault, you know.” Perhaps this is more about the battle against the dominant discourse, where Emily likely repeatedly sees and hears messages about blaming and shaming the victim from society, media, conversations and her work. Perhaps the forces that permit the Victim Voice and silence the opposing voices are still at times powerful enough to bring Emily into this type of self-doubt that she describes, even in adulthood, in the field where she knows it is common to silence the resistant and Resilient Voices and encourages the Victim Voices.

Emily’s Victim Voice emerges strongly when she talks about how the system failed her repeatedly. The education system, social services, police services and hospital service all had an opportunity to understand Emily’s behaviors and story from a different perspective but instead aligned with and contributed to the Victim Voice she had. Emily has a good understanding of the way trauma is constructed in our society, the usual course of “treatment”, and what she really needed at the time from the system, which she articulates in the following blurbs:

“I mean we literally had counseling services down like, like down the road. But they didn’t recommend me to any services; I didn’t get connected with anyone. Um, I think like after a, the suicide attempt, um, I think I had one session of counseling, because the hospital – I – I don’t know exactly who pushed her to take me, but my mom took me somewhere for one session. But then I never went back. Even though I wanted to go back, no one followed up. So just really a disconnect with services.”

“But it wasn’t, that was just a common theme in my life, when there was a lot of things that should have been taken a lot more seriously.” “So in summary like definitely with the police, his, I would have loved to have a social worker there, or someone who could speak up for me, be an advocate, that kind of thing.” Here Emily is looking for someone who she thinks could or should align with her Resistant Voice, since it was silenced by the system.

“That kind of thing, really not helpful. I feel like I wish someone had paid more attention to me in the hospital. I remember crying in the hospital, and they had me in the ward with like these other suicidal kids, and stuff like that. And I said I don’t feel safe at home, I don’t feel safe at home. He was like well why, and I’m like I don’t know, I just don’t. Like no one, but then – you know my mom was like well we don’t abuse her, like we don’t – you know, so then they were just kind of like, okay well then they sent me home. Like it was no one, no one tried to understand, it felt like. And I feel like my biggest abuse, honestly, was by the system. Like I feel like that was my biggest abuser. Because, you know, I – I don’t feel like I – my parents were so, so harsh. Like I’ve met a lot of abusive parents in my field, like certainly thankful for what I had. But um, I feel like there was just enough that I just really needed someone to talk to. And that was the worst part, was that there was just no one who could help me understand what was going on, and maybe, you know, a family counselor would have been great. Because I feel like we could have recovered a lot as a family if I had someone trying to help us communicate better. I did a lot of that myself, you know, when I was like a nine or ten, and email was like the big thing that had just come out.” [laughs].

Emily’s Resistant Voice is connected to her Victim Voice when she describes being able to let go of using her trauma story as a crutch. She talks about this happening during a turning point in her life when she felt connected to some people around her (supervisor at work, her life partner) who validated her experiences and saw her potential. They saw her as more than just a person who experienced trauma; they saw all aspects of her as well as her enormous potential. Emily says that this turning point “got me to the point where I didn’t have to use my sexual assault as a crutch anymore.”

Resilient Voice

The Resilient Voice has themes of hope, gratitude, and forgiveness. This voice for Emily thrives and shines when just shown a bit of faith in her from others, when they connect to her. This is the voice of optimism and positive-ness. The Resilient Voice has the perspective that removes self-blame and shame, yet doesn't blame others. It is the voice of longing to belong and connect to others. Healing begins each time Emily connects to another person once leaving her home and hometown. The Resilient Voice also emerges when Emily obtains psycho-education (knowledge) about child abuse, which leads her to career as therapist and a deeper understanding of self and her experiences, as well as a shift in the meaning she holds in her trauma story.

I deliberately did not use the word "survivor" here and instead I chose resilience. Many people refer to those who experienced adverse childhood experiences as "survivors" but there is a connotation connected to this word that conveys you barely escaped with your life, and that you survived, but the focus is on basic elements of life. Survivor is defined by the online dictionary, Dictionary.com, as a "person who continues to function despite opposition, hardship, or setbacks" (Dictionary.com, 2014, December 17, para. 1). Cambridge Dictionaries Online defines survivor as "a person who continues to live, despite nearly dying" (Cambridge Dictionaries Online, 2014, December 17, para. 1). There are no elements of hope, or growth, or thriving, no mention of optimism, positivity, etc. mentioned in these definitions. If we use the word survivor, it aligns with the dominant discourse of trauma in that you are alive, but somehow just able to live the basic life. Whereas resilience conveys a sense of strength, growth and hope. "The ability to become strong, healthy, or successful again after something bad happens" is how the Merriam-Webster online dictionary defines resilience (Merriam-Webster online dictionary, 2014, December 17, para. 1).

The Resilient Voice also is evident when Emily talks about the importance of developing a network of supports and friends that aid in generating resilience. This aligns with Michael Ungar's theory about resilience where he defines it as

both the capacity of individuals to *navigate* their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to *negotiate* for these resources to be provided and experienced in culturally meaningful ways. (Ungar, n.d., para. 1)

Ungar is referring to finding resources and having them effectively work for us. It took Emily a long time to find this, but once she did, she thrived and continued to build resilience.

Emily talks about her understanding of resilience and her supportive network in this way: "I'm a talker, if you haven't noticed. [laughs] And you know, I just kept trying to get people to understand, the more and more I talked, the more I learned to listen now. I talk a lot less than I

used to, I find I'm a much better listener now, and uh, you know, just to – just the silence is the biggest killer, I find. And I find that with my clients too, the less – the first, my first job is to get them social. Like get out through the group. Talk to the people, find some other people you know. You know the biggest factor is always that supportive network. We need that to be resilient. And that was something that once I had developed it – because that was something, it took me a long time to develop a supportive network. But once I did, I just thrived. You know, now I have a great supportive network. I have, you know, a girlfriend.”...” you can go through all sorts of trauma, but if you have a strong supportive, healthy network, I feel like you can just recover from so much.” Emily here is talking about the power of connection, of giving voice to other parts of your story beyond the abuse and not just being “social”. It's also about finding a network where others believe you, support and encourage you. Emily knows the power in this voice and how it helped her heal and find other strong voices.

Emily speaks many times in the interview about forgiveness and shows us the connection to her Resilient Voice. She talks about forgiving her family and others for their responses to her throughout her childhood and youth. She seems to have this larger perspective about what was happening for them that contributed to their treatment of her, and once again finds a way to somewhat remove the blame and shame from herself individually.

When referring to how she was treated by her peers at school when they found out she was raped, she said, “I don't have any resentment towards the kids in high school, because they didn't get it, you know. Just like I, I worked with kids in high school in my last job, you know. Just – they don't get it, and they don't understand it, so it's scary and then, you know, we want to fit in, so we just go with what the majority is doing. And so, I don't have anger about that. “Whenever people email me (to apologize for their responses to her when they were younger), I'm always like don't worry. They have more guilt than I do.” Emily's ability and understanding of forgiveness does not align with how society and our culture views perpetrators, who are one dimensional in their wholeness (they are only “all bad”) and are blamed for wrecking the lives of others (despite the victim also being blamed). We see this earlier when this dissertation reviewed the author's experience of Rachel's Challenge. By forgiving, and talking about it with others, she is shifting the landscape of trauma and the black and white categories we talked about earlier of victim or perpetrator.

Emily's resilience is also demonstrated through her connections to others. Regarding Emily's initial connection to Landon in their first few months of dating, she said that “we both just really pulled each other out of what was going on. I finally had someone to talk to; that was a big thing for me.” “I just really needed someone to acknowledge the pain that I was in. Um, so from what I know about sexual assault, is the sexual assault incident actually is a lot less powerful than the reaction to the sexual assault. Like if you can – if you're, say your daughter is

sexually assaulted and if you, believe her right away, and give her the support she needs and put her into counseling, then she has a great opportunity of being resilient there. But if you know you have that opportunity which is, you know people get mad and they don't believe her."

"And they blame the victim, and that kind of thing, you know that is much more powerful than the actual – like you can have a very violent incident, and a more minor incident, and the reaction has more to do with how people recover. And so I think that I was waiting for a good reaction for a long time. Like I just had so many bad reactions to what happened. My boyfriend broke up with me, 'cause he said I cheated on him. He broke up with me, it probably was in the hospital. Um, and uh, my dad's clueless and went to anger. My mom did not know what to do, and I had no support, no counseling – they just kind of where afraid of me for a while. Like afraid to talk to me. Landon was not afraid. Everyone just saw – saw me as like a bad kid. You know, everyone saw me as a there was something wrong with me, and I was – I was bad. Landon saw something really good in me. And uh, you know, we're really, really good partners, you know we're good friends. Um. Something really good happened out of all of it." This aligns with the posttraumatic growth concept where a person who has experienced significant trauma concurrently can experience growth in one or more areas of their life. Emily's Resilient Voice allows her to begin to build a relationship with Landon, where it is just a common connection to start, and then develops into a healthy partnership. The success she experiences here allows this voice to become stronger as she is now developing other close relationships with friends.

Emily's resilience also is demonstrated through the role of mentors in her life, and those who believe in her, which was reviewed earlier in this chapter. About one of her first supervisors, Emily states that, "Um, and I, she changed my life. I have met, like she and she won't believe me, but I've told her, like she was the first person to just really believe in me. Like uh, I went for my interview there and she wanted me right away. And um, I always felt like I had to prove myself to people, but for some reason she just – she got me as soon as she met me but she got me to just feel like a whole person. Like for a long time I still didn't feel like I was good enough, I still felt like I was bad. Like I just wasn't a good person. But she just um, I don't know she just really thought I was this amazing person, and that I was so smart, and I was so great at all these things. And then I started to believe her."

"She sees something really good in me." Emily is referencing her current therapist and how it contributed to her healing by helping her understand neglect, trauma and abuse in a more psych educational manner. She also credits her therapist for enhancing her clinical and intervention skills with her own clients, basically saying she "steals them from her."

We see that these connections Emily builds from her Resilient Voice brings out other lost voices where she can experiment in a healthy and safe environment.

Emily's Resilient Voice also emerges as she enters post-secondary education and takes a course in child development and psychology. She begins to understand why her parents acted and responded to her the way they did, as well as how and why she responded to her childhood situation. She identifies this as "the biggest healer." This led her to take more courses and complete her bachelor of social work degree. About her educational experience, Emily shares that: "I just thrived in the school when I got into this stuff. And I'm – I was Valedictorian in my BSW Class, voted valedictorian and my grades were really high, and I'm just really thrived in this environment, because I got to learn – you know, I had a professor say like, most people kind of enter this field, because they've got something they want to fix about themselves. And it's totally true. Um, social workers are the most fucked up people. [laughs], we have so – so many problems. But um, so that was a big healer for me, 'cause I started taking psychology and I started like being able to identify my parents behavior. That to me was the biggest healer, I was able to say oh that's why you're the way you are, and this is why I'm the way I am. And it was like, it was liberating, it felt like a – a breath of fresh air, like I could finally understand why I was the way that I was. And why I had the reaction to my assault that I did. I always thought there was something wrong with me for talking so much about it. Like most, you picture a victim as this quiet shaking, I was not, I was loud and I was angry and I was upset." The Resilient Voice begins to silence the Minimizer and the Victim Voice and brings more strength perhaps to the Wise and Resistant Voices. Emily gets a shot of knowledge and it just continue to build and grow from there. It's like the Resilient Voice builds further resilience and continues to silence the Minimizer and Victim Voice in its strength.

Emily speaks frequently at the end of her interview about her resilience and the type of person she is today, a woman who is happy and confident, who is enjoying her career and developing healthy relationships and networks with others, who is keenly aware of how to connect with others who have experienced trauma, "You know I have developed into, I'm really happy with the person that I am...You know, I'm really good at my job, I'm a great counselor, I know what, like I can say that really confidently....Yeah I don't know it's hard to know what to talk about for other than my – I – I guess when I think about my – I think about the sad stuff a lot. I don't think about a lot of the happy stuff. Um, but there were good things...."

"It was, you know I feel a lot more like a whole person. And it's a part of me, and it always will be, and there's still days where I have to go through the guilt thinking, where I have to remind myself that it wasn't my fault, you know."

"Because of my job too, I mean like – I work with women who have been through, like horrible things. And uh, I'm really – actually I'm really grateful for where I've ended up in my um, because I see how bad it can get. And I certainly, there's no sense in comparing experiences, but sexual assault is something that happens to so many people."

“It’s made me approachable, the same way that when I met Landon there was something about him. You know. It’s – it’s just something that teaches you how to – to know how to talk to people who’ve just been through that. I’ve worked with women who’ve had historical sexual assault.”

Emily’s Resilient Voice shows her the integration of her complex parts-all aspects of her story and experiences, her thoughts and feelings, and allows for the struggle but also the feeling of wholeness, happiness and gratitude. Emily’s Resilient Voice here again aligns with the concepts of posttraumatic growth discussed earlier in the dissertation which is becoming more acceptable when talking about trauma in mainstream society.

Emily, as a child and youth, always seemed to be mindful of her future, despite some reckless behavior. She was very deliberate in her behavior even when she was “seemingly” out of control, as described in the Wise Voice section of this chapter. Her Wise Voice as well as her Resilient Voice team up, providing her with a constant vision for her future full of hope protecting her from permanent or lasting consequences in her response to her trauma.

Emily knew her future was going to be bright and continues to believe so. She has positive hope for her future. When I ask Emily “what else would be important for me to know?” towards the end of the interview, she states confidently and without hesitation, “Maybe where I’m going now, you know, in the future, I guess.” What a great question! Emily goes on to talk about her hopes and dreams for a future, particularly regarding her career. “In childhood, like when I was [pause] um (pause) think I valued a lot about myself growing up. But I valued a lot um, I value my future a lot. For some reason there was always some part of me that believed that I could be something more than what I was, at that moment. And uh, I’m still trying to convince myself, that yes, maybe I could do a PhD one day.” Emily seems to have mostly silenced her Minimizer and Victim Voice, which made her feel “bad”, blamed and ashamed, as well as out of control. This Resilient Voice is now stronger than the other voices, and continues to be the voice of hope and the future for Emily.

This chapter introduced the reader to Emily, one of the research participants who shares her story, of complex trauma. My response as the sole researcher in the interview is included to demonstrate the active participation of the co-creation of the interview process. Emily story is analyzed using the Listening Guide that was introduced in Chapter 7, and the voices that emerged are reviewed and supported using the rich data from the interview. The next chapter reviews the Listener’s Guide for the second interviewee, Landon, and is much shorter in length due to the shorter interview compared to Emily.

Chapter 9 Landon's Story

This chapter is the Listener's Guide Analysis for interviewee Landon, which emerged from the first interview with him. Landon has requested that his real name be used to describe his story, reflections, opinions and when referencing his words. I decided to include most of the Listener's Guide analysis in this Chapter, due to the rich content and to set the stage for the Story Shifter Framework that is based in part upon the voices that emerged from the first interviews. My response as the researcher in the interview is included so that it aligns with the Social Constructionist belief that the researcher is an active co-creator in the research interview and outcomes. This chapter reviews the data in terms of the voices that emerged. Quotes from the interview with Landon are included in rich detail to support the voices that emerged.

Landon's Story from his Perspective

Landon is a young, bi-racial male in his mid-twenties, who was raised by his mother in a rural community. Landon begins the interview by stating that "my story is about my friend's older brother, Tom." He talks about how he was sexually abused around age 10-12 by Tom (who was around the age 13-15) when they were playing a "game." Landon did not tell anyone about this until approximately one and a half years ago, when he told his partner/fiancé at the time, Emily. There was another incident with a different friend and his sister, where the friend humped his sister from behind and also touched Landon, in addition to inviting Landon to touch him too. Landon says this incident happened when he was about eight years old. Both incidents confused him and he describes them as "weird."

After the sexual abuse incident, Landon said he was confused. He wondered, "does that mean that I'm gay" and says that he "overcompensated sexually with women" when he was a teenager to prove that he was "macho." He said that he was a "bad kid" and developed a bad attitude after the incident with Tom. He said he fought with everyone around him, especially family and friends. Landon said that the sexual abuse impacted his relationships, especially with men, in that he didn't trust them and would not let anyone get close to him. He said he was in "denial" and played video games and did drugs and had sex to cope.

Landon described how a high school drama class was a turning point in his life, in that he was able to enjoy acting and performing, and his drama teacher refused to let him attend her class if he was "stoned." Landon also talks about Christianity as a turning point in his life in grade 9-10, where he describes embracing religion as helping him to feel "like I had become a new person." He said he enjoyed the singing at church. "I was just trying to find ways to be OK and feel alright and to accept my life and move on." He also says that counselling in his adult life, after he "failed" university where he was studying to become a performance arts teacher, helped

him understand the impact of the abuse on his life. He also attributes his partner at the time of the interview, Emily, as influencing his healing and journey in life so far. Once Landon talked about the abuse with Emily and in counselling with a therapist, he says he received the support he needed.

Landon has a lot of hope for his future, and believes he is in his career as a youth counsellor to help make a difference and be there for other children, especially boys, who have no one else to notice the signs and symptoms or ask questions about what happened instead of what's wrong with you.

Landon said at the end of the interview that he found the interview helpful as it "reminded me that I did make progress and that if I ever have one of those moments where I'm feeling down or bad about it, it's just another thing to remind myself with. Oh think about this conversation you had with Brenda-Barbara, you know, like it was, you know, you look at this whole story, look at the whole-look at the whole picture and realize where you are now. You know it was sort of rein-reinforces, confirms my progress."

The Role of the Researcher in the Interview

As mentioned in Chapter 7, the interview with Landon was very different from the other one I did with Emily. It was half the length but also initially did not seem to have the same depth in some of his answers, yet somehow what was said was very insightful and impactful on this research. Landon is becoming more self-aware as he moves through life and beginning to understand the impact of his sexual abuse on some of his earlier actions and thoughts. He seemed to suppress this expression a lot in his childhood which makes it more challenging to become self-aware and reflective at this point. Landon told his story in a fairly straight forward manner at the start of the interview and answered questions in short answers. However, this seemed to shift when I asked him about what his experiences taught him about life and relationships, the role of gratitude or forgiveness as well as his hopes and his future. He provided more in depth answers with a lot more emotion and reflection compared to the earlier part of the interview. This question was poised half way through the interview, so perhaps we had established a more comfortable way of being together at this point. Or perhaps telling his story of abuse was more challenging than talking about his hopes and future. In this interview with Landon, I seemed to adopt more of a question and answer style compared to a conversation or engaged listening style that I conducted with Emily.

In the interview, Landon flips between using the pronoun "I" and "you" when narrating his story. For example, Landon said about his abuse experience: "Um so it was just a, you know, and um, you just kept going until uh, he ejaculated." Yet he keeps with the pronoun "I" when he is saying, "And so I have this confused notion of, because I did that, does that mean that I'm

gay.” We know from the Listener’s Guide that paying attention to the pronouns used can be a significant factor in identifying which voices are being talked about and where the person might be at in their narrative. We also know from the literature that recalling a difficult memory in the third person is considered less upsetting compared to recalling it in the first person. Third person recall of the memory creates some distance from the memory to focus on one’s feelings rather than being immersed in the memory again (Carey, 2007). Perhaps the mixed use of “I” and “you” also creates this distance for Landon.

In the interview, I had my own views and assumptions based on my own role as a therapist and years of sexual abuse treatment with boys, about what it might be like for a boy Landon’s age to experience the sexual abuse incidents. Landon confirmed these views when he talked about sexual orientation confusion, acting out his rage, the shame and hiding of his emotions and experiences. Despite these views and assumptions I held, I truly tried to listen to Landon’s story from his experience and perspective, and tried to not let my preconceived notions influence my responses to his answers. I also had my own views and assumptions about what it is like for a male to engage in such a self-reflective and narrative interview. I wondered if it would be a struggle for him given how boys are raised in our society to be non-emotional and not self-aware. Landon provided some emotional and self-reflective responses that indicated he had done a lot of work in how he viewed his experiences and what he wanted for his life.

I Poem for Landon

As we learned in Chapter 7, the second step in the Listener’s Guide involves paying attention to the “I” statements made by the interviewee and creating an “I poem” that reflects the variability in the narrative. This allows for an interesting tracking of the story and provides a reflection on the “change and continuity” in a person’s “sense of self over time” or throughout the interview (Edwards & Weller, 2012, p. 203). It also shows the parameters of the interviewee’s social world (Doucet & Mauthner, 2009). “Within this perspective, narratives provide subjects with identities, and allow them to speak about who *they believe they are*.....reading for the ‘I’ gives us access to this emerging narrated self.” (Doucet & Mauthner, 2009, p. 409). This second reading allows us to listen to the interviewee’s voice and understand her from her own view, on her own terms, before we attempt to write about her as an interviewee (Brown & Gilligan, 1992).

Landon’s “I Poem” was created by pulling out the significant “I statements” he made in the course of the first interview that seems to summarize his experience of his story. It is acknowledged that I, as the researcher, had the liberty to deliberately review the interview statements and strategically select the ones that fit based on my understanding of what he was telling me in the interview. I did not include the “you” statements discussed in the section above because I felt that the “I” statements included articulated Landon’s experiences and

provided the meaning that the “you” statements were conveying. The “I Poem” for Landon follows:

I feel really stupid

I don’t know

I was a kid

I didn’t do anything wrong

I’m embarrassed

I don’t know what to do

I didn’t tell

I never talked

I never told

I didn’t want to think

I didn’t want to do anything

I was a bad kid

I fought

I never thought

I wasn’t there

I don’t know

I was learning

I was aware

I started paying attention

I can handle it

I felt

I woke up

I am more aware

I'm open

I'm going to feel differently

I'm not afraid to share

Voices in the Story of Landon

The following voices were found in the analysis of this interview using the Listener's Guide, as described in Chapter 7: The Victim Voice, The Resistant Voice and The Resilient Voice. These align with the main voices that were found in the analysis from Emily in the Chapter above. In the section below, each Voice will be described in terms of what it means for Landon with many quotes from the interview in an effort to give the reader a strong understanding of not only what these voices mean for Landon, but also the interplay amongst them.

The Victim Voice

The Victim Voice for Landon was filled with confusion and shame. This is the voice of the little boy who is confused about what is happening to him and who tries to make sense of things. It is the voice of being a victim. It is the voice who acts out his pain and works hard to keep things buried. "I felt really – looking back at it I felt really stupid, 'cause I thought come on kid, you should know something wrong's going on here. And I think at the time I knew, it's just what do you really do in that situation? Um, you know when someone's touching you and telling you that you're just playing a game, it's okay. You know and like um, I don't know it's just really difficult to – to realize that at that time I was a kid, and you know, kid – I didn't do anything wrong. You know. Um, there was no right way for me to react in that situation. Um, so it was just a, you know, and um, you just kept going until uh, he ejaculated." We hear Landon's voice of being a victim here, of not knowing what to do in such a situation, waiting until it ends. This voice is responding to the lack of control he felt in the situation, and the lack of control we hold about sexual abuse occurring in our society. This voice is responding to how we, in our society, do not prepare youngsters for such situations and experiences. What would have happened if Landon knew that sometimes there is "bad touching", which we help him distinguish from good touching? What if he had the strategies, language and knowledge on how to stop the "game" and voice what he knew was "wrong here" as he says? Would he have sought help from an adult nearby instead of waiting for it to end? Instead though, we have a voice who says the only option is to be the victim, to be confused despite knowing it is "wrong", and to feel shame afterwards.

Landon further explains, “Like okay there’s nothing okay about any of this, and now I’m embarrassed, and now I don’t know what to do. And then I didn’t tell anyone anything until I guess a year and a half ago. Maybe a little earlier – well when I met Emily we talked about trauma and stuff like that. But I don’t think I gave her the specifics till later on. So um, yeah it’s just I never really talked about it, I never told my mom about it, I never told anyone about it.” Landon’s voice is talking about keeping the secret, holding the shame, as if he did something wrong, that it was his fault. He holds this shame into adulthood because in our society, it is not OK to talk about sexual abuse, especially if you are a male. “So that was really awkward... and it was weird.” Landon’s Victim Voice here is expressing the silence; the immobilization he felt during the event, of not knowing what was happening and not knowing how to stop it.

Landon’s Victim Voice was very strong after the incident and throughout his high school years. He describes it like this, “Obviously growing up with it was um, it was difficult because I repressed it for a long time, and um, going into – going into high school was obviously difficult, because that’s when the messages were coming out, you know, sexual attraction, stuff like that. And so I have this confused notion of, because I did that, does that mean that I’m gay? Which is obviously ridiculous. Um. But yeah, and so just sort of had to battle that – that inclination to believe that those actions determined who I was, or anything like that. And so um, [pause] uh, yeah I acted out a lot, and sort of I guess, macho in the sense of my attractions with women. Um. Just really sex focused, you know, and yeah like so that seems typical or whatever, but um, I don’t know just really tried to overcompensate, I guess.” Landon says he valued his “manhood” and was a “tough guy” in his adolescence, and that he was the “cock of the walk.”

There is deep rooted shame about what this means for him as a male, being sexually abused by another male regarding his sexual orientation. As a society, this voice is responding to the dominant discourse around what it means to be a man, about the sexual beliefs we hold about male sexuality. Landon’s voice here responds by being the “cock of the walk” as he puts it, to compensate for his experience which contradicts what society taught him about being a male and a man. This voice knows that if Landon did tell anyone about his abuse, his sexuality and maleness would be judged harshly for the experience. The sexual abuse experience interfered in Landon’s development and had an impact on his life. “Yeah I don’t know, um, and after the trauma, you know after it happened, it was – had a really big impact on my education.” Landon “failed” university and had to quit, which also caused him to “quit” his dream of teaching drama because he wasn’t able to manage all the emotions and subsequent behaviors, the response, to the trauma. He ended up in the child and youth care worker field, helping others who experience trauma.

Landon's relationships were also influenced by the sexual abuse experience and the strength of the Victim Voice. He says that "especially guys, (it) really impacted my relationship with men. Um, but yeah so it just sort of – when I was at school I didn't really want to be anywhere, I didn't want to think, I didn't want to do anything. And I never really realized why, I always just thought, you know, I was a bad kid." Our society's view of trauma and sexual abuse is that it is somehow your fault, that you are to blame, fully or partially, and that you carry this with you inside. You are blamed which further creates maladaptive responses, causing you to engage in harmful or inappropriate "behaviors", and then you become a "bad kid." This aligns with the experiences Emily talks about as well, being labelled as a "bad kid."

The Resistant Voice

Landon further talks about how he tried to cope with his sexual abuse in his childhood and adolescent years and how dominant the Victim Voice was in his life at that time. Landon's Resistant Voice took the form of numbing and avoiding, by using drugs, sex and video game obsessions to fight and escape the Victim Voice. "Getting into drugs in high school, not trusting men, having bad relationships with women, a bad relationship with my mom. Um, yeah we fought a lot, argued. I fought with my sisters a lot too. Um, we'd get into physical fights and stuff too. Like they would be yelling at me to do something, and I'd try and push past them, and they'd like grab me and then whatever. It's just stupid kid fights um, [pause]. But yeah, and then in high school obviously, you know, marijuana's huge. And so I really got into that for, for the first two years of high school it just um, yeah and before that it was video games, like every day. All day, every day. And yeah people, my mom would be like ah you're wasting time with video games, and at the time I'd just be like oh, I just want to play video games. But looking back at it again, it's just another escape. You know, I didn't have to think about myself, I didn't have to be myself, I could just focus on what's happening to the character in the game." Landon found some ways to numb himself, to cut himself off from the confusion, shame and feelings of being a victim by doing drugs, excessively playing video games and fighting with those he had meaningful relationships with. Perhaps this Victim Voice here tries to protect him from further harm by keeping him isolated from those who care about him, so he doesn't get hurt again. This Victim Voice knows now that harm is unpredictable. This Resistant Voice is responding to not being heard, not being allowed to talk about the abuse because of it not being acceptable or appropriate. We, as a society, do not know how to "deal with" sexual abuse, especially male sexual abuse. Most of us who are not in the helping profession would be uncomfortable talking about it if it came up in a conversation.

When asked "what did your experiences teach you about life and relationships, and the role of gratitude or forgiveness, hope and the future in your life, Landon replied: "It's a big question, definitely. Um. I guess I'll just kind of ramble and get it all out. Um. I didn't like men for a really

long time, I thought men were untrustworthy and I thought um, I thought that I had missed out not having a father. Because I would have been more of a man, and that wouldn't have put me in the situation where another man could have taken advantage of me. I thought that, I mean for a bit I did kind of think that maybe someone could have been there. But looking back at it now, it's like no well you can't – you know, he made a choice or something stupid." This is a very interesting perspective that this Victim Voice takes, in that Landon focuses on his father, wondering if having a father in his life at the time of his abuse would have made a difference in his response, both during the sexual abuse incident and following it. He wonders if having a father around would have affected his male image of himself. This is the voice of a hurt little boy who feels further victimized because he doesn't have a father in his life. The dominant discourse in our society around families and parenting is that it is simply inadequate if you are raised by "only" one parent or another caregiver. It's as if you are missing out on something and likely are not fully developed. I have heard from enough men who did not have a loving, meaningful relationship with their fathers express too many times how this created a lasting deficit in their life, to which they often attribute current life issues.

Landon further talks about how the Victim Voice emerges as aggression. "Um. It made me feel like I wanted to hurt people, for a very long time. I was very aggressive, wanted to fight people, just to vent that onto somebody, I guess. I never did really, and you know, I'm not really an aggressive person. It's just that time in my life, you know, how else do you react to it....? Um. [pause] I don't know it just [pause] [sigh]. It's just there's a lot of blankness between the times, you know." When we hear Emily's Victim Voice, we do not hear about her aggression to others or her desire to hurt people in response to her sexual abuse. We hear Landon's voice here reflect the dominant male image and we know Landon says earlier that this response of increased sexual behavior and aggression was a way of "compensating" for feeling like a victim, for not feeling 'like a male'. With Emily, we see her feeling like a victim and acting like a victim, which we know is much more acceptable in our society for a female to demonstrate than for a male.

Landon's Victim Voice does not provide any space for hope for his future. "So it's just sort of like, there wasn't really a lot of hope for my future, I flirted with, you know, dark thoughts of hurting yourself and all that crap. Um. [pause] I thought that I never was going to feel better about myself, I thought that this was just who I was." Landon's Victim Voice here describes the darkness, the lack of hope that emerges when the other voices are silenced and we only listen to the Victim Voice. It is through this voice that he engages in self destructive behavior and loses hope for his future, as well as a sense of identity. This Victim Voice silences the other voices.

The Resilient Voice

The Resilient Voice shows Landon how he continues to learn and grow; it is the voice that makes things happen for Landon and makes choices and decisions. This is the voice that resists being a victim, and wonders if there are other options available for him. This is the voice that begins to explore some options and finds other passions and ways to express his pain and struggles in more adaptive ways. We see Landon's resilience emerge here as well as hope for his future. The Victim Voice becomes less vocal as these voices become stronger. The Resilient Voice provides space for Landon's story to shift and his identity to become more than his trauma.

"And so I tried to make a 180, you know, got into drama. Which was cool 'cause you know, it was another kind of escape, I guess. It was the only reason I really came to school, was just so I could go and act as someone else. So and not have to worry about being myself. A friend of mine took drama for a third course in tenth grade, and she's like you should do it too man, so easy. And I would show up like stoned, and it would just be like – ah and then the drama teacher knew, and she'd be like okay you can't come in if you're high, and it's going to be a problem I'll have to report you. I'm like okay, okay, okay I won't. And then I came in and I just started paying attention and it was interesting, and you know, she was really motivational. Um, she was just really great teacher, right, and so she really encouraged me to embrace the skills that I had. Um, 'cause I was into theatre before when I was younger too, so. Um. Yeah and I uh, just embraced it..." Perhaps Landon signed up for the drama course at his school for the "wrong" reasons some may say, but the teachers helped him use drama as an opportunity to experiment with changing his story a bit about who he was. He says he enjoyed drama because he was allowed to be somebody else for a while and try out different identities. Perhaps this is the avenue for getting unstuck. We see many folks who have experienced childhood trauma get stuck in the victim stance, with fear restricting the opportunities to experiment with change. This fear can be broad based (as I discussed earlier about the global fear our society projects on to us about everything) to trauma based, where the literature shows us that people who have experienced trauma are more protective and worried that they will again be "re-victimized." In fact, the literature demonstrates that one is more likely to be re-victimized if there is a prior incident of trauma (Felitti et al, 1998). This is attributed to many reasons, but in part because people who have had their personal space horrifically violated have a hard time further protecting themselves from other threatening situations. Landon however, after a period of living in the role of the victim and having this as his strongest voice, uses drama to shift his story and experiment with other voices and roles.

Landon's Resilient Voice and the interplay with the Victim Voice emerges when he talks about his university education. "But um, at any rate, uh, yeah and then I just kind of bummed around

at home for a while, worked and I was with Emily (his partner at the time) during this time, and this is where we were sort of discussing more things, and I was looking at my life more seriously, and then I ended up going off to school, so. And then I was in Laurier (*referring to Wilfrid Laurier University in Waterloo, Ontario, Canada*) and [pause] uh my grades weren't doing so well, because you know like you think you've addressed the situation. You think you know that, okay this is what happened to me and I can handle it. But if you're not actually actively thinking about it and processing it, and talking with someone about it, it's – it's going to weigh you down, and it did. And my grades slopped in Laurier, and I got booted. And so 'cause I wasn't – because I had a lower mood and I wasn't focused, and I wasn't there, you know. Um, yeah, so that's when I went to counseling." Landon refers to his "lower mood", which is the Victim Voice that prevents him from living his life the ways he envisions it. He tries university but the Resilient Voice is overcome by the stronger Victim Voice at this point. We don't know exactly what Landon means by "lower mood" and not being "focused" but we do know that these two things are common responses to unresolved trauma in the Western world, where the Victim Voice holds strong to make people feel helpless and distracted due to intrusive reactions, avoidance and withdrawal reactions and physical arousal reactions (National Child Traumatic Stress Network, 2004).

Landon talks about the role of church and Christianity as being part of the Resilient Voice. "But I never, maybe it was just me filtering it, but I never saw opportunities for me to speak with anyone, or to find anyone. So. I remember I got heavy into Christianity, when I was in the oh, 10th, 11th grade. In between my transition from smoking pot every day, um. And I just remember I like, started going to this church that my friend went to and I really threw myself into like the singing. Just 'cause I just belt out words and cry in church, and people would be like oh he loves Jesus. You know um, and I mean I tried to sort of accept that and have that lifestyle, for a few years and be like yeah God forgives sins and I can feel okay about myself, and I can forgive people." Here again Landon's Resilient Voice emerges to take a risk, to try to silence the Victim Voice that is so strong for him in this period of his life. Landon further explains that "embracing Christianity is so I could like buy-it and believe it and sell it to myself, you know. I think what it was, is just um, it – the main thing about it is that the message I received was, it's okay, and you know, the past is washed away, that kind of stuff 'cause it made me feel like I could be whoever I wanted to be, and combining that with engaging in theatre, it was like [pause] I don't know, I felt like I had become a new person." Landon talks about trying to escape this Victim Voice by experimenting, which is through the Resilient Voice. He wants his story to be that he is OK, that what happened to him is "washed away" and that he can move forward in a new identity. We see again how strong the Victim Voice is here as he experiments with trying to "become a new person" and escape the haunting impact of the Victim Voice. He knows he doesn't want to live with the Victim Voice as his primary way of

being, and the Resilient Voice allows him to experiment with alternative ways and identities so that he could “be whoever I wanted to be.”

Landon, while in school and in counselling, receives some knowledge about childhood trauma. Although the education is rooted in the Western world, he begins to receive the messages that it isn't his fault (In the Western world, we tell folks that the trauma “isn't their fault” and that they are “not to blame”, yet we somehow are very good at making people feel that way because of all the other messages associated with trauma; about it not being acceptable to talk about, blaming people for how they dress or where they were, or at what time of day they were out that contributed to their abuse). Landon says that he “started going to counseling a year and a half ago, and uh, just you know, reinforced the message that I was learning as I was going through school, and everything that you know, it wasn't your fault.” Landon's Resilient Voice further emerges here and does not get silenced by the Victim Voice as he learns and grows here and space opens for the Resilient Voice to further emerge.

Landon learns how love can silence the Victim Voice, which made a valiant effort to continue to be strong, but he finally realizes that he is not allowing an intimate relationship with Emily. Landon again allows his Resilient Voice to emerge and experiments with shifting his identity away from “what I believed in myself” (as a victim). “And she was just very empathetic person, and very engaging, and so – you know, our relationship was, at first I tried to just kind of use it as a means of distancing and reinforcing what I believed in myself. You know, as being a man or whatever. But, her – [laughs] reluctance to [laughs] accept what I was trying to make the relationship into, I don't know it, it touched me. And I mean, we were friends beforehand anyways, and I liked her and rather than, you know, allowing myself to like her as a normal person would in a normal relationship. I tried to manipulate it into just a sexual relationship, so I can keep myself distant. But, her – it feels horrible to say, but like just the crap that she took, in the sense of me not allowing an intimate relationship, hit me and it was just like I'm a dick. Why am I a dick? Oh yeah, that's why I'm a dick. You know.”

Landon's Resilient Voice shows him a different way to view the person who harmed him. “Um, I didn't forgive Tom in my head until maybe last year. Not even, you know, it's just realizing that he was a kid too.”

Landon learns to be grateful for his relationship with Emily when he says that he has “gratitude for Emily” and his relationship with her. He also is thankful for being believed and having support from those around him when he discloses the abuse: “Because well, partly because I didn't talk to anyone about it, but when I finally did, they were supportive. So I was thankful for that.”

Landon's Resilient Voice starts to emerge into a teacher voice perhaps here when he talks about his vision for his future. "It just makes me want to work with kids, to give them someone to talk to. You know, especially, you know guys, like little kids who go through the same thing. 'Cause, I don't know I guess looking back at it, I could never be a picture, having talked to someone at that age about that. You know, but yeah I guess it makes me want to be available, it makes me want to create a resource for people, you know. Um, my long term goal now, besides being an individual group counselor for children of, you know, trauma. Is to have a sort of a, like a day camp almost, or like a summer camp."

Landon is proud of the life he has created for himself at this point and compares himself to others who are not fairing as well given their own situations. He is grateful for his life choices so far. "Like I have a career, I'm in school and with a great partner. I have a home of my own, like feeling like I've moved further along. In life, it's like, you know, its' representative of the progress that I've made."

Landon says that his resilience came from others who helped him. He said: "it's just people who are aware of those signs (of abuse), you know, who aren't just looking for the kids who come in to a counseling service to say I need help. But you know, teachers in schools, who can say okay, there's something going on in this kid's life, I'm not sure what but it's not just every day kid stuff. You know. Like people who are actively engaged in a kid's life, you know, like when I'm working at the center, you know – you know you ask people how they're doing. You stop and give them a second to talk to you, as opposed to just sort of being like hey, come in and do whatever. You challenge them being, involved in their lives, letting them know that you're not just – you're not just an employee at a place that they're at, you know. Like when I was in school, I didn't look at teachers and think well I could talk to a teacher."

Landon's Resilient Voice emerges when he summarizes what it was like for him in this first interview by saying, "Um. I think it just helped me again to sort of keep everything in perspective. You know like a, you know, you went through, you know you went through some processes, you know. Some things happened. [laughs] I don't know it just – it reminded me that I did make progress, and that if I ever have one of those moments where I'm feeling down or bad about it, it's just another thing to remind myself with. Oh think about this conversation you had with Brenda – Barbara, you know, like it was, you know you look at this story, look at the whole – look at the whole picture and realize where you are now. You know it was sort of rein – reinforces, confirms my progress."

The section above in this chapter reviewed Landon's first interview using the Listener's Guide analysis and highlights the three voices that emerged (Victim, Resistant and Resilient). The next section further details these three voices, and pulls them together with the same three main voices we heard from Emily's interview as well. The remainder of this research will focus on

these three voices, and how they can be used in part to help us shift stories of trauma into ones that are resilience based and not rooted in the dominant discourses on trauma.

The Focus on the Victim, Resistant, and Resilient Voices

Similar to discourse analysis, where the “analyses are discursive-shared ways of making sense of others’ discourse...The analysis is itself a construction” (Gergen, 2014a, p.52).

In using the Listener’s Guide to analyze the interview data that emerged in the first interview with Emily and Landon, three voices emerged that seemed stronger compared to the others. They are the Victim Voice, Resistant Voice, and the Resilient Voice. The data analysis showed that these voices were given more space in the interviews and seemed to align with the research review and concepts explored earlier in this dissertation. I, therefore, decided that it made sense to focus on these three voices in the second interview and subsequent data analysis. Before going further into the methods and data collection for the second interview, these voices will be further outlined and explained briefly to help orient the reader to the next sections of this dissertation. There are numerous examples cited in the text above describing Emily and Landon’s stories that demonstrate these three voices and how they are given space in various contexts.

Victim Voices

We have already reviewed in Chapter 3 how the dominant discourse of trauma creates the space for the Victim Voices. We learned from the ACE Study (Felitti et al, 1998) that unresolved trauma creates severe and persistent emotional problems, which leads to the adoption of health risk behaviors. These behaviors lead to further to serious social problems, adult disease and disability, which in the end, affects life expectancy. We looked at this in Chapter 3, from a Social Constructionist approach and wondered if this cascade was started because the dominant discourse of trauma creates a space where trauma cannot be discussed without blaming and shaming the person who experienced it. We also know that many people experience trauma and re-victimization through accessing help in the system of care. In my work as a therapist, I have heard many people tell me that the trauma experiences they had in childhood were not as traumatic as the system in which they sought help. The dominant discourse of trauma pathologizes the experience of trauma and provides an individual context where one feels blame, shame, isolation, guilt, despair, and hopelessness. It is acknowledged that there are times when people are caught in the dominant discourse because they are necessary in order to receive certain services or resources to help them. An example of this could be from the world of refugees, where they must frame their story into one of horrific trauma in order to be granted asylum in a safe and peaceful country. We often then require

refugees to repeatedly tell their story to receive more services in their new country in order to help them settle, and start a new life. In these situations then, the trauma story from a dominant discourse viewpoint assists people but places them at risk to be “stuck” in this trauma story. It would be ideal to have a society who provides such services to also find ways to acknowledge and honour the resilient voices.

Resistant Voices

The Resistant Voices are a response to the Victim Voices; they are “fighting” the feelings and voices of guilt, disconnection, and loneliness. They are a way of surviving for the person, and may be seen as a Warrior Voice (which connotes bravery, fighting for something worthwhile, a struggle, resistant to something). I acknowledge that in naming this voice as “resistant”, it may not align with what we know about the experiences of child soldiers, who are forced into resistance. However, to name this voice as resistant within the context of the data collected in this research made sense and provided meaning in that it fit.

Wade (1997) introduced the concept of resistance running alongside every adverse event, and argues that by focusing on this resistance as a response to the event, and by not focusing purely on the single story or impact of the event, people can “begin to experience themselves as stronger, more insightful, and more capable of responding effectively to the difficulties that occasioned therapy” (Wade, 1997, p. 24). Wade (1997) argues that people have a built-in, pre-existing ability to resist violence and oppression, and other forms of adverse experiences. The word resistance typically brings to mind images of physically retaliation or emotional rebellion in the therapeutic world, but Wade proposes that resistance can be defined as

any mental or behavioral act through which a person attempts to expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with, or oppose any form of violence or oppression (including any type of disrespect), or the conditions that make such acts possible.... (Wade, 1997, p. 25)

Resistance may even only occur in the “mind”, where imagery, imagination and expressing thoughts and rehearsing resistance inside one’s own mind may be the only form of resistance safety allows. In the therapeutic setting, the client is the one who determines which responses are considered resistance and the meaning that these hold for them. This process is accomplished through guided questions from the therapist asking about the client’s response to the adverse effect instead of focusing initially on the impact.

In telling the trauma story, many practitioners and clients believe they have to endure the “no pain no gain” experience in order to heal, but Yuen (2009) offers an alternative to this, in having therapeutic conversations “create a safe territory of identity for the person to stand in before

they give voice to their experiences of trauma” (p. 11). Subsequent conversations can have people stand in this territory of identity while telling their story so that they are rooted in a safer place of identity, where possibilities can be created and new space opened for the story of trauma to potentially shift. Response-based work assists people in finding their resistance to the trauma as a response to it, as opposed to only reviewing its’ impact or effects. Shifting from a single story to a one of “double listening” (Denborough, Freedman and White, 2008) where the second story is identified and given space, provides possibilities for increasing personal agency (White, 2007). Yuen concludes her “no pain no gain” review of response-based work by reminding counsellors, therapists and community workers that we need to search for and “co-discover responses, ask meaning-making questions and remain every-curious in order to unearth the hidden gems” (Yuen, 2009, p. 14). This dissertation argues that Yuen’s reminder can be enacted upon by any member of the community, using certain discursive context variables, among others, to set the stage and open up the space for alternatives in stories, agency and identity to shift.

Other researchers have looked at resistance in the therapeutic and collective contexts.

When open defiance is impractical or too dangerous, resistance is expressed indirectly and on the micro-level of social interaction. For Jewish prisoners in Nazi concentration camps resistance consisted in part of living in accordance with the 'ordinary virtues'; the maintenance of dignity, care for others, respect for moral standards and the love of aesthetic pleasure (Todorov, 1990). For aboriginal children who were imprisoned and subjected to physical, sexualized and psychological torture in residential schools, resistance consisted in part of protecting one another, escaping the terror of abuse by mentally leaving the scene, stealing food, retaining connections with family and culture and contesting the authority of their abusers whenever possible (Fournier & Crey, 1997). Milosz (1951/1990) observed that, under Stalin, ordinary relationships took on the form of acting. Such acting is a highly developed craft that places a premium upon mental alertness. Before it leaves the lips, every word must be evaluated as to its consequences. A smile that appears at the wrong moment, a glance that is not all it should be can occasion dangerous suspicions and accusations. Even one's gestures, tone of voice, or preference for certain kinds of neckties are interpreted as signs of one's political tendencies. (Wade 1997, p. 64)

Especially important is that victims' responses are widely represented as effects. The language of effects is a highly interpretive repertoire that conceals victims' responses and resistance and represents victims as submissive. Indeed, what transforms responses and resistance into problems, and problems into symptoms, is precisely their representation as effects. To address this problem, Linda Coates, Nick Todd and I

(Wade) have been working on a 'response-based' approach to therapeutic interviewing which has required the development of specific interviewing practices and the modification of practices developed in the brief, systemic, solution-focused, narrative and feminist approaches. We focus not on treating effects but on elucidating individuals' physical, emotional, mental and spiritual responses to specific acts of violence and other forms of oppression and adversity. Certain responses - often the very problem itself – become intelligible as forms of resistance that point to 'symptoms of chronic mental wellness'. (Wade 2007, p. 8)

While violence cannot be reduced to a problem of language, neither can it be effectively addressed without accurate accounts of perpetrators' and victims' actions in specific instances. In legal and therapeutic settings, language is often used in a manner that obscures the unilateral and deliberate nature of violent acts. Victims are widely represented as objects in a language of effects that conceals their responses and resistance to violence and other forms of adversity. (Wade, 2007, p. 16)

There is a role of language in effects and responses to trauma. Language can misrepresent one's response to an adverse event in portraying the person who experienced it as a passive recipient of it, and conceal their resistance to it. "Resistance is a response to violence and cannot be encoded in a language of effects" (Todd & Wade, 2004, p. 151). Contrast this with the language of response, where resistance to an adverse event signals one's desire to escape or terminate the adversity. The language of effects creates only negative effects as it focuses on the impact of the event instead of the response and resistance to it. Resistance in traditional therapy may be constructed as a problem, and problems turn into symptoms, which represents the negative effects (Todd & Wade, 2004). A response-based perspective on the adverse event may lead to a reconstruction of actions and experiences as response focused, with forms of resistance, which gives space to further shift identity, agency and stories.

Acts of resistance need to be considered in the larger social and political context, in which they occur. Small acts can be seen as resistance and the discursive practices can focus on these as responses instead of seeing them as symptoms or effects. (Todd & Wade, 2004, p. 159). The Resistant Voices identified in the data in this dissertation are seen in this context of the response-based perspective described above.

Resilient Voices

The Resilient Voices are those voices that provide an increased sense of self, an increased sense of belonging, feelings of connectedness, and personal agency. New identities can emerge from these Resilient Voices and new meanings are generated that are no longer rooted in the dominant discourse of trauma. It can often lead to further connections and social interactions

that provide meaning for people and further generate new possibilities. Hope is strong and the future is given more consideration than in the space of the other voices.

Second Interview Reflections and Next Steps

Before we proceed to what emerged in the second interviews, some reflections on the second interview process will briefly be noted here:

The second interviews occurred seven months after the first interviews with Emily and Landon. The interview with Landon preceded Emily's for the second interview, whereas Emily's was first for the initial interview. It felt like to me that Landon was "on fire" during the second interview. He was articulate and did not seem to struggle as much as in the first interview with understanding or answering the questions. I felt connected to the flow of the interview, felt connected to what he was saying and could relate to the conversation much more than in the first interview. This might be contributed to the content of the interview, as in the first one Landon was "telling his story" about childhood trauma which obviously was challenging given that I was a complete stranger. In addition, we hear from Landon that he struggles with the shame and what it means to be a man given the trauma he experienced, which may have stilted the first interview, in part, when Landon was sharing his story.

The second interview with Emily seemed "off" compared to the first interview, where she was articulate and expressive in her answers and in telling her story. In the second interview, Emily seemed more stilted, the conversation did not seem to flow in the same way as the first one, and she seemed to have less understanding in answering the questions. Although there was less focus at least on "getting the right answer" (which we talk about in the interview) and she said that the questions I had were "tough for me today", indicating that she felt the struggle too. When answering a question at the end of the interview about community connections and conversations, Emily started to speak about healthy workplaces and the role of leaders in organizations. She then gave the example of the caring response her supervisor gave her this morning because her grandmother passed away today. Perhaps this contributed to the interview being a bit "flat" emotionally, as Emily described it, or impacted her ability to concentrate and answer the questions in the interview.

The next chapter introduces the Story Shifter Framework as a way of exploring how the shift is made from the dominant discourses (Victim and Resistant Voices) to the other voices, such as the Resilient Voice. The Story Shifters and discursive context factors emerged out of the second interview data, but were informed by the analysis and the voices we heard from the first interviews.



Chapter 10 Generation of the Story Shifter Framework

This chapter introduces the concept of the Story Shifters, and places them into a framework that might be useful in shifting trauma stories from Victim and Resistant Voices to one that has strong Resilient Voices. The concept of the discursive context is reviewed as this is where the story shifting occurs. This chapter includes literature to support many of the Story Shifters and discursive context concept. Each Story Shifter is supported by interview data primarily from the second interviews with Emily and Landon.

Introduction to the Concept of Story Shifters

What we have learned about childhood trauma experiences in Chapter 3 is that people can get “stuck” in the trauma event that they experienced, in that they feel it holds them back in their life, or that it takes over their life. As we learned in Chapter 5, we have many stories, or narratives, about our experiences and who we are. These are stories that we tell ourselves, but that we also hear from others and the dominant discourses in our society about how we should act, think, feel, respond etc. We learned about the Victim, Resistant and Resilient Voices in the last two chapters, and their role in the trauma narrative. Chapter 5 explored that these stories can shift over time, depending on several factors, and that Narrative Therapy, through asking questions about narratives, can offer alternative stories to clients. We are exploring in this dissertation how childhood trauma stories can shift when people feel stuck in them and how many symptoms or responses to the trauma experience may be rooted in the dominant discourses of trauma. This process can create stories about ourselves and the trauma event that do not help us move forward in life and instead can cause great pain and limitations on

how we want to live our life. I have heard some people say that they feel like prisoners trapped in that moment of time when the trauma event happened to them. This is where we want to present alternate narratives to help people shift their stories about childhood trauma. This chapter will explore the shift from the dominant discourses and Victim and Resistant Voices to the Resilient Voices based on the data from the first and second interviews.

The interviews in this research project examined how the narratives we have about trauma shift over time. What are the catalysts in making this happen? What do we know about the discourses that help make the stories shift? What is happening in the discursive context that facilitates these Story Shifters? Emily and Landon's story has provided some key factors that we may want to consider as "Story Shifters"; factors that have the potential to minimize or silence the Victim Voice and engage the Resilient Voices. The dominant discourse that strengthens the Victim and Resistant Voices are still evident in the stories but we see the struggle and fight against it, with the Resilient Voices becoming stronger and more dominant most of the time. We have been able to look at two dimensions of the discursive context that facilitate the Story Shifters. These include **Relational Activity, and Culture and Linguistic Elements**. Each have specific factors that create the context for the story shifting and provide space for discourses that are not rooted in the dominant ones, but allow for the alternative voices to emerge. Both discursive context dimensions and their associated Story Shifters are rooted in relational activity but have specific factors within this that further contribute to story shifting activity.

What we discovered through the analysis of the data and the creation of the theoretical framework to represent what we learned is that every member of our community and society has an opportunity to contribute to being a Story Shifter through their discourses with others, and by creating a discursive context that allows for the work of the Story Shifters to take flight. Any member of society can make a difference in contributing to the creation of an alternate story with strong Resilient Voices for those who as children/youth have experienced trauma. I have heard a lot of community members, especially staff in the education field, talk about how ill equipped they feel to address the mental health needs of our children and youth. Yet teachers, friends, strangers, librarians, bus drivers, or any community member, can take on the role of a Story Shifter and strengthen the Resilient Voices. Story Shifters can be subtle as well as cumulative, for they occur in the discursive context and can form and evolve over time. We know that a certain moment, action, insight or experience can facilitate Story Shifters, and that they are the result of relational activity. The interviews with Emily and Landon give us some constructs and ideas to consider as potential Story Shifters, which opens possibilities for people on both sides of the conversation to become "unstuck" and change the meaning of their experiences and to explore other opportunities. We know that language and identity are not fixed or stable but in a state of flux and Story Shifters can contribute to this fluidity. We also know that when people share their story with each other, it strengthens others to come

forward, and share their story. An example of this is provided in Chapter 6 on the CBC Ghomeshi affair, the Canadian parliament abuse as well as the sexual assault allegations against Bill Cosby. Story Shifters provide opportunities to adopt an alternate story that aligns more with the Resilient Voices. Story Shifters also have the potential to change the Social Construction of trauma; to shift the language and the meaning we hold about traumatic experiences.

These Story Shifters are discourse shifters; they open up new discoveries on trauma. They provide us with another way to talk about trauma. We acknowledge that people need to be ready to share their story in a safe environment and that this framework and the Story Shifters do not by any means dismiss the horrific experiences and feelings that may emerge at times from experiencing trauma, regardless of the environment, responses from others and one's resilience. We also acknowledge however, that the experience of what happens after a trauma event does not have to be isolating, shaming or blaming, and that there can be hope and feelings of contentment in the future.

What does this mean in clinical applications, for the practitioner working with trauma stories in a therapeutic setting? As much as anyone in our society can facilitate the dimensions to shift stories for both themselves and others, we do not dismiss the value and meaning of the therapeutic practitioner. As much as Story Shifters shift the story, practitioners play a pivotal role in assisting people from managing symptoms prevalent in the dominant views of trauma and embedding the story shifting in their daily living, such as exploring ways to continue to give space to alternative meanings, or by inquiring about shifts in identity to help them hold onto hope in the future and becoming the person they want to be. Both Emily and Landon spoke extensively about pivotal turning points in their lives and included therapeutic sessions and relationships with their therapist as key to helping them create shifts in the meaning they attributed to their trauma story, as well as in learning about knowledge regarding trauma symptoms and shifting their identity to one that fits better for them than the one they held from the dominant discourses of trauma. The meaning of the Story Shifters to practitioners will be explored in the next chapter when we look at the data that emerged from focus groups.

The Story Shifters that we heard about in the data existed in the stories we heard from Emily and Landon, and strengthened the Resilient Voices until they were more dominant than the Victim Voices. We know that these Story Shifters exist in society; they are forces that already are present for they exist alongside the dominant discourses, but are not given as much space. How do we pay attention to them and give them more space so that the dominant discourse of trauma can shift where the Victim Voice is silenced? How do we deconstruct the dominant discourse of trauma as we now know it and re-construct trauma so that the story can involve hope, and new meaning, new connections for all? The Story Shifters open up space for new

meaning and new stories to be located without locking one into or restricting one into a framework or orientation. It is about being open to all frameworks and possibilities and not being oriented to a certain way of being or approach that dictates certain values, beliefs, assumptions and meanings

What is a Story Shifter? Shape Shifters and Story Shifters

The term story shifter was inspired from the concept of shape shifters, often present in fantasy literature.

In mythology, folklore and fantasy fiction, shape shifting, or metamorphosis is the ability of an entity to physically transform into another being or form. This is usually achieved through an inherent faculty of a mythological creature, divine intervention, or the use of magic spells or talismans...voluntary shape shifting can be a means of escape and liberation. Even when the form is not undertaken to resemble a literal escape, the abilities specific to the form allow the character to act in a manner that was previously impossible.... In modern fantasy, the extent to which the change of shape alters the mind can be important. ("Shapeshifting", 2014, November 18, para. 1) ²

If a shape shifter can take on a different form, then perhaps a story shifter allows the story to take on different meaning, or to begin to transform one's identity where alternative constructs are explored. For shape shifting, there are a number of ways to achieve this as mentioned above (inherent faculty of the creative, divine intervention, magic) and perhaps there are also a number of ways to achieve story shifting. The interviews conducted in this dissertation have opened up some possibilities we may want to consider as ways to help shift stories. As stated above, shape shifting allows the character to act in a way that was previously impossible, just as story shifting opens exploration to shifts in social structures, power, practices, identity, language etc. Just as shape shifting can be a means of escape or liberation, so too can shifting the story where there is relief from the undesired feelings that accompanies the trauma story that aligns with the dominant discourse of trauma. Shape shifters in the fantasy world experience a physical transformation and only sometimes is the mind also altered to align with this. In the trauma stories we hear about in this dissertation, there is an interconnection of the 'body' and the 'mind' that is discussed. The social constructs of body, mind, and gender play an important role in the interviewees' responses to their trauma experiences. We also know that in the dominant discourse of trauma, there are diagnoses identified in the DSM-V, where there

² For further information on Shape Shifters and Boggarts, and how they connect to trauma story shifters, please refer to Addendum #1

is a disconnection between the physical body and the social construct of the 'mind', which often results from severe experiences of childhood trauma. Examples include Dissociative Identity Disorder, Dissociative Amnesia, and Depersonalization/Derealization (American Psychiatric Association, 2013).

The Dimensions of Discursive Context and Their Story Shifters

The Story Shifters that emerged through the interviews for this dissertation flow through discourses in the dimensions of the discursive context. Specifically, the dimensions of the discursive context in which the Story Shifters are at work can be grouped into two broad categories. They include Relational Activity, and Cultural and Linguistic Elements. Both have specific and numerous Story Shifters that can potentially contribute to shifts in creating alternate meanings, identity, and stories. It is not necessary to have both discursive context dimensions and their Story Shifters present in order for shifts to occur. Both dimensions and the Story Shifters are rooted in relational activity but have specific factors within this that further contribute to story shifting activity.

Relational Activity: Relational Activity in the Story Shifter Framework refers to any meaningful social interaction, both verbal and non-verbal, that contributes to making a meaningful difference in one's sense of belonging, sense of connection or personal agency or identity, and where space is opened up for the trauma story to have alternate meanings that are not embedded in the dominant discourses of trauma. Sharing the story with others while engaged in relational activity that is meaningful to those participating provides meaningful connections and social interactions especially in safe and trusting relationships, such as those with close friends, practitioners and mentors. This process generates an opportunity to experience alternative perspectives and creates pathways for Resilient Voices to become stronger, whereby they could be expressed, explored, and validated further. In turn, the Victim Voice of the dominant discourse of trauma can be minimized, silenced or transformed. Relational Activity includes any social interaction, both verbal and non-verbal.

Culture and Linguistics: The discursive contexts of Culture and Linguistics are the cultural and language aspects that make a difference by generating alternate discourses, often through relational activity. The Story Shifters under Culture and Linguistics include Knowledge Generation, Media, Social Constructs and Language. Culture and Linguistics are grouped together here because of their connection to each other and the way the Story Shifters interconnect with each other. For example, media occurs within a culture's social constructs, language is determined by social constructs and media, among other factors. Knowledge

generation also occurs within a culture's social constructs and uses a language informed by the culture. All the Story Shifters here connect and relate to each other within the discursive context of Culture and Linguistics.

Knowledge and social constructs are generated, and shared, through language and often through media, that was unknown previously to the people involved in the relational activity. It is different knowledge that makes a difference. It can occur in the educational or therapeutic setting, or in social interaction where experiences are shared which in turn generate new knowledge for those involved that contributes to making a difference. The new knowledge can come from images and constructs portrayed in the media, which potentially lead to shifts in the re-construction of trauma. As we heard from Landon and Emily, this knowledge included learning about the signs, symptoms, and common responses of childhood trauma even from the current Social Construction and dominant discourse of it in the Western world, as well as the power and opportunity that educational institutions have in shifting the story using language and media concepts. This is the space where change can occur, and it may lead to more meaningful and perhaps deeper social interactions with each other. It may also lead to shifts in how we label, diagnose, treat and view trauma (the re-construction of it). As in the Relational Activity Story Shifter, the Resilient Voices become stronger as the Victim Voices become weaker or silenced as people realize they are not alone in their "suffering" and learn about how others have coped and maintained hope.

Discursive Context

Before we review in more detail the nature of the dimensions and their Story Shifters, we need to examine the discursive context in which they occur. Every instance of language use, oral or written, in person or through media, is considered to be in a discursive context. We make sense of these words, this language, through the discursive context, which is rooted in culture and history. Discursive context is also referred to as conversational context and cursive context. Not just the discourse needs to be considered, but the context in which it takes place (Song, 2010).

The task is to determine what we can know about the meaning and context of an utterance given only the knowledge that the utterance has occurred ... I find that whenever I notice some sentence in context, I immediately find myself asking what the effect would have been if the context had been slightly different. (Fillmore, 1977, p. 119 as cited in Brown and Yule, 2000).

"A discourse and its context are in close relationship: the discourse elaborates its context and the context helps interpret the meaning of utterances in the discourse" (Song, 2010, p. 878). Meaning is created through the relational activity that occurs in the discourse and its context.

This context needs to be considered to further inform the actual process of the story shifts, and how they are effective given the discursive context.

Discursive context refers to what is happening in the conversation, the process of the relational activity. It can provide an opportunity to deconstruct and silence the Victim Voice we know is so strong in people who have experienced trauma. It offers alternatives in our society to make space for other voices, such as the Resilient Voice. It is through this process of shifting for example, from the Victim and Resistant Voices to Resilient, and other voices that potentially stories can begin to shift and alternative identities can emerge. This is important to those who have experienced trauma and hold meaning to their experience rooted in the dominant discourse of trauma, where the Victim Voice (along with strong feelings of shame, guilt, loneliness) is strong or prominent. New identities that are not rooted in the victim trauma experience can emerge, ones that are aligned with the Resilient Voice, that provide space where the trauma event is “not the soul of your life”, as Landon, one of the interview subjects, suggested strongly in the second interview.

What factors are at play in the process of story shifting? “The social situation in all cases determines which term, which metaphor, and which form may develop in an utterance expressing (a felt experience) out of the particular intonational bearings of the experience” (Volshtin, 1986, p. 89). Shotter (2009) argues that

for it is only when our words are *at home* in the *determining surrounding* of their everyday use, that we can express our true identities as the unique individuals that we are or can be—any requirement that we express ourselves only within an established codes is a limitation on who we are or can be. And it is our living openness to the *specific variations* in the expressions of others that can allow their ‘otherness’ to enter us and make us other than we already are. (Shotter, 2009, p. 37).

Shotter is suggesting that we move beyond the idea of speech, word use and communication as just a source of information, or a common code where thoughts are stated and listeners ‘decode’ them. Shotter proposes that instead we pay attention to what the other might be trying to ‘construct’ as they are speaking, “as they are” (Shotter, 2009, p. 37). “It is crucial to bring out words back from their ‘free-floating’ use....to their use within a *shared* set of “determining surroundings” (Shotter, 2009, p. 37). The “variability” in one’s verbal expressions express both the unique inner world as well as their point which is in relation to their world (Shotter, 2009).

In effect, we must ask ourselves: What kind of person, in what kind of situation, to what other kind of person, for what reason, would say such things? That is what is being *done* by the use of these words, what is their *point*, what are people trying to achieve in using their

words this way? If we can do this...We can begin to understand the meaning of their words in terms of their roles in a particular context of action. (Shotter, 2009, p. 36-37)

Shotter is further stating that the nuances in the discursive context require attention to fully understand the position of the speaker. These points are critical to consider when examining the process of the Story Shifters, where alternative meanings and identities might be created.

“Context is socially constructed through interaction and talk about action (accounts) (Buttny, 1985, p. 75). “An account provides criteria for modifying the significance of an event by altering its context. To offer an account is not to talk about what is in one’s head, but to reconstruct a socially recognizable event in context” (Buttny, 1985, p. 75). The same argument could be made about sharing the story of a “trauma” event, with regards to how the meaning could be shifted through the social interaction and other factors of the discursive context. Meta-levels are present that indicate how safe it is to introduce the topic of trauma, or to reveal personal details, or to share further. The context allows us to interpret the words, language used and message to further gauge the conversation. We will hear about this in action when Emily and Landon share their experiences in the second interviews regarding when they decide to share their story about trauma events as they determine the level of safety, trust, and position of the listener.

How can the discursive context and discourses deconstruct and reconstruct dominant discourses? How can it facilitate opening space to create alternate stories, meanings and identities? Discourses are not descriptive or reflective of reality, knowledge, experience, identity, social relations, social institutions and practices, but instead are pivotal in constituting them (Lupton, 1998). “The discourses which have the most influence in the shaping process are those that align themselves with dominant political and social discourses” (Crowe, 2000, p. 963). Crowe (2000) in her research on nurses, suggests that for change to occur and for shifts to be made in the role of nurses and patients,

discourses maintain their power through reiteration in practice, therefore a refusal to integrate these into nursing discourse may open up other possibilities for practice. Nurses can develop unique skills and knowledge from their privileged participation in this relationship which need to be given voice. (Crowe, 2000, p. 967)

Generalizing this process of refusing to integrate dominant discourses into practice to other discourses outside of nursing, such as trauma, also would give voice to the more oppressed voices and strengthen the Resistant Voices.

In summary then, what we have learned then about the discursive context is that different contexts create different meanings, it accounts for how we make sense of what is happening and about our relationships, it creates and reflects our social interactions, knowledge, identity,

culture, history, politics, social factors and our reality, and it provides meaning; it is the place where the shifts in stories are happening. The discursive context is constructed through social interactions (how we relate to one another, conversation and action). An example of the meaning of the discursive context in social interaction and dialogue could be demonstrated when talking about women's rights. The conversation with some members of my community in a public place about women's rights would have very different meaning than a conversation I hold in a middle-eastern country, with community members in a public place. This is because of the discursive context and the elements of culture, history, politics, and social factors of the people involved in the conversation, and the place where it is held.

The Story Shifters

As mentioned earlier, the Story Shifters that emerged through the interviews for this dissertation emerge from two dimensions in the discursive context: **Relational Activity, and Culture and Linguistics**. We will review each dimension and focus on what specifically is happening within that dimension that shifts the story.

The Discursive Context Dimension of Relational Activity

As stated earlier, Relational Activity in the Story Shifter Framework refers to any meaningful social interaction, both verbal and non-verbal, that contributes to making a meaningful difference in one's sense of belonging, sense of connection or personal agency or identity, and where space is opened up for the trauma story to have alternate meanings that are not embedded in the dominant discourses of trauma. Sharing the story with others while engaged in relational activity that is meaningful to those participating provides meaningful connections and social interactions especially in safe and trusting relationships, such as those with close friends, practitioners and mentors. This process generates an opportunity to experience alternative perspectives and creates pathways for Resilient Voices to become stronger, whereby they could be expressed, explored, validated further etc. In turn, the Victim Voice of the dominant discourse of trauma can be minimized, silenced or transformed. Relational Activity includes any social interaction, both verbal and non-verbal.

Before we review the Story Shifters that emerged in Relational Activity, let's review how collaborative dialogue is a factor in the Relational Activity dimension that occurs in the discursive context and how does it relate to Story Shifters. The literature on collaborative dialogue, relationships and meaningful conversation is consulted here to help connect the Story Shifters concepts to it, in an effort to make it more comprehensive to the reader.

"Collaborative-dialogue is a meaning-making process in which dialogue refers to the two-way exchange and flow of meaning and the creation of new meaning" (Anderson, 2013, no para.).

Meanings are influenced by our histories, experiences and understanding and conveyed through the medium of language, which refers to any means we use to express ourselves to others and ourselves, verbally and non-verbally (Anderson, 2013). Collaborative Dialogue is not about the exchange of facts, ideas, or Truths but instead about trying to understand, as best as possible, what the other's perspective is, knowing it is rooted in the historical, political, cultural context. (Anderson, 2012, 2013). Anderson (2013) reminds us of what Bakhtin (1984) describes as polyphonic, where "multiple voices and authors are always present, not just the spoken and silent ones of the in-person participants but other who inhabit us as well" (as cited in Anderson, 2013, no para.). Collaborative Dialogue practice involves ways of being with each other, ways of being human (Bakhtin, 1986). As well, "knowledge is viewed as an interactive social activity that people do with each other. New knowledge is created through the joint exploring and looking into the focus of the conversation as it takes its various paths" (Anderson, 2013, no para.).

"Bakhtin introduces the term "dialogic" as a way of identifying social processes as central to any understanding of our worlds. As Sampson (1993) summarizes Bakhtin's position, "Neither meaning nor self is a precondition for social interaction; rather, these emerge from and are sustained in conversations occurring between people (p. 98-9)." Monologue does not have regard for the other's response, and the speaker assumes "the position of objective observer, evaluator, and an intentional agent/actor whose actions have certain effects on their objects" (McNamee, 1996, p. 6). "Monologue locates our investigation within the person....Dialogue...locates our investigations in relational patterns (McNamee, 1996, no para.). Sampson explains "that the most important thing about people is not what is contained within them, but what transpires between them" (1993, p. 20). Regarding the relational process and identity, McNamee explains that "to describe identity as a conversational resource used by participants in their situation activities implies that it is the discourse itself that becomes open to investigation as well as the relational context in which it emerges" (McNamee, 1996, p. 11).

If we are dialogic, conversational beings, we cannot be understood by probing inside for personal and private processes taking place deep within each individual. All that is central to human nature and human life...is to be found in processes that occur *between* people. (Sampson, 2008, p. 98)

"Neither meaning nor self is a precondition for social interaction; rather, these emerge from and are sustained by conversations occurring between people (Sampson, 2008, p. 99). "We gain a self in and through a process of social interaction, dialogue and conversation with others in our social world; that the only knowledge we can have of ourselves appears in and through social forms-namely, others' responses" (Sampson, 2008, p. 106). Likewise, it can be argued that social reality is constructed in the same social processes (Sampson, 2008, 2008).

“Dialogues both express and constitute social reality. In other words, our conversations both express and help to create the particular world in which we and others live” (Sampson, 2008, p. 108). In this way, we are each responsible for the dominant discourses that often cause us to point fingers in the other direction to others, or to a general ‘them’ for creating it. We all construct this social reality, which means we all have the power and influences to shift and co-create new constructions and meanings if we are so inclined.

Seikkula and Trimble (2005) might offer some insight into the nuances of the discursive context and the relationship activity dimension where more space could be made for alternative stories to be co-constructed and into how the Story Shifters might be used for this to the greatest advantage. These researchers examined their Open Dialogue approach for the elements that contributed to a healing experience. The Open Dialogue approach is used when a person in distress is met with family and a team from the mental health system where conversations and decisions are always conducted in this network with open dialogue, and always include the family and the distressed individual, as well as the team members. Dialogue is seen as a condition for understanding, for meaning is developed in these moments; not in individual’s minds, but in the “interpersonal space between them” (Seikkula & Trimble, 2005, p. 465). It is in the social interaction between the speaker and the listener that meaning is generated. The listener is necessary to providing meaning to the words spoken, as the listener provides the response in order for this to occur. “Meaning is constantly generated and transformed by the intrinsically unpredictable process of response, response to response, followed by further response, in a process that may be interrupted but can never be concluded” (Seikkula & Trimble, 2005, p. 465). The researchers further conclude that when one feels heard in a social interaction, the possibility emerges for them to hear and become more curious about what others’ experiences and opinions might be. New possibilities for meaning are opened. As one becomes more open, others in turn begin to become more open, and are more able to trust the other. As a team over time shares emotional experiences, familiar words can become organized into “new understandings, stories in which each participant can address his or her own trauma and handle his or her own emotions” (Seikkula & Trimble, 2005, p. 472). Although the researchers here are referencing their experiences with their Open Dialogue teams, which include many members, it is not too far off to speculate that a similar process could occur between just two people, who may be relatives, friends, co-workers or even strangers, in reference to sharing a story that involves a trauma event. The researchers conclude that turning points in the healing process for the team include “strong collective feelings of sharing and belonging together; emerging expressions of trust; embodied expressions of emotion; feelings of relief of tension experienced as physical relaxation; and perhaps surprisingly ourselves becoming involved in strong emotions and evidencing love” (Seikkula & Trimble, 2005, p. 473). This process allowed the team to access “the feelings that hold us together as relational beings and that make us truly human” (Seikkula & Trimble, 2005, p. 473).

There is a certain “*withness*” “process of orienting and re-orienting oneself to the other” (Anderson, 2012, p. 13). This withness provides an invitation, whether you are a therapist, friend or stranger in conversation with another, to be a responsive and engaged listener, where new possibilities can emerge for either party. “Bakhtin (1981) suggests, our speaking and language always include the other person’s intentions and meanings: our response is always influenced by and is a product of the relationship and interactions with the other, and the context” (Anderson, 2012, p. 14). Bruce Perry, childhood trauma expert whose wife was murdered when he was a graduate student at Stanford said that after the murder, he placed less emphasis on our cultural push to get better grades and achieve more and instead “I put more effort into my relationships--because I knew that's what's really enduring. My work is important to me to the degree it has social impact, and a lot of it is focused on our culture acknowledging the importance of relationships.” (Bogira, 1992, no para.)

When we hear someone’s story, we need to resist the temptation to view the story and person as “unfamiliar, exceptional, and extraordinary” (Anderson, 2012, p. 10) and instead be open to seeing their uniqueness and specialness, which permits further openness to new possibilities for both (Anderson, 2012). In the discursive context, each person’s contribution needs to be appreciated and valued equally (Anderson, 2012). “A sense of being appreciated and valued leads to a sense of belonging, which leads to a sense of participating, which then leads to a sense of co-owning and sharing responsibility” (Anderson, 2012, p. 14). Although Anderson here is referring to the therapeutic relationship and clinical process, what she describes above could apply to any relational activity or social interaction.

The literature reviewed above as well as the research mentioned below in each of the Relational Activity Story Shifters provides a connection and context to assist in the interpretation of these Story Shifters, making it more comprehensive.

Relational Activity Story Shifters

What exactly is happening in the Relational Activity dimension that opens space for alternative meanings, shifts in story and identity and an increased sense of personal agency? In the interviews for this dissertation, we have uncovered several factors that contribute to this space within the Story Shifters. These factors are the Story Shifters that happen in the discourses in Relational Activity and are key elements in shifting away from the dominant discourse of trauma into exploring new possibilities.

There are four Story Shifters within the dimension of Relational Activity. These include: A Stance of Not Knowing, The Nature of the Relationship and the Establishment of Safety and Trust, The Meaning of the Response While Telling the Story, and A Shared Experience. We will

now review what is meant by each of these Story Shifters, and provide examples predominantly from the second interviews with Emily and Landon.

1. A Stance of Not Knowing

A stance of not knowing allows one to listen to the entire story from a place of curiosity, with a sense of genuineness that is not rooted in the dominant discourse of the topic being discussed. “Knowing interferes with dialogue: it can preclude learning about the other, being inspired by them, and the spontaneity intrinsic to genuine dialogue.” (Anderson, 2003, p. 5). “Not knowing refers to having a critical and tentative attitude about what you know or think you know (i.e. theory, facts, truths, beliefs, and assumption) and offering it with that attitude” (Anderson, 2003, p. 2). We hear from Landon and Emily the importance for the listener of their story to not respond from a context rooted in the dominant discourse, but instead be open to hearing about what the experience means for them. This stance of not knowing can also assist the listener to not make assumptions about the impact of the trauma on the listener, based on their own beliefs, values, culture, experience etc. It doesn’t mean the listener doesn’t have beliefs, values, culture or experience but that these are acknowledged and set aside during the listening of the story to be truly open to creating space to fully hear the story. Emily describes in her first interview how mentors believed in her and listened from a stance of not knowing. She describes how she did not feel judged by them, felt understood and talks about how the interactions with them facilitated change for her. Some of the change that was facilitated included giving space to qualities that Emily knew she had but didn’t express. She says “I think I always had these qualities but didn’t believe them until other people did.”

In reference to therapists taking a stance of not-knowing, Anderson and Goolishian (1992) state that therapists “must listen in ways that pre-experience does not close them to the full meaning of the client’s descriptions of their experiences (p. 31). “Not-knowing requires that our understandings, explanations, and interpretations...not be limited by prior experiences or theoretically formed truths, and knowledge” (Anderson & Goolishian, 1992, p.28). The position of the listener in a stance of not knowing permits active listening and open dialogue and inquiry. This permits for dialogue that can facilitate change in the story and self-narratives (Anderson & Goolishian, 1992). It also contributes to a sense of connection, which can lead to an increased sense of belonging for the story teller. This stance of not knowing can reduce the stigma and create space where the story teller, in sharing a story of trauma, can feel more like a

human, as Emily and Landon put it, as opposed to feeling like they are on the “fringe of being human” and sharing their story was like an “alien concept.”

A stance of not knowing can also create a sense of witness that was referred to earlier (Anderson, 2013). A stance that further creates a sense of being understood, where new meaning and a sense of self or identity can emerge. We also know that

the story is only complete when there is both a teller and a witness to the story. In fact, it is this call and response interaction between the storyteller and the witnesses that actually makes the story and gives it meaning. The story is created through the process of the call and response. (Akinyela, 2002, p. 37).

This can also further contribute to feeling understood and open up new possibilities. Emily described this in her first interview by talking about those who “get her”, referring to those who she felt understood her story of trauma and conveyed a perspective that wasn’t rooted in the dominant discourse and allowed her to see aspects of herself she wanted to give more space to.

A stance of not knowing allows for this dialogue to explore the meaning that the trauma holds for each person in the dialogue. A stance of not knowing asks us to “hold” all our assumptions and just listen to what the experience was like for that person. When this happens, the person sharing the story begins to feel more comfortable and can also feel less blamed, and truly heard, which may open up the possibility for them to share more of their story in that moment, or in the future given this positive experience for them. This can provide feelings of hope and gives less space to the Victim Voices.

2. The Nature of the Relationship and the Establishment of Safety and Trust

“Stories and relationships are thus inextricably intertwined...in the sense that people come to define themselves and others through the stories they tell” (LaRossa, 1995, p. 555). Emily and Landon talked about how the sharing the story with others was a turning point in creating space for other voices in their trauma stories, where the Resilient Voice could grow stronger. The second story shifter within the Relational Activity dimension regards the nature of the relationships and the establishment of safety and trust.

Emily and Landon reported that the story they share with a close friend or family member is different from the story they share with a stranger. We know that dialogue is influenced by the historical, political, cultural context, but the relationship is of prime importance, where there is a sense of mutuality developed where respect is given and interest in the other is genuine, where a sense of belonging and ownership are invited (Anderson, 2012). Fosha (2006)

researches how attachment, or having a trusted other, can make the difference in how the dialogue about trauma moves forward to be “growth-enhancing” or continues to be seen as memories that are feared and unwelcomed.

There is a world of difference between being alone with overwhelming emotions and being with a trusted other in the affect storm. Attachment decisively tilts whether we respond to life’s challenges as opportunities for learning and expansion of the self or as threats to our integrity, leading to constriction of activities and withdrawal from the world...together with a trusted other, instead of avoiding and withdrawing, the individual can approach and explore emotions and reap their adaptive benefits. The attachment relationship has the capacity to shift the motivational vector from moving away (fear activating shrinking and constriction) to moving toward (curiosity activating openness and expansiveness). (Fosha, 2006, p. 570).

The attachment to a trusted other however, is necessary for growth and to move forward as provides the secure base, but other ‘experiential exploratory work’ is also necessary within this relationship to continue healing (Fosha, 2006).

Both Emily and Landon talked about how a sense of safety and trust in the dialogue about the trauma event influenced the level of detail revealed about the trauma. As safety and trust were established and increased, more details about the story were revealed. We learn from Landon that what he would say to a stranger about his experience of trauma is different than what he would say to a family member or close friend. Both Emily and Landon talk about how they need to ensure there is a level of understanding, safety and trust established before revealing details and being vulnerable. Emily refers to how she never felt like she “fit in” at home with her family, at school or in her community. She felt they didn’t “speak her kind of language.” Establishing a connection with someone that has some level of trust is important before one can feel like they “fit in” and begin to share their story in a safe way. We also know from the literature that there are certain factors that need to be established, especially when children are telling their story, in order to maximize the listener’s active response that is helpful to the person sharing the story (refer to Chapter 5).

Landon talks about how different “versions” of the story come out when he tells it, depending on the audience. He explains that “of course the story’s going to be different when I’m talking to you as opposed to talking to my partner. Or talking to my mother, or talking to a professional, or something like that.” Landon said that for him, telling his story in this interview “definitely helped to reframe sort of that history.” “I mean, of course whenever you tell someone, like you have this sort of narrative in your head, you go through it,...but you never share it with someone, and then when you do it, you always kind of, it kind of sets you apart from it, you can look at kind of objectively. And it sort of reinforces some things that I had been

working on, like the idea of not taking blame for the situation. You know, being able to be more forgiving, because I felt like I was coming at it from a more impartial sense, as opposed to just sort of dumping it out, and you know, it was nothing like the first time I ever told somebody.” Landon is explaining how telling his story, even if it is different versions depending on the listener, opens up new opportunities for him to explore alternative perspectives. “Yeah. In the most basic sense it’s just ‘cause there’s like a basically a different kind of language that you speak with people, right. So I mean with my partner and I, I can say things and she already knows and she can pick up on it. So I don’t have to get into too many gritty details, but there’s enough safety there that if I did feel the push or the pull to sort of open up and, you know, talk about how dark some of the feeling were.”

Both Landon and Emily each described how the audience or listener impacts HOW they tell their story, and what details to review. This is connected to their interpretation of why they are telling their story and how safe they feel with being vulnerable in revealing details.

We may want to consider connecting this story shifter to White’s outsider-witness process which contributes to restoring agency and a sense of oneself for it supports how the discursive context does not have to be a therapeutic context in order for these shifts to occur. White (2004) concludes that he contributes to about 1% of the meetings and sessions; the value and shifts happen outside of the therapeutic context and in the outsider-witness context where tellings, retellings and further retellings of the retellings happen; where conversations in the therapeutic context lead to numerous conversations with others who may share similar experiences. Anyone can be a story shifter in the right discursive context.

We further know and research demonstrates that our health improves with a good support system which includes social interaction with friends (Pennebaker, 1990). What research is showing us regarding trauma is that one’s health only improves by a social support system if major upheavals are shared about life with friends (Pennebaker, 1990). Pennebaker does caution people to consider the benefits of a ‘professional listener’ despite the benefits he found in expressive writing and sharing traumas with one’s social network (1990).

Because they were children at the time of the abusive acts, many survivors report not telling due to not knowing or not understanding the nature of what was happening to them...For many, the ability to name the experience was critical to understanding the contradictions in the relationship with the perpetrator....Having a vocabulary to define the experience, however, does not result in resolution of the contradiction. (Ford, 1999, p.151)

Dindia (1998) states that "self- disclosure is contextualized and the context affects self- disclosure" (p.101).

Clearly, for incest survivors a high degree of trust in the recipient must characterize the relational context. This feeling of safety also explains the freedom to disclose found when in the company of similar others. (Ford, 1999, p.152)

Landon talks about safety and disclosure when he says that he would only tell his story of his trauma experience if he “didn’t feel like I was putting someone out, I didn’t feel like I was making them uncomfortable.” The Victim Voice here could be influencing the Resilient Voice in telling the story, as in not wanting to make someone feel uncomfortable and knowing how they will respond, that you will be emotionally safe in being so vulnerable to tell your story. We hear the Resilient Voice when Landon earlier talks about telling his story leads to it being more “impartial” and contributing to the view that the experience was just another thing that happened, yet here the Victim Voice is filtering the story for the audience, and making sure the audience will be comfortable with your story and that you are safe. We see these two voices operating in a balancing act regarding telling the story.

One of the ways we shut down the conversation and strengthen the Victim Voice could be when people, especially those in the helping profession, remind the story teller of their “duty to report” abuse to the authorities. Emily talks about how when this wasn’t stated, it allowed her to tell her story. “I think that um, they weren’t afraid of me. I think that was a big one. When – when you go around openly talking about a really negative experience, people immediately say well you know I have to report this. And then so I would stop talking about it, and, or they would warn me and say if you tell me this has happened, you know I have to go talk to the police.” It is not suggested that people stay silent in their duty to report, but there are other ways to balance listening to the story and one’s duty to report without shutting down the conversation.

The connections we make to others that Emily and Landon are describing are powerful moments and opportunities not just for practitioners, but any community member in learning to listen and be with someone else’s story when they share it with us. A connection forms through the relational activity in the discursive context, and happens for both or all people involved, and stories begin to shift. Perhaps the story shifts to one that is more congruent with how they see themselves (Resilient Voices emerge) instead of just holding onto the one about the dominant discourse on trauma, as we saw with Emily and Landon. We have an opportunity with each other to confirm this dominant discourse or offer an alternate story to others. These offer resources and pathways to resilience. They are the healing conversations we need which provide hope and open up possibilities for the future.

The Relational Activity Story Shifter of the Nature of the Relationship and the Establishment of Safety and Trust provides connections and opportunities through role modeling and

mentorship, which are key aspects for both Emily and Landon to explore alternate identities and new possibilities for their future. “We construct the world in a different way. This difference is rooted in our social relationships” and forms our future (Gergen & Gergen, 2008, p. 9). Emily speaks about the relationships she had with her supervisors in her first two social work jobs, her partner/fiancé at the time, Landon, and her current therapist Lynn as being key alternative turning points in her life because of the view they had of her which was different from the view she received from her community up to that point. “I’m so very close to my supervisor and that’s had a lot to do with my healing process, as well.” Her peers at school, her peers’ family, most of her teachers and other school staff, her family as well as the social services she received saw her as a “bad” kid. Relational Activity here helped to shift the view Emily held of herself from others that was rooted in the dominant discourses of trauma into one that she held from others that made more sense to her and fit with how she saw herself.

The role of mentors and role models can validate how people who experienced trauma identify themselves as resilient; it can validate how they want to be and how they want others to see them, as more than their trauma. Mentors can validate the future plans that the person who experienced trauma has for themselves as the conversation moves away from the dominant discourse of trauma and into one that is more generative and focuses on the future. It provides hope. Mentors can be in the role of teachers, coaches, supervisors, Elders, relatives etc.

We know from the above review of Collaborative Dialogue that new knowledge is created through interactive social activity (Anderson, 2013), and that it is through this relational process and dialogue that new meanings are created as well in stories and identity. Through sharing her story just in this research interview, Emily reported that she began to see the trauma she experienced in her life as more of an experience rather than a series of stand-alone events. Landon talks about how his identity shifted from telling his story and having empathic responses, especially from his partner, reassuring him that he was going to be OK. This relationship, where there was trust and safety strongly established, opened space for Landon to experience that the trauma he experienced was not the “soul of his life”, and did not have to be his identity. Rooted firmly in a safe relationship, where feedback from others that could challenge his identity that was rooted in the dominant discourse, allowed Landon to “self-reflect and have self-insight so that he could “know myself better” and have a “better sense of identity.” Landon talks about the needs for more meaningful conversations in society in general, that are more personal in nature and are reflective of the future we want to create together. He said in the relationship where there is trust and safety, the person can “stand firm with you to support your strength in times of opposition to your beliefs” (in times of struggle where the Victim Voice is gaining strength). This relationship can help one move to a place where the Resilient Voices and sense of agency are stronger.

As stated earlier, regardless of the establishment of safety and trust, or even within the presence of the other Story Shifters, it needs to be acknowledged that people need to feel ready to share their story. We know that sharing a story when one is not ready, or when there is not safety and trust established, that it can be harmful to the person who experienced the trauma event.

3. The Meaning of Responses While Telling the Story

A stance of not knowing as well as the nature of the relationship and the establishment of trust and safety already refer to parts of the response process that facilitate the Story Shifters to move into one where new meaning can be explored. What is it within these responses that further contribute to these shifts? We know from the literature on Collaborate Dialogue that when a trauma story begins to be discussed, the listener's responses are influencing the future direction of the conversation. An "otherness" stance or "witness" stance facilitated a two-way dialogue that demonstrated compassion, understanding and genuineness. The responses were not rooted in the dominant discourse about trauma, but instead began to express the Resilient Voices, where Landon and Emily's identity was validated and strengthened. They felt heard. The responses did not locate the trauma in the individual or in the personal context, but rather rooted it in a historical, political, relational, cultural or collective context. The story teller will not feel blame, shame or isolation based on a response in the collective context and instead an understanding is conveyed about what happened. "Deeper conversations" as Landon states, can emerge from such a discourse, where the person sharing the trauma event story can hold new meanings about what happened, and perhaps to see it as an event that happened to them instead of having it solely identify who they are. The meaning of the response during the dialogue simply refers to what the person thought or how they felt about the response of the listener after sharing their story of the trauma event. What meaning did the person who shared the story give to the response? This demonstrates to us that there is not a list of correct or appropriate responses that are "best" for everyone, since meaning is attributed to the response and is rooted in the discursive context.

In an interview with David Denborough, Kaethe Weingarten states that trauma can

fracture a person's experience of continuity of self.....Compassionate witnessing practice is a process of assisting people to restore a sense of continuity of self. One way to do this involves re-linking people with the histories of their qualities, feelings, beliefs, values and commitments. (Denborough, 2005, p.75)

Traumatic experiences are compounded by the meaning we give it in our interpretation of it. If we are listening to one's story of trauma, we understand and engage in the meanings that this event has had to the story teller. When we can self-reflect about our stories and meanings,

usually through telling, we have the opportunity to unravel the assumptions that are not so obvious to us at first. We may become more aware of the values and assumptions we hold in our life. Diana Whitney explains that voice is given to what people value, personally and collectively. Through sharing stories, people co-create their identities and new possibilities hold new meanings (Whitney, 2010). “It is people, linked with others, who harness strength and creativity to meet suffering in ways that are fantastic” (Denborough, 2005, p. 74). Weingarten explains that when a person who is suffering makes contact with another, it is possible in that

moment of witnessing to turn towards and engage in re-humanizing gestures, actions and practices. If we reach out in these moments and extend ourselves in a compassionate way, the effects of this ripple outwards.....we become more capable of living hopeful lives and this ripples through communities. (Denborough, 2005, p. 74)

The focus of the response when sharing the trauma story is not on the impact of the trauma, which may align with the Victim Voices, although this was conveyed as being understood, (not dismissed). Rather, the response conveyed a sense of compassion that provided Emily and Landon with feeling like a human being, rather than “an alien” as Landon put it. The responses conveyed respect for who they are now; and did not convey that the trauma event was the “soul of their life” as Landon puts it. It was important that someone listens the first time a story is told, as Landon said when this happened for him, he felt that he was “OK” and a sense of validation was provided.

Emily spoke of the importance of a genuine response, which can be stated as simply “that sucks” or “I’m sorry that happened to you” by the listener even when they don’t know what else to say. She said such responses are meaningful and shows that the listener is coming from a position of compassion, instead of fear. Emily said she often felt people were fearful of her and her story when she tried to tell it, and that this made her feel less human and isolated in the world.

Emily said that when she told her trauma story, she needed someone to respond in a way that was meaningful to her, and that made sense, which did not align with the dominant discourse. Here we hear the Resistant Voice of a youngster who is trying to get a reaction from those around her to somehow validate the experience and feelings she holds. She said that “I think I just stopped caring and I, I was telling people I think maybe to get a better reaction, I was waiting for someone to pick it up and say yeah let me help you with that. If that makes sense. I would say something like that, like I was, I think I was just still just – I was trying to get different reactions out of people.” She went on to say that she needed this “better reaction” to activate the Resistant Voice that was silenced by the dominant discourse, the typical response she received so far to her story. When asked what the difference was in the various responses, she

said it was “to kind of help me know how to feel, I just think I didn’t – I was very numb to the whole thing, and I think I was just very confused. And so if people asked me to tell them, ‘cause I was hoping maybe they would say something different, like or they would offer some help, or something. I was probably looking for someone to get upset about it, and to believe me, and then to maybe offer to get me some help, or something like that.”

Both Emily and Landon talked about how important it was for them to tell their story and the impact of the different reactions/responses throughout their lives thus far, which further impacted whether or not they would continue to tell their story and influenced HOW they would tell it next time.

Emily describes the impact of telling her story on the confusion she felt about what happened to her. “I think I just didn’t really know how, what an appropriate way to react in that situation was.” She was looking to others to validate her experience and the story she carried to date about what happened.

Emily said that the experience of telling her entire story at once in the first interview for this research in chronological order, (as best she could recall it), with details and meaning, provided her with a different view of her story. She began to shift her story from a few separate childhood traumatic events that happened to her as more of a story that contains “experiences” she had. She said that “probably before the interview I think I would have a much more narrow um, view of trauma. I think that a lot of people when they think of trauma think of, you know, a victim who’s had one profound event that was very traumatizing. But I think, you know, trauma can be more of a slow, long term thing that can happen. I would definitely say there was a lot of things that, you know, looking back after the interview I went yeah that’d be pretty traumatic for a kid to go through a lot of those things. But I – but I would have had a harder time saying trauma, because I would have had a hard time pinpointing the traumatic events. So I think I look less at trauma as an event and – and more of an experience, now”

The first time Landon told his story to another person, he felt “on the fringe of being human”, and there was an “alien concept” to it he said. But now, after telling it more frequently, it “felt like something repeatable”, more of a common experience. Again, this aligns with the Victim Voice, where there is isolation about an abusive, traumatic childhood experience and what you may think happens to others in the rest of society, in that you believe you are alone in your experience because no one talks about it. This is the shame voice that hides in the Victim Voice that is so destructive to the Resistant Voice and reinforces the Victim Voice. The more Landon tells his story, the more validation he is receiving, which strengthens the Resilient Voice and silences the Victim Voice.

Landon talks about what was so valuable in telling his story, especially for the first time with his partner at the time, Emily. He describes that she listened, but also provided some reassurance that he was Ok, that he wasn't defined by this experience, which was struggle he had as we heard with the victim and Resistant Voices. Landon is explaining how the Victim Voice is silenced by validating the story and experience being shared. Further, he explains how telling the story leads to alternate perspectives to explore since "telling the story keeps one mindful, and allows for self- reflection and self- insight, feedback from others that challenge his identity."

Telling the story to another provides opportunities and space for alternatives, to build upon further. Landon says that "With Emily I can say, first most important thing she did was just listen. She didn't try to interject or take action, or anything like that. She just listened, she heard everything that was locked up and she just accepted it for what it was. And she accepted me for who I was, and was able to remind me that, well on that point that we just made, is that you know, this isn't me, this is just something we dealt with, etc. So and that was really just done through her saying, you can't – you can't look at it that way, you know, just because – there was no, there was no like crazy monologue or anything like that, it was just I was able to spit it out, we were able to both look at it, and she was able to say, well that – that's not part of you, if you're able to spit it out. I don't – don't really know how to put it, it's just she was there to say yeah, you're right that's, you're good don't worry. I don't know, there's no good way to say it, you know, just, she made me feel like I made sense, I guess."

Landon talks about what it was like to have others' respond to his story from a Resilient Voice, which aligned with how he saw himself. "Well I think the base of the – the change there was that I had the message reinforced that all of the things that I didn't believe, that I were coming in weren't to be believed. Like just forget all that stuff, you're right that's, you don't need pity, you don't need a pat on the back, you're doing good, you're fine. This is how you should see it, and the way that we sort of talked and were able to sort of understand it, is that you know, we're all kind of just bumbling around and we have messed up beginnings sometimes, and we don't have the best way of breaking down our understanding of our experiences in life."

Landon here speaks about the impact of telling his story and how it helped shift it, and offered alternatives for him to build on, to further align with the Resilient Voices. "So I don't know it just sort of, that made it real for me, because before it felt like some, like that was supposed to be like the narrative of my story, that was like a theme of my life, You know like from birth to death, it was Landon being molested, you know. And now it's just like no it was just some weird thing that kind of blipped on this planet. I don't know I just, I guess it just kind of taught me to take it less personally, and to understand that like other people just make mistakes. And I don't forgive it and I don't devalue the effect that it had on my life, but it's – I don't know, I

think people get caught up in their problems and they just think that it's the center of the universe and that's all that there is to their life, sort of thing. I don't know I was just able, talking with Emily and people, and counselors and it just, I don't know just put into perspective, I guess."

Both Emily and Landon said that telling their story to others was a critical component in shifting perspective and offering alternative ways to think about what happened to them and why it may have happened. They described how it contributed to silencing the Victim Voice and strengthen the Resilient Voices, giving them strength to "heal." Landon suggests that all people need to have deeper, more meaningful conversations, so that feelings are talked about and deeper connections are developed. This enables us to be better equipped in responding to stories of trauma, and having deeper conversations builds the capacity for this. "Just conversation is really lacking in any kind of depth, in a general sense, I mean you sit down to have a conversation with a shrink, what are you going to talk about? You sit down and talk about it with a friend, it's not going to be that far off. It might be a little more personal, you know.... 'cause you're not being mindful of the words that you're saying, and why you're saying it, and why you feel that way. But if you were talking about your feelings and why different, anything not just trauma, but like why things make you feel certain ways, then you're already becoming a mindful person and then when you get to that serious bit, you know how to talk about it and you know how to listen to it....People are so poorly equipped when it comes to that stuff, like if I went to a friend who I hadn't told about this (referring to his experiences with trauma), who I know is like – I just know I – I wouldn't be able to talk to this person about it. It's a bad decision, and I would get a bad reaction, and that's what they say is that, what it is – something about talking to the trauma, our response to it is more about the reactions from others than our reactions to the trauma. And if others can do that too, if they can stop and say look this is – yes this is a bunch of stuff that happened to you, but this is what it's doing to you, and you need to not let this affect your life in this way, because it's not the soul of your life. And being able to separate those -That's kind of key." This aligns with the literature, in the power of conversation and listening to each other.

I believe we can change the world if we start listening to one another again. Simple, honest, human conversation. Not mediation, negotiation, problem solving, debate or public meetings. Simple, truthful conversation where we have a chance to speak, we each feel heard and we each listen well. (Wheatley, 2002 p.3)

Conversations both help to create and spread ideas and energy. "The belief is that we become what we inquire into" (Lewis, Passmore & Centore, 2011 p. 106)). Landon says that if we had deeper conversations, "then you can, first of all keep yourself from feeling in a negative way.

And you can sort of promote that and deal with it accordingly and hopefully influence people just to not act that way in the first place that would cause that issue.”

Emily says that as a practitioner, when she is listening to one’s story of trauma...”I think that you have to kind of throw out some of that academic stuff. I mean I’m - I’m very academic, You’d be, I like research, and I like to do that kind of thing – but I feel like I have to kind of sometimes shut that off, and just really listen and – and how would I just respond to this person – if they were telling me, cause that’s what they need. We just need a genuine response of, if you don’t know what to say, just aw that sucks. I’m really sorry you’re going through that. Do you know what I, like I think that um, it would make a difference to someone who’s been through trauma, just to um, see that, that it’s sad and that it’s tough. You know if, if you have a, this person in the field who uh, as soon as they have a disclosure get caught up and, okay well this is what we have to follow now, and we’ve got to make sure you’ve got this in place and this is – but just taking a moment to just um, be in that moment with them and be sad um, gives the person the message that, you know what this is tough, and I’m, and I’m happy that um, that I’m surviving, and yeah I just think it’s, a genuine response can make a big difference in terms of how they feel about themselves, like kind of knowing how to gage their own reaction, ‘cause I think it was like what we were talking about before.”

Emily says that when she told her story as a youth, she “just wanted someone to be sad with me, for a minute. “ She describes the impact of a time when she felt heard and knew a teacher was sad for her story: “I, and I, yeah I think that was probably the most helpful. Yeah like it was that, just all of a sudden we have an instant connection.” Emily questions the capacity for a therapist who has not experienced trauma to be able to genuinely respond and connect with someone who has. “All those people that I talked to that were really big influences on me, had something in common, they’d all been through trauma. And that’s not really something you can learn... it makes the real connections when you can just, someone you – you just look at them and you know that they understand....They all just kind of had a bit of a sadness to them, and so I – I was gravitating towards them, because maybe they, you know, You just got that kind of feeling and then, the people who – who don’t understand are very confused, like they’re just very like it’s – it’s like it takes a lot more explanation and I think I just picked up on that quickly as a kid. And then so just kind of I gravitated towards people who looked like they’d kind of been through something, as well.”

After sharing his story in the interview, Landon stated that “there are some influence, I mean and like I said, allowing me to be impartial, talking about it, it sort of – like I’m thinking about trauma when I first admitted to it, and dealt with it. It was a really touchy kind of subject, it was shameful and all that kind stuff, and it was really complex and difficult, and easier to ignore. Whereas talking about it with someone in a sort of impartial way, it was like okay this is

just something that people deal with. This is, you know, a – not a stumble it's a – it's a difficult step you want to take in life, it's just a – it felt more like I was talking about something – what's the word I'm looking for. Not expected or natural, but something that not – I'm like totally lacking the words here. It didn't feel like something on the fringe of what it means to be human, I guess. I felt like something relatable and something understandable."

"When I first talked about it, the very first time, I thought like this alien concept, like I was molested, oh my god. Like meanwhile here talking to you, it's just like so this is something that happens, it's not great. But this is my experience with it, and you know like talking about like, you know, anything, like having a nightmare or something like that, you know."

Landon describes the process of moving from feeling like an alien being, on the fringe of what it means to be human to being able to talk about it with more impartiality as: "Continuing to talk about it, not being allowed to not talk about it, especially with a partner like Emily, she's very – she's a very good person, and she's just very skilled in the field and so you can't really slip by her by falling back into old habits, or ignoring problems, she'll call you out immediately, she'll be like Landon, we've done this like 20 times, no let's talk about this. And so it's, it was really – yeah having a partner like Emily really helped. But other than that it was just becoming mindful, you know, like recognizing emotions and feelings and thoughts, I should say, so that when a thought came up it was a matter of why am I thinking about this? Oh that's why I'm thinking about this. Well why am I letting that do that to me, etc., etc., go on to like, just being aware of the mechanism that was keeping me. I think that trying your best to take away that stigma of shame and just not – not being so scared to talk about it, like openly and bluntly."

Landon says that he avoided telling the story by playing a lot of video games and that he "smoked a lot of pot too-I just there was a lot of – what's the uh what's the word? Not dealing with the problem and self- medication, lots of self- medication. In that sense. Um, yeah it's just realizing those were weaknesses and crutches and inadvisable."

Landon says he started to tell his story and stopped using numbing mechanisms when he said that by using these things, "there was no reason to grow or move past it, recognizing that helped me to sort of walk away from it and seeing it for what it was, just a screen for hiding that's all. Seeing where I was, just seeing that I wasn't happy and that I was wondering what's keeping me down, and realizing that nothing was keeping me down I was just keeping myself sitting in one spot, you know. It lets me pursue changes, and lets me consider a possibility of being, or I should say, lets me consider the possibility that even this natural state isn't necessarily a natural state, it's just the building block up to a natural state of being happy with one's self. Like it, before I felt like I was just on a flat piece of land and now it feels like I'm on rung of the ladder, a step ladder. And if others can do that too, if they can stop and say look this is – yes this is a bunch of stuff that happened to you, but this is what it's doing to you, and

you need to not let this affect your life in this way, because it's not the soul of your life. And being able to separate those -That's kind of key."

4. A Shared Experience

The fourth story shifter in the dimension of Relational Activity is how a shared experience facilitates connection and meaning. Landon and Emily talked about how vulnerable they felt in sharing their stories, especially early on in their disclosures. However, when they were met by the listener with similar expressions of emotions, where some form of vulnerability was shown, perhaps where a similar experience was shared, meaning was shared and co-created for them. They felt they were not alone in their story, in their experience, which helped silence the dominant discourse or Victim Voices and gave space to the Resilient Voices. This allowed for shifts in social constructions regarding dominant discourses, shifts in the story, identity and person agency. This also had a "ripple" effect in that others who heard their stories experienced a similar effect. Examples of this are the allegations against Bill Cosby and J. Ghomeshi, discussed earlier in Chapter 6.

Emily and Landon both talked about how hearing about others' experiences of trauma, either through textbook case studies in school, or hearing other's stories directly, helped give them hope to go on. They also said that having information and examples of how others coped with a trauma event showed them that they were not alone, and that the trauma event does not have to consume your entire identity. In fact, it can open up new alternatives. Knowing others' stories and having information about how others have responded to trauma showed them how others have thrived, and gave them this as a possibility for themselves they said.

Emily talks about the two way power in a conversation. The connection is felt by both the listener and the story teller. "Just all of a sudden we have an instant connection, like that teacher connected with me in that moment, more than any – any other student in the class it felt like, for me. Because she was, I don't know, maybe recognizing something that she had been through when she was my age. And it was like wow, I totally know what you're going through. And I just felt really connected to her in that moment. You could see it in her face, like she all of a sudden just – yeah. It just felt that mutual kind of connection. And then she remembered me for years, kind of thing...but at the very core, the feeling was I didn't feel alone anymore. And so whatever we can do to kind of foster that connection and help people to not feel so isolated and alone."

The two way connection in the social interaction, and having the self-reflection to be able to feel this as well as knowing that you are "helping" someone can further create connection for each person participating in the social interactions. Emily says that "probably my biggest – my biggest coping strategy was education and helping other people. And uh in a lot of ways, you

know, it's selfish because I get a lot of – I get a lot of good out of what I do. I – I feel really good when I can help a young girl who is mirroring my situation. But you know that's another coping strategy that can be a little bit dangerous. Because you know, like say that teacher had tried to bond with me in a way that was inappropriate. Or you know, relive her own experience. So I think that um, it's really healing to help other people in any situation. You know um, if I have a client that's particularly down, I'll even suggest they think about volunteering or mentoring youth, if they – you know depending on how far along they are. Um, because I think – that's always my coping strategy. Is connectedness, and I'm trying to connect, and I'm trying to help. And it just, you know."

The impact of telling the story in the Victim Voice, and how it becomes silenced while the Resilient Voices become louder are described by Landon when he says that if he did not get to tell his story to this interviewer, if he "froze and gave up instead of continuing to struggle to find the words", it would have "stunted his development and his goals, and not provide the motivation" he needs to keep telling his story. Not being able to tell story would create this "because it's – it's a limit, its shame." This aligns with the Victim Voice we heard so strongly in the first interview. "I think that trying your best to take away that stigma of shame and just not – not being so scared to talk about it, like openly and bluntly."

Landon says that if we had deeper conversations with each other in society, then "Well then you can, first of all keep yourself from feeling in a negative way. And you can sort of promote that and deal with it accordingly and hopefully influence people just to not act that way in the first place. That would cause that issue. Surely it's – this is extremely idealistic, but absolutely if people could actually – yeah, well I mean it's tricky because it's never going to happen in this life. Because there are people of varying values and varying beliefs, not necessarily in that structural sense, but in the first instance you know. Like there are people who think that women are less than men, so. When they talk about their experiences and want to be valued, it might be hard for me to value them. You know so there's, I guess I have a bias in the sense that I feel that there needs to be a bit of sort of re-education, in the sense that more people are thinking in more positive ways. I'm trying to avoid the term like education, but 'cause it kind of sounds brainwash and whatever, But like I said, socialist experiences. Just talk about it. Be real with each other. Stop stigmatizing it."

We know that the voices, whether dominant or resistant, arrive out of social context and interaction. They are not part of our "personality" but arrive out of a complex web of conversations and interactions. It doesn't matter what role one has in society, as teacher, mentor or therapist, because everyone has the opportunity to shift stories by offering their voice and conversation in a deeper, more meaningful way.

The Discursive Context Dimension of Culture and Linguistics

As mentioned earlier, the Discursive Context of Culture and Linguistics are the cultural and language aspects that make a difference by generating alternate discourses, often through relational activity. The Story Shifters include Knowledge Generation, Media, Social Constructs and Language. As we heard from Landon and Emily, this included learning about the signs, symptoms, and common responses of childhood trauma even from the current Social Construction and dominant discourse of it in the Western world, as well as the power and opportunity that educational institutions have in shifting the story using language and media concepts. This is the space where change can occur, and it may lead to more meaningful and perhaps deeper social interactions with each other. It may also lead to shifts in how we label, diagnose, treat and view trauma (the re-construction of it). As in the Relational Activity Story Shifter, the Resilient Voices become stronger as the Victim Voices becomes weaker or silenced as people realize they are not alone in their “suffering” and learn about how others have coped and maintained hope.

1. Knowledge Generation as a Story Shifter

Emily and Landon both discussed how important it was to have examples and role models where they heard about other people’s childhood trauma and saw that they were “successful” later in their life. We heard about the powerful role of mentors when we reviewed the Relational Activity (nature of the relationship and safety and trust) story shifter. They spoke about how impactful it was in creating hope that they won’t always feel this numb or confused, and in finding concrete strategies to deal with their pain that were healthy for them. These examples and role models were inspirational to them, and again slowly started to minimize the Victim Voice, challenge the dominant discourse on trauma and further experiment with a story that expressed more resilience and resistance in it. Emily and Landon were provided with knowledge that made a difference and models resilience.

Having access to knowledge about trauma and childhood abuse also contributed to this, as they both describe they no longer felt alone. Landon talks about the power in learning about childhood abuse in school (university), even if it came from a dominant discourse perspective, he said that it “provided answers for him on why it happens and why it keeps happening, how you think about it, how others deal with it.” It helped “put the pieces together” for him he says. This aligns with the Resilient Voice that we heard in the first interview but he explains in

the second interview that it wasn't just the knowledge and education, but also learning about how common the experience was with others as well as about how other people coped with it, and healed from it. "Just the understanding, like reading – just reading all about like mental illnesses and emotional distress, and all the stuff that comes along with it and trauma, and just the understanding there, so many people going through this kind of stuff. And there's so many people researching this kind of stuff, understanding how it happens and why it happens, and how it can affect people, and how people can let it stop letting it affect them. That it's just like okay this is not been some big scary monster that I'm discovering for the first time....You know just, this is something that people deal with and this is how they deal with it, and this is why it happens and why it keeps happening, and this is how you can think about it. I'd – you know took classes like psych and social development and social work, and stuff like that, so that's all you talk about. You talk about, you take case studies and you pick them apart, and you look at the details and you think about how other people are feeling, and you think about what people can, and what people have done. And just, you just see it outside of yourself, you see how others are doing things. It's just like anything else, like learning to ride a bike, you know, You see someone riding a bike, and you're like oh, so you sit and pedal, how you know, you sit on a bike and you pedal you know, and it's like okay, so it's not that scary." You can just do it, just knowing that other people know is – like, I guess the kind of contrast it with the experience with Tom (*the person who sexually abused Landon*), and understanding how that is, you know, he had no idea what he was doing. We didn't know what, like it was just bumbling through life. And then you see people who aren't bumbling and who are stopping and thinking and actually putting the pieces together."

Emily says that "I just think it was just good to see other people who could speak that same language that I was wanting to get, that you know, very emotion focused language that I just needed to hear." She further adds that "I think that it would have been really nice to at least have the knowledge that I have now and just tell that 13 year old about you know it's not your fault and that kind of thing, 'cause I think the guilt was what really messed up a lot of things in my life" maybe even just – the scariest thing is lack of knowledge. Like maybe even if they have the education around what that process looks like (referring to reporting abuse to the police) and, and understanding guilt and that it's not their fault that they're reporting, it's – it's the person's fault for initiating that and so letting them know that, you know, it's okay to do that."

When Landon explored his Resilient Voice and allowed it to be strong, he describes making a choice to keep the Resistant Voice strong and to silence the victim/shame voice. "And that was just a good way of being like, okay I'm going to stay over here now as opposed to out in the dark." Landon talks about what education in schools might be like if we integrated trauma language and knowledge into the curriculum. "Like if we're talking about in like a school

setting, like why aren't we spending a bit more time on education about, that kind of stuff, like we take like a sexual health and learn the biology of it, might as well be a science course, why aren't we learning about the trauma that can go along with it? The negative experiences that go along with it, right 'cause then it's sort of like getting a real education on it. So just getting used to it, like being normal, say it."

In his interviews, Landon speaks about the opportunity that drama provided for him in generating new knowledge. He describes how the drama teachers helped him use drama as an opportunity to experiment with changing his story a bit about who he was. He says he enjoyed drama because he was allowed to be somebody else for a while and try out different identities. Using drama gave him knowledge about what these different identities feel like, look like and how they further provide shifts in his relationships for him. Landon found the drama so powerful that he initially decided to study it in university and had aspirations to become a drama teacher himself.

Emily and Landon spoke about the role of the school system and classroom teachers, and other staff, in strengthening the Resilient Voice as well and shifting the dominant discourse on trauma. They both suggest that the school system/Ministry of Education should add to their health curriculum information about the role and impact of sexual abuse, gender roles, consent, language awareness, perspective and the labels we use, such as victim/perpetrator etc. They described how schools have an opportunity for demonstrating trauma in a different way, or as Emily stated "it's looking at victim vs. survivor, and we have to change those posters that we hang up where it's just this crying kid in the corner all alone. I think it needs to be something more like aspirational, like we see a kid who is past that then who has decided to come forward to talk."

Emily and Landon also referred to the therapeutic relationship and context as providing knowledge and education about trauma and other meaningful constructs that contributed to making a difference in shifting their identity away from the dominant discourse of trauma on this, into one that resonated more with how they saw themselves. Landon says that for practitioners to incorporate an alternative concept of trauma that does not align with the dominant discourse. As quoted in the above section, Landon says "if others can do that too, if they can stop and say look this is – yes this is a bunch of stuff that happened to you, but this is what it's doing to you, and you need to not let this affect your life in this way, because it's not the soul of your life. And being able to separate those -That's kind of key."

Emily articulates how the story shifter regarding the meaning of the response during the dialogue, under Relational Activity overlaps with the Cultural and Linguistics Elements context when she speaks about how practitioners need to know what to do with the knowledge they learn in school about trauma and social work, yet balance this with a compassionate and

genuine response. Emily says that for practitioners, “the most important thing is genuineness. Uh when we go through school um, you know we’re taught to be non, have a non-judgmental attitude, and we have to, you know, there’s a language that we’re taught to speak. And I honestly throw a lot of that out the window once I started to actually do the individual work, because there is no script. And if – and if someone feels like you’re putting one on, they’re not going to come back. The – the best work that’s done is when I can try to find a level of genuineness that’s appropriate. Um, and, you know, if someone asks you for advice, you know we’re really taught not to do that But if someone is – is asking me for advice, and then you’re wishing-washing and then going around corners, they’re going to get very frustrated. So I think it’s – it’s okay to just be a little bit – the reason that we teach all that stuff in school, is because we’re trying to teach people who are not going to be very good social workers, how to be decent social workers. And that’s the problem, like we’re writing it like a textbook. So that we just, we don’t have all these terrible unethical things happening. And there needs to be a different education process in general, we need to – we go to school as social workers and we – what we learn is how to write essays. I’m really good at writing essays, because I did it for five years. And like that’s what I’m really good at. But the, where I learned to do the work was actually doing the placements and the getting involved. And so I think that you have to kind of throw out some of that academic stuff. I mean I’m - I’m very academic, You’d be, I like research, and I like to do that kind of thing – but I feel like I have to kind of sometimes shut that off, and just really listen and – and how would I just respond to this person – if they were telling me, ‘cause that’s what they need. We just need a genuine response of if you don’t know what to say, just aw that sucks. I’m really sorry you’re going through that. Do you know what I, like I think that um, it would make a difference to someone who’s been through trauma, just to um, see that, that it’s sad and that it’s tough. You know if, if you have a, this person in the field who uh, as soon as they have a disclosure get caught up and, okay well this is what we have to follow now, and we’ve got to make sure you’ve got this in place and this is – but just taking a moment to just um, be in that moment with them. And be sad um, gives the person the message that, you know what this is tough, and I’m, and I’m happy that um, that I’m surviving, and yeah I just think it’s a genuine response can make a big difference in terms of how they feel about themselves, like kind of knowing how to gage their own reaction, ‘cause I think it was like what we were talking about before. I didn’t even know how to react or, I had such a confused reaction that it would have been nice to just see an example of a really genuine, you know response. Which is what I started to get when I met people along the way.”

Here Emily is telling us that the knowledge practitioners learn in school may be not the knowledge required in the therapeutic setting that can make the difference in shifting the trauma story and creating space for alternative meanings if the practitioner is not coming from a stance of genuineness, and instead following textbook or academically oriented responses. The knowledge is rooted in genuine care and concern, in emotions, not so much in an academic

response, at least to start. Emily reminds us of the compassionate response that is required before talking about more knowledge based or educational aspects of trauma, such as common responses or ways of coping.

Emily states that about her therapist: “She sees something really good in me” Emily states how therapy contributed to her healing by helping her understand neglect, trauma and abuse in a more psych educational manner, but also credits her therapist for enhancing her own clinical and intervention skills with her own clients, basically saying she “steals them from her.” We see that these connections Emily builds with others within the Knowledge Generation Story Shifter opens space for her Resilient Voice and perhaps brings out other lost voices where she can experiment in healthy and safe environment.

Having knowledge of trauma provided “turning points” for both Emily and Landon. They were powerful because they provided an opportunity to view their story from a different perspective and experiment with alternatives. It allowed them to explore and express different voices and helped minimize the Victim Voice. New knowledge is generated that makes a difference through relational activity within various knowledge giving or education based contexts, such as school/educational institutions and the therapeutic setting. Knowledge Generation provides space for the Victim Voice to become weaker or silenced as people realize they are not alone in their suffering, and learn about how others coped and maintained hope.

2. Media as a Story Shifter

How the media portrays trauma is also a factor in the story shifting process. When media portray messages of hope for people who are touched by trauma, and when it gives the message that trauma does not have to define you, then this can lead to a new construction of trauma and stories for people. Fear keeps people from on, from sharing their story and from listening from a stance of not knowing. Fear keeps us in a position of superficial dialogue that lacks personal meaning for those involved, where emotions can be expressed and explored, as discovered in the Open Up dialogue discussed earlier (Seikkula & Trimble, 2005). Landon shares that it was through dialogue and learning new knowledge from others about trauma that he started to ‘move on’, and opened space for him to make changes from the numbing and avoiding that he was engaged in previously through the obsessive use of video games, as well as through drugs and sexual relations. Instead of telling his story when he was younger, Landon avoided it, numbed himself through “self- medication” and pot, as well as through church and video games, but he “wasn’t happy.” He said he now sees what he labels as current “down times” he experiences just as this, and not his “natural” or permanent “state.” “Down times lets me think in other ways” and pursue changes. Landon is describing a state of FLOW, where shifts and changes are allowed in his identity and story. His Resilient Voice remains strong throughout the interview as he articulates his journey of self-discovery and shifts in

perspectives to allow alternate stories. “I just feel like I know myself better. I mean I have a better sense of identity, it’s not – I’m not self-actualized in any ways of course, but far from, but I don’t know. I – I just feel better about myself, even when I have down times, I still feel like I understand that it’s a down time and it’s not my natural state. And that’s just, I think that’s just key, that’s key to everything, ‘cause having that difference, being able to see that, that I’m this person not this person, just lets me think in other ways.” Landon is referring here to the process of how his personal agency and identity can shift from sharing his story with others, when their response is one that challenges the Victim Voices and allows the other Resilient Voices to grow stronger, and where their responses are not oriented in the dominant discourses of trauma but are providing space and opportunity for new meaning to be discovered, as Landon articulates above. This aligns with some of the literature reviewed in the chapter on stories and narratives that Michael White explored.

Emily says something very interesting about shame and guilt, when she talks about people who have experienced “trauma” not identifying as a “survivor” because they feel guilty for some of their perceived behavior that may have contributed to the response of the person who caused them harm. “So I think if we, that would be the big difference that we would see is just more relatability – and, and you know people well maybe even more willing to identify as someone who’s a survivor of abuse, because people don’t also like to admit that they’re ‘that woman’ or that child. You want to be normal for them.” She is explaining how we have a certain image or story about what a victim or survivor is, and most of us don’t identify as that person because of some of the shame and guilt felt.

In the Relational Activity story shifter, we talked about the role of mentors and how they helped shift the story and identity of the person who experienced a trauma event, in that they provided validation for how they saw themselves inside, their resilience, which further provided hope and space for a future that they envisioned for themselves. In Media as a Story Shifter, this can also happen in a similar manner, with role models. People who are successful can share their story of struggle and challenge so that others can see them for more than their success, they can also see the resilience and repeated attempts and set-backs in their struggle to success, or in building the future that is so prominent now. Examples of this occurred when NHL player Sheldon Kennedy revealed “publicly that he’d been sexually abused by James, his junior coach and mentor. Kennedy’s revelations led to James being convicted in 1990s and in 2012 for doing the same to other players, including retired NHL star Theo Fleury.” (Graveland, 2015). Another example can be seen in basketball player Michael Jordan who tried out for the varsity basketball team during his high school sophomore year, and failed to make the team because he was considered too short to play at that level. (“Michael Jordon”, 2015, June 14, “high school” para. 1)). He later played for the National Basketball Association (NBA) for 15 seasons and became known as the greatest basketball player of all time, was one of the most sought after people to market products and was known for popularizing NBA in the 80’s and

90's ("Michael Jordan", 2015, June 14, para. 1). Showing the struggles people have in their efforts to become "famous" or the struggles they had along the way, or even the struggles they currently have, can demonstrate to others how to move forward from challenges that potentially immobilize us, and display acts of courage and resilience. The Story Shifter of Media can help with this by showing people's struggles on their journey to success.

3. Social Constructs as a Story Shifters

Social Constructs as a Story Shifter in the Cultural and Linguistics Discursive Context, generate alternative discourses, often through relational activity. This is where shifts in the language we use to talk about trauma and the images and constructs portrayed in the media can lead to shifts in the re-construction of trauma and alternatives are opened up to possibility. This is the space where change can occur, and it may lead to more meaningful and perhaps deeper social interactions with each other. It may also lead to shifts in how we label, diagnose, treat and view trauma (the re-construction of it).

Landon provides us with more insight and reflection on how the construct of the Victim Voice can be maintained in society from dialogue and the dominant discourses, and how the Resistant Voices get strengthened sometimes as a result of this. "...I was sort of hardnosed to begin with, so when someone kind of – if someone were to tell me, you know you poor thing, you're a victim of trauma." We then hear the Resistant Voice fighting off the victim/shame voice: "You know that would, that pissed me off, I would have just been like don't call me a victim, that's something terrible happened sure, but I'm not a – like it's just a stupid way of talking about people who've been through trauma. Landon's Resistant Voice needed validation in order to silence the victim/shame voice. He explains the power in "sharing and opening with people who didn't talk that way, who didn't have that – for lack of better words – stupid perspective on trauma" in that it "just kind of reaffirmed how I felt with myself and how I talked about myself and my experiences, and yeah." Social connection and storytelling that provided space for the generation of alternative meanings were used to bring out these Resistant Voices instead of being trapped in the social constructs of trauma that were rooted in the dominant discourses around trauma.

Landon explains another way the Resistant Voice fights the Victim voice, using those around him: "hopefully, the people who are supporting that idea can stand firm, and can be there for you as a support to remind you of that in times of uh, not weakness – but in times of opposition to your beliefs, I guess." Landon is hoping that those around him can stand firm in the space of the alternate meanings that were generated when he becomes absorbed in the dominant constructs of trauma in his community. He knows if they stay in this alternate space, it will bring out his resistant and Resilient Voices again with strength.

The Resilient Voice also fights the Victim Voice by learning how to control his intrusive thoughts about the traumatic event. “You know that way I can stop them, and then when you stop the thoughts from becoming actions, then you can think about where did those thoughts come from in the first place, ‘cause it’s no longer so heavy that you can’t get past the emotions that are coming out of you, and you can look at it objectively and okay those come from this thing in my life, or these people talking about something in a certain way, maybe I need to find a new group of friends or something, and maybe I need to enjoy different things.” Landon is talking here about choices he makes regarding surrounding himself with dialogue as best he can that aligns with how he sees the trauma as not being the “soul of his life” but more an event that happened to him and doesn’t have to define him. When he is surrounded by discourses that are contributing to intrusive thoughts about his trauma, he knows he has a choice to leave that dialogue.

Landon talks about the struggle between the Victim and Resilient Voices over time. Landon says it’s important to know “just what makes you fall back into feeling like a victim, and then understanding how you can respond to it, in whichever way that may be. Yeah I think a good counselor is going to do that, but it shouldn’t just be the role of the counselor, it should just be the way people talk to each other.” Landon believes that we can shift the Social Construction of trauma through conversation with others, by telling our stories and listening in meaningful ways, and providing space for this with each other not just in the therapeutic context, but in any context.

Landon further addresses the struggle between the Victim Voice and how he wanted to see himself, vs how he thought society wanted him to be: “‘cause I think the problem was I – I felt like I was supposed to see myself that way (like a victim) and that’s why there was so much shame and hurt, is because you know – like I’ve talked about before you know, being the man with trauma too. It’s like it adds so much more to it, it’s like you’re never supposed to ever talk about that kind of thing. Um, so anyways the point is that, I didn’t believe that I was supposed to act that way, I just felt like there was some sort of, you know, that’s the way people were supposed to act kind of mentality you know. So I didn’t, I don’t know I just didn’t buy it and I didn’t buy it, it didn’t really feel that way I just felt like I was being influenced to feel that way by how I believed other people would think about it. So it wasn’t my feelings, I didn’t feel, you know, like a poor sap, I just felt like other people would think that I was a poor sap. But I didn’t like that so I fought that and avoided that, actually in (therapeutic) sessions. It’s just being able to see that it’s a legitimate perspective. You know, like it’s not just something you’re telling yourself, it’s something that other people also see and believe, and encourage, in other words, you know.”

This aligns with Emily's experience of surrounding herself with those who saw her in a way where the trauma did not define her, and saw other aspects of her beyond her pain and the "behavior" she exhibited because of it. In doing so, she emerged into the person she saw for herself, with a future full of hope and opportunity.

Emily talks about the social construct of gender and the meaning that was generated around trauma she experienced from a number of different angles that relate to gender. "Well I think just that what he (referring to the person who raped her) did was not okay. You know I think that was a very confusing one, but that somehow it was my fault um, because you know, just as a – a girl that's kind of the message you get, that this is something that – and then also that it was my – a much bigger deal that I had lost my virginity, you know, at such a young age as a girl. Yeah and I, I was very – I was sexualized really young, he wasn't – I mean he wasn't who I lost my virginity to, was not the – the boy who assaulted me. It was before that, because I was, that was what I thought my value was, I guess, as a woman. In one, in one piece. So I still have lots of very positive messages about being a woman but I there was still, that was what I had that was of value....I liked the shows that my brother watched that were very like, spoke about hot girls, and that was what I, like I need to be one of those hot girls...and I, usually ... guys have sex with me 'cause that's what they really want, so. Those are definitely some really-messages that can get you into trouble." Here Emily is talking about how her identity of being a girl, and the dominant messages she embedded in her life and behavior about them, created confusion for her regarding the rape, in that her value to males was oriented in sexuality.

Emily's gender as a girl and the social construct she co-created in her family as a daughter created further confusion for her in terms of her abuse in her family. She also said that "it's confusing for me in terms of looking at this more like child abuse that I went through, that was more like neglect, and things like that, because my brother didn't really experience that. Partially 'cause he was a boy, I'm sure, but also mostly because he had mental health issues, his Asperger's was very, we treated him much different. Like he was very coddled and taken care of." So the constructs Emily holds from her family about gender identity, daughter, brother, mental illness and Asperger's contribute to the "muckiness of trauma" and what meaning it holds for her.

Emily talks about what conversations might be had in our community in order to start to deconstruct trauma and create an alternative construct on trauma. She says, "I think that we need to – we need to start having some serious conversations...I think you know we just started talking about issues, like homophobia and same sex marriage, and transsexual, transgender, you know issues and – and – and violence against women. And I think those are the conversations that need to be had." She later talks about the need to have conversations in

schools with students and with teachers about sexual consent in the context of relationships. “We need to not be afraid to have those conversations in schools”

4. Language as a Story Shifter

Both Emily and Landon spent time talking about the power of how the language we use influences the dominant discourse and social constructs of trauma, offering opportunities to shift this through conversation and being more aware and mindful of the words we use. Landon became quite passionate when talking about stigma and language, especially around the use of words such as “molest” and “rape.” His Resistant Voice was strong as he suggested we “re-claim” these words and use them in their original meaning to keep them strong and defined with abuse and oppression.

Both talked about the role and label of perpetrator and victim, and the complexities in their roles and perspectives. Both discussed how we portray trauma in the media. Both discussed how gender can influence one’s response to trauma. The social constructs of these that they discussed aligned with the dominant discourse in trauma, and the Victim Voices that we heard so strongly when Emily and Landon shared their stories in the first interview.

The language and the words used in responses to one sharing a trauma story, and in conversations about trauma, are important as they convey the meaning and culture, the position that the speaker is rooted in, as we learned above in the literature review on discursive context. Regarding blame and categorizing perpetrators and victims and how to change the language we use when talking about trauma, Emily says: “I think, you know we need to challenge the um, perpetrator-victim language” She says that the men she is working with recently in a group setting for men who have abused others, that “I’m sure 99% of them have been through their own trauma. And so I think the perspective that needs to shift is not so much these are the bad guys, and these are the innocent good guys. You know how do we put these guys away behind bars and keep these ones safe and happy? It’s more like why do we have this culture of victim, perpetrator, violence. Why is it going that we feel like we can only get control this way? And so I think changing the – the, any kind of blaming, really um, when we’ve been through something like that, on the inside and outside, you know, the survivor also wants to blame somebody. I’ve always wanted to blame somebody. Because it’s just what we – there needs to be a bad guy here.” It is interesting to note that both Emily and Landon wondered if speaking to “perpetrators”, or those who “inflict” the trauma in this research would further help understand the factors on why this happens, but this focus is beyond the scope of this research project.

Landon talks about how we use words and the Social Construction of language related to trauma, especially regarding the words “molest” and “rape.” He is addressing how the way we

use words creates the constructs for them, and can hold different meanings, which can lead to “diluting” the way the word was originally used. Wittgenstein stated that “When a word is used outside of its usual context, then new meanings are created” (Heaton & Groves, 1994, p. 161). Landon talks about using the word “molested” and the negative connotations that have become associated with it. He talks about how the dominant discourse has watered down some of the language used by Resistant Voices, such as molestation, rape. He passionately describes how we need to re-claim these words to get used to them again and eliminate the stigma. “There’s just so much negative connotation to the word trauma, and so when we talk about it, we just feel like we’re talking about something icky and dark and gross, and that’s how people feel about themselves then. So stop doing that. Just talk about it as something that’s happened, and talk about it as an experience, just a part of life, not something that we all have to go through, but something that sometimes we go through. It’s not necessarily the language itself, like the word molested isn’t inherently icky. It’s what we’ve put onto it. So it’s not that we have to pick a new word, it’s just that we have to stop using that word in such a way that people feel weird about it. And one way is to just use it more, as opposed to hiding it, like you know, like the idea of not even labeling rape as rape and labeling it as sexual assault. Like why do you have to do that, why can’t you just use the word rape? Why are people so afraid of dropping the R-Bomb? Like it’s ridiculous. Um, so I mean in regards to talking about trauma, it’s sort of like in my case, you know, people who use the word molested are generally people accusing people of something, or people telling something really dark and shameful. Whereas I could just talk about an experience and say I was molested and people aren’t going to be, they’re not going to be weirded out by it, they’re just going to understand that it’s something that happens. Then we understand it as someone’s sequence of actions, as opposed to just – I don’t even know how to explain this...”

“Taking away the – oh what’s the – just people use that language also in like humor, or whatever you know. The dark humor. Maybe not doing that, ‘cause it’s sort of defeats the purpose. You know if you want to take something seriously, but you don’t want it to – like yeah we want to take it seriously, we don’t want it to be icky and dark, but we also don’t want it to be something that we goof off with. you know, we don’t want to, you know like – oh I raped that bucket of chicken, or something, like that’s, like why do you need to say that, and do you feel like you’re really using that word properly? And imagine you were, like you don’t even have to know that someone’s been raped, but like you were there with someone and you’re saying, I raped that bucket of chicken. How is that person going to think about the word rape? And how are they going to want to talk about it, and use that word? Sort of just – well you lose all meaning of it, first of all. Like you get that sort of shock humor from it sure, and that’s what it turns into, it’s like a prop. A prop for a bit. And it’s like you know you sort of, you – you de-generalize – or what’s the word I’m looking for? That’s not even correct. You – you sort of, you make it less real when you talk about the victim’s response to it, ‘cause it’s like some shady

figure did something to this person or this person just fell into the state of being molested or something like that.”

The Story Shifter of Language provides another opportunity to challenge the dominant discourses of trauma, and open new possibilities and hope for the future, through our relationships and dialogue with others.

Summary

“While we create our constructs, it is the world that confirms or disconfirms these meanings. However, we also form the constructs that we use to interpret the world’s confirmation.” (Leitner, 2012).

Through dialogue, as a relational and collaborative activity, “meaning and understandings are continually interpreted, reinterpreted, clarified, revised and expanded” (Anderson, 2003, p. 2). The data reviewed in this chapter showed what happens through this process in the discursive context with the Story Shifters, where new possibilities are opened and generated, and Emily and Landon were helped to “find ways to go on”, or as Wittgenstein suggests, finding ways to move forward and carry on (Wittgenstein, 1953).

This chapter reviewed the Story Shifter Framework, which was generated out of the first and second interviews, where the Victim, Resistant and Resilient Voices that emerged in the first interviews were put into context with the second interviews to help us better understand how trauma narratives can shift, and what dimensions of the discursive context contribute to this.

The Story Shifters provide the opportunity to connect with others, and shift the story carried by others so that alternative voices can be strengthened, such as Resilient and Resistant Voices. This further can shift the dominant discourse and language. All community members have the opportunity to do this, not just teachers, therapists or mentors. We are all Story Shifters...

The next chapter reviews the meaning that the Story Shifter Framework holds for others in my community, to help us better understand its’ application and purpose.

Figure 1 below shows the flow and process of the dimensions of the discursive context and the influence of the Story Shifters to open space for new meaning, stories and identities to be explored. Figure 1 also shows the process of how the dominant discourse of trauma can begin to be deconstructed, the Victim and Resistant Voices can be decreased or silenced.

Figure 1: Story Shifter Framework

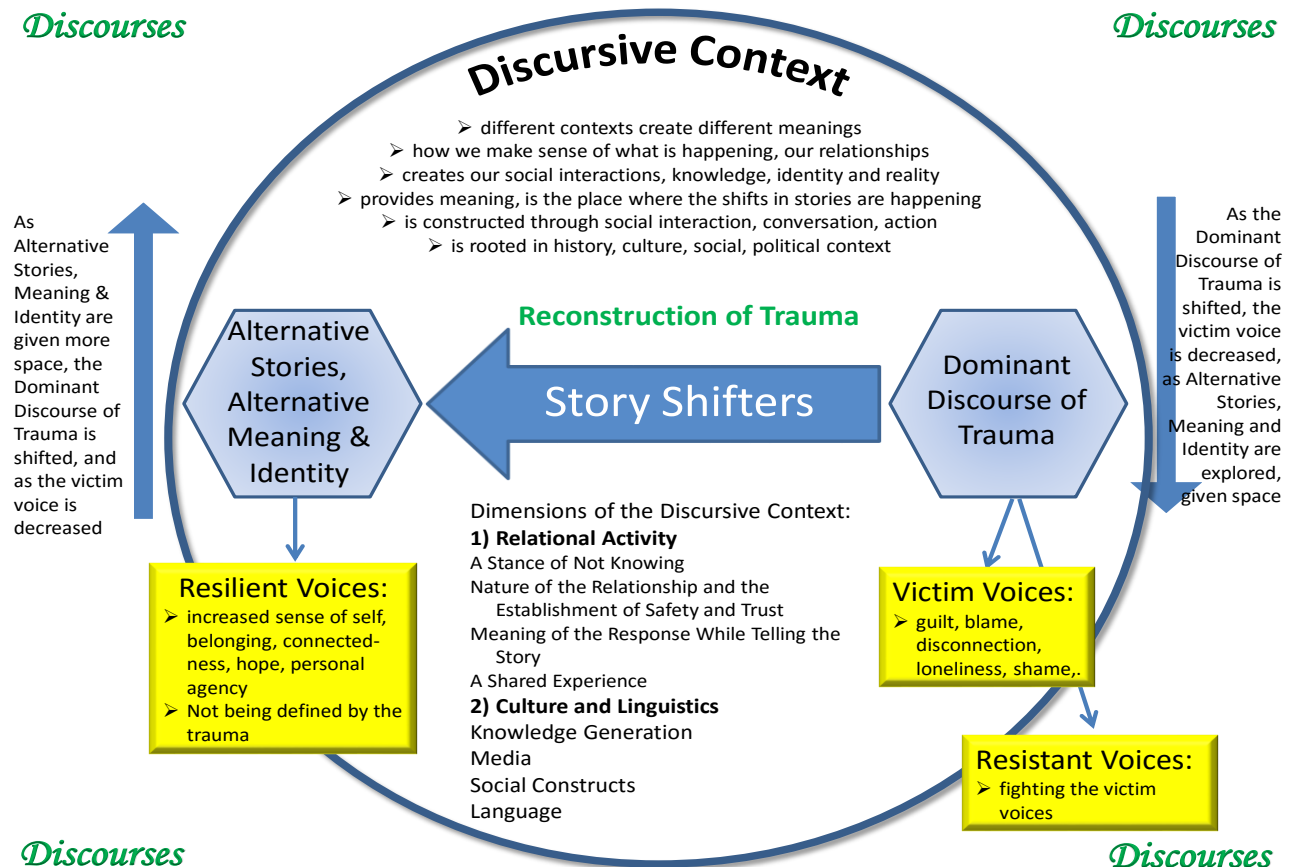


Figure 1 shows the flow and process of the dimensions of the discursive context and the influence of the Story Shifters to open space for new meaning, stories and identities to be explored. Figure 1 also shows the process of how the dominant discourse of trauma can begin to be deconstructed, the Victim and Resistant Voices can be decreased or silenced. This opens up new space where we can potentially reconstruct the meaning that trauma holds not only for the story teller but for our community and society. As Resilient Voices grow stronger, and identity is shifted away from one rooted in trauma, new meaning is created, along with hope, stronger connections, an increased sense of belonging as well as a sense of personal agency that holds hope for the world.

The dimensions of the discursive context in which the Story Shifters are at work contain two categories: Relational Activity, and Culture and Linguistics. Each have specific Story Shifters that can potentially contribute to shifts in creating alternate meanings, identity, and stories. It is not necessary to have both discursive context dimensions and their Story Shifters present in order for shifts to occur. Both discursive context dimensions and their Story Shifters are rooted in relational activity but have specific factors within this that further contribute to story shifting activity.

Relational Activity in the Story Shifter Framework refers to any meaningful social interaction, both verbal and non-verbal, that contributes to making a meaningful difference in one's sense of belonging, sense of connection or personal agency or identity, and where space is opened up for the trauma story to have alternate meanings that are not embedded in the dominant discourses of trauma. Sharing the story with others while engaged in relational activity that is meaningful to those participating provides meaningful connections and social interactions especially in safe and trusting relationships, such as those with close friends, practitioners and mentors. This process generates an opportunity to experience alternative perspectives and creates pathways for Resilient Voices to become stronger, whereby they could be expressed, explored, validated further etc. In turn, the Victim Voice of the dominant discourse of trauma can be minimized, silenced or transformed. The Story Shifters for Relational Activity include: a Stance of Not Knowing, the Nature of the Relationship and the Establishment of Safety and Trust, the Meaning of the Response While Telling the Story, and a Shared Experience.

Culture and Linguistics: The discursive contexts of Culture and Linguistics are the cultural and language aspects that make a difference by generating alternate discourses, often through relational activity. The Story Shifters under Culture and Linguistics include Knowledge Generation, Media, Social Constructs and Language. Culture and Linguistics are grouped together here because of their connection to each other and the way the Story Shifters interconnect with each other. For example, media occurs within a culture's social constructs, language is determined by social constructs and media, among other factors. Knowledge generation also occurs within a culture's social constructs and uses a language informed by the culture. All the Story Shifters here connect and relate to each other within the discursive context of Culture and Linguistics.

The Story Shifters are generated, and shared, through language and often through media, that were unknown previously to the people involved in the relational activity. It is different knowledge that makes a difference. It can occur in the educational or therapeutic setting, or in social interaction where experiences are shared which in turn generate new knowledge for those involved that contributes to making a difference. The new knowledge can come from images and constructs portrayed in the media, which potentially lead to shifts in the re-

construction of trauma. As we heard from those interviewed, this knowledge included learning about the signs, symptoms, and common responses of childhood trauma even from the current Social Construction and dominant discourse of it in the Western world, as well as the power and opportunity that educational institutions have in shifting the story using language and media concepts. This is the space where change can occur, and it may lead to more meaningful and perhaps deeper social interactions with each other. It may also lead to shifts in how we label, diagnose, treat and view trauma (the re-construction of it). As in the Relational Activity Story Shifters, in the Culture and Linguistic discursive context, the Resilient Voices become stronger as the Victim Voices becomes weaker or silenced as people realize they are not alone in their “suffering” and learn about how others have coped and maintained hope.

The two dimensions of the discursive context have “facilitators” to assist the story shifting process described above. These facilitators may be a person, such as a mentor, practitioner or a clerk at the grocery store, who may hear a part of the story, or the entire story, and their response adds a “nugget” or “kernel” which allows the story to shift to one that offers possibilities outside of the Victim Voice. It may assist the Resistant Voice to be a little stronger, or bolder, in resisting the dominant discourse of trauma. It may lead to further story-telling, connections or social interactions that further explore these non-victim aspects of the trauma. As this happens, the voices within the Victim Voice, such as loneliness, shame, guilt, powerlessness, lessen, while feelings of a stronger Resilient Voice may emerge.

Other facilitators could be information, knowledge, education, the media etc. that provide alternatives regarding language that move the discourse into one that generates alternate meanings away from the dominant discourses. Facilitators could just be the space, the context of the discourse as well. It is in the moments of the discourse, in this space, that the story shifting process can occur. The moments are usually moments over time, moment by moment, as opposed to one grand life changing moment. The discursive context is happening in society, in the conversation context, not just to individuals involved in the process or conversation. Anyone can be a facilitator to this story shifting process; clinical expertise or therapeutic training is not required as this is not the relevant aspect of the response that shifts the story, although story shifting certainly can occur in the therapeutic context.

Figure 1 also shows how we might know Story Shifters are occurring. When we see the Victim Voices (guilt, shame, loneliness etc.) lessen in strength, even if just for a moment, and open up space for the other voices. The Victim Voices embody a way of being, a way of living, and a certain identity. It silences the other voices. The discursive context and facilitators can open up space for other ways of being, where the non-Victim Voice is embodied. Growth, happiness, positivity, strength, resilience can emerge.

Examples of the interplay between the Voices highlighted in previous chapters and the Story Shifters explained above can be illustrated through Landon and Emily's story. Landon resisted the Victim Voice but numbed it by playing excessively with video games as well as by using drugs and alcohol, but this did not open up space for the other voices to emerge. He then engaged in different positions in society, different contexts, where he could test out alternative identities which led to shifts in his story about who he was and what the trauma meant to him. He reports that education and information were pivotal to him in creating alternatives to his story as well.

Whereas Emily resisted the Victim Voice as well but had a strong Resistant Voice until the Resilient Voice emerged and stayed stronger than the others. This happened through the role of mentors and the Story Shifters including the Nature of the Relationship and the Establishment of Safety and Trust. The Meaning of the Response as a story shifter and a discursive context that was not rooted in the victim identity also helped create an alternate story. As soon as Emily's story was validated by a person, or space or context, she thrived a bit more and a non-victim identity emerged a bit more.

Chapter 11 The Meaning the Story Shifter Framework Might Hold for Others

As outlined in Chapter 7, a series of focus groups were held to further understand the meaning that the Story Shifter Framework might hold for therapists in their work with trauma stories as well as for community members. In addition, several other individual and group feedback meetings were conducted with key people who I believed could articulate what meaning might be generated by the Story Shifter Framework because of their experience as practitioners, and/or persons who have experienced trauma and the treatment system. This chapter reviews and summarizes this feedback as a means of presenting the data from the focus groups and others who offered input. The meaning of this feedback is further elaborated upon in Chapter 12 in various sections, including the potential application of the Story Shifter Framework to other settings, including the clinical setting, as well as limitation of the Story Shifter Framework. Recall that Chapter 7 outlines the process for how the focus groups were held and contains the information about how the data was collected.

This chapter first reviews the feedback on the Story Shifter Framework from a family who has experienced intergenerational trauma and more recently, are living with a young adult son who is recovering from a serious drug addiction. The interviews with the practitioners follows and offers interesting alignment from their perspective between their clinical experience and the Story Shifter Framework. The next section in this chapter reviews the feedback from the first focus group, as well as individual feedback received in written and verbal form from the participants. This is followed by the feedback from the second focus group regarding the meaning the Story Shifter Framework holds for them. There was not individual feedback from the second group (although it was offered). Feedback on the Story Shifter Framework is then summarized from the focus group that was held with practitioners at a trauma conference. The final interviews with Emily and Landon are outlined next, followed by the summary of the focus groups.

The following briefly explains how the summarizes were generated from the data collected: In reviewing the conversations from all feedback sessions and community forums, statements that aligned with the Story Shifter Framework are highlighted in the section below, along with those that did not align or offered a different perspective or caution. Feedback was also recorded in this chapter that offered an interesting perspective on the Story Shifter Framework or seemed to provide comments that furthered developed the concepts of the Story Shifter Framework. The data collected from the focus groups as well as the data from the family and practitioners interviews is summarized in this chapter and organized according to each focus group and interview held. Comments were gathered through audio-recordings as well as through written

recorders who volunteered for this, at each table during the focus groups. Comments were summarized by this researcher from this data and all views that were stated are presented in this chapter.

It is important to note that the feedback sessions were conducted to offer the meaning of the Story Shifter Framework in my community and is not considered to be a separate or additional research study. Also, recall that Chapter 7 outlines the methods used for the focus groups regarding the procedure, process for data collection and questions.

Feedback on the Story Shifter Framework from a Family and Practitioners (who were not part of a focus group)

I met individually with several practitioners who have experience working clinically with people, both adults and children/youth, who have experienced significant childhood trauma. I also met with a family who experienced several generations of various types of trauma and helping systems. The people interviewed here are my colleagues from my community who had expressed interest in the Story Shifter Framework, and who work with people who have experienced trauma.

The family that was interviewed has been dealing with a young adult son who has struggled with addictions for 10 years, since he was 16 years old. He has not used drugs for over a year. He recently completed court ordered treatment at a facility and was finishing his final month of house arrest at the home of his mother and step-father when the interview took place in April 2015. Brandon and his family provided consent for their names to be used in this dissertation. Brandon said that he could relate to the Story Shifter Framework on several points, the first being that it was helpful for him to see “other people in similar situations who were brave enough to share that their trauma story built them to be better people.” They did not present with shame in their story, and were presenting as “healthy people who were not scared to say what they have struggled with.” Brandon also said he could relate to the concept of “needing a new poster child” for trauma, as he thinks one is needed for addictions as well where heroes and role models tell their story about what they went through. He said too often we only see and hear only the happy parts of peoples’ lives and he thinks it would be helpful if public mentors and role models, such as athletes, told their story of success by including how they got there through struggles, especially if those struggles included adverse childhood experiences. Brandon said that his “trauma could still destroy him” and he needs to hear more stories of success from mentors and role models in the media and his life.

Brandon’s mother said that she could relate to the Story Shifter Framework, in that as a parent of an ‘addict’, her voice is silenced and she feels victimized. She said that “because of the

dominant discourse of addictions”, there is “too much shame” and judgment from others as well as those in the addictions treatment system to receive the support she needs “so I keep it inside.” She said she feels “stuck” in her story, and “can’t find the path to the other side.” She said in order to shift into healing, she needs to talk more about her feelings and share her story in a context where “someone would receive me in a way that shifts my story” (referring to the Story Shifters and the discursive context). She said she wants “someone who wants to hear her story rather than try to fix it”, which lacks safety and judgment. Brandon’s mother spoke about the parent support group that they attended while he was in the treatment facility, and said that there was “too much advice” from both the leaders and other participants as well as too much blame on the parents. She said “it is not helpful to hear what they did wrong” and instead just needed validating responses, without answers since “no one knows how to do it” (meaning there are not right answers and no right way). This aligns with the Story Shifter Framework and was validating for her to hear about the dimensions that generate shifts. She said in her experience, the addictions treatment system was rooted in the dominant discourse of addictions and she views addictions from a different perspective, so it created tension and conflict within the group. The mother’s perspective was very similar to the ones that we heard about trauma in the data collection and in the family interview, we talked about how the dominant discourse of trauma and addictions are very similar.

Brandon also said that because of the dominant discourse of addictions, he is a lot more open about his addictions when he feels he has some success in his life and is “well.” However, success in the dominant discourse of addictions is defined as not ever using; otherwise you are considered a “failure”. Brandon said if he relapsed, he would have a hard time holding onto his successes as his entire identity would be rooted in this failure focused addictions discourse. Again, this is similar to what we heard in the stories of trauma and it seems the meaning of the Story Shifter Framework on trauma can be extended to addictions.

Brandon’s mother said that the meaning the Story Shifter Framework holds is that it “provides hope to people who feel there is no way out, for those who are stuck.” She said right now it feels like there is “nothing out there to help” and that they are made to feel like “failures” the way the discourses are now about trauma and addictions. She said that harmful conversations like that need to be “shut down” and “to move forward, space needs to be created to let parents speak and be heard.”

Brandon’s mother experienced horrific childhood abuse herself and has been able to find hope and a future that is successful for her. She said that the challenges of dealing with a son with addictions was much harder than her childhood trauma, because of the blame and responsibility focused on parenting within the addictions treatment system. She said she is constantly questioning her parenting over the years, wondering “did I contribute?” (referring to

the cause of the addictions), “could I have done something differently?” She said that “the one thing I knew for sure prior to the addictions was that I was a good parent and now I don’t know if I am, as I can’t say that with the same conviction.” She questions now the Social Construction of what it means to be a “good” parent, and talked about how, according to this construction, if a parent did contribute to their child’s addiction somehow, would it mean that parent was “all bad”? She said the hardest thing about dealing with her son who has an addiction is that she had to consider how she would cope if he died. She “had to face it and plan how I know I would cope” so that she knew she would be OK if something dreadful happened. She said that one time her son told her to never trust him when he is addicted as he is not the person she knows, saying he would even “shoot my grandmother for my next fix.” Brandon’s mother concluded with the following comment about the Story Shifter Framework, “where could this be useful? Where couldn’t it be useful?”

Interviews with Practitioners

In the individual interviews with practitioners, one said that the Story Shifter Framework made sense to him in his experience as a therapist, as he repeatedly saw how “trauma roots people in their identity of victim.” He said that upon hearing a trauma story, especially from a child or youth, the two most effective Story Shifters he has found have been to “validate the story” and clearly say “it’s not your fault.” I think in the interviews for this research we definitely heard the meaning and value in validating the story but there was less emphasis in the data on the value of saying “it’s not your fault.” This would fall under the Meaning of the Response story shifter where the person feels that the responses from the person hearing their story are not rooted in shame, blame or comments that create distance or isolation.

A childhood trauma play therapist said that the Story Shifter Framework “fits for people who are resilient” and will also “help those who don’t have many protective factors and who can’t “naturally” get these on their own (through resources and opportunities). She said the Story Shifter Framework “normalizes the responses to trauma” that so many people have. She wrote a series of children’s books to help children and youth understand mental health and trauma through a narrative lens for she said that she “sees the world through stories”, so this approach fits for her. She said that she “never thought of it that way” when referring to the role that community members can hold in shifting the stories of trauma with others. The story format “is a beautiful gift we give to ourselves so it can be changed and can have heroes and villains in it” to help us process and understand ourselves better. She tells a story of how her father, a now retired but prominent psychologist in our community, worked in the prison system and always talked about how everyone has a story and sees themselves through their stories but beyond their crimes in that we are more than our actions and behaviors.

A fellow Social Constructionist and therapist (Ellen Crump) said the Story Shifter Framework reminded her of how “we move from being a bounded being to a relational one in that we have relational resources and structures if we are stuck in a trauma story”. The Story Shifter Framework also externalizes the event in that there is an external explanation and it removes some of the individual blame. She said this will make a huge difference to those who are holding on to their trauma stories. “Hearing about the resilience will make this meaningful to those who have experienced trauma.” She wondered if a therapist could utilize this Story Shifter Framework in practice with clients in part as a psychoeducational piece to explain dominant discourses and narratives. It also could be used in sessions to bring awareness regarding the story the client is telling and to explore alternatives as well as the pathways to these. It can be used to increase self-reflection as well as in knowing the binary nature of the dominant discourse regarding trauma. In the interview, we explored what meaning the Story Shifter Framework might hold for youth, since this is her primary focus in practice with clients, and said that it might be more challenging for them to understand the contextual influence and level of consciousness required to make change due to their limited ability to self-reflect in early adolescence. However, she liked how the framework has space for mentors and community members, such as hockey coaches and teachers, who could be a youth’s “model of consciousness”.

Conversation Summaries from the Community Focus Group #1

A focus group with community members was held on April 28, 2015 at a local public library on the meaning the Story Shifter Framework holds for them individually and collectively, as a community. Summaries of the conversations are captured below:

A summary of the table conversations from one of the tables shows that the concept of sharing a story of trauma in a safe environment outside of a therapeutic setting resonated with people. This aligned with their experiences especially in volunteer work with homeless shelters, reading clubs and refugee centers. “We all could see ourselves fitting into these roles in these environments.” They strongly believed that the community “provides the therapeutic support” and that this framework provides the concepts and language so that people have the tools to help. This table reported that we all have a role to play in trauma story shifting but that people are often “fearful of saying the wrong thing” in response to hearing someone’s trauma story. The Story Shifters can provide some guidance and reassurance around this. A caution arose from someone with clinical experience regarding what she called “flooding” and ensuring that there are safeguards in place with the Story Shifters to ensure that people do not decompensate from telling their story. “This is especially clear if the client does not have the necessary supports in place to deal with the memories and associated feelings.” I was present at this table when this conversation arose and wondered if the decompensation might be most

at risk to occur when the responses and discursive context are rooted more in the dominant discourse of trauma rather than the alternatives where hope and new meanings in resilience and identity are generated. Nevertheless, it is a caution that needs to be considered and one that the therapists in the room said community agencies are aware of when people are asked to tell their story repeatedly when receiving community services.

Another table talked about the words the focus group generated during the presentation when asked about what words come to mind when we say the word “trauma”, and why we don’t include resilience and growth oriented words to this list. “Trauma is the event and you feel all the words that align with the dominant discourse of trauma and only after you talk to someone can you start to feel and hear the other words” (that align with alternate views of trauma and resilience). One participant said that the words associated with the dominant discourse of trauma “will eat you up” without the other resilience and growth based words. The participants believe that teachers, coaches and others can help shift trauma stories with others but that they might “need training regarding how trauma mentors can help.” “Anyone working with children can help them get the help for their trauma; they can lead you to get the help for your trauma.” They also said that this could eventually lead a person to consider seeking the help of a therapist to further assist them in their story shift. They said “what’s sharable is bearable.” This table also talked about how doctors and police could benefit from learning about how they can be Story Shifters since they interact with people frequently who are often exhibiting responses from adverse childhood experiences.

One of the tables talked about how strongly parents can influence the story of their children, and how important it is for other people, such as mentors, in the child’s life to contribute by offering alternative stories for them to consider that they may not hear from parents. They also said that “there is a lot that community members can do” regarding their “awareness of the impact of trauma” and “their role as a mentor.” The value of understanding how trauma impacts the brain and development, as well as the role of social-emotional learning was also emphasized. It was also highlighted that it is important to share other stories in people’s lives, not just the trauma stories in order to further help people shift away from having the trauma event define them. This table also said that in listening to a trauma story, “something can happen to the giver as well in that creating a new narrative is life-giving.” This is an important acknowledgement that the story shifting process can happen two ways in that the person receiving the story experiences shifts in their stories too. This aligns with what we know about dialogue being co-created by the participants and does not have a “teller” and a “listener” but both parties generate the conversation and have shifts happening.

The last table shared that the Story Shifters offer the meaning of a “sense of comfort and security” in guiding people on how to “positively respond” to a conversation about trauma.

Story shifting can move people to a “place of more acceptance and understanding of the trauma” they said. The table said that the Story Shifter Framework holds value in many settings for many roles, such as friends, family, partners, coaches, churches (especially regarding youth groups), bus drivers, doctors, media models, employers, neighbors, teachers and in support groups. They also said that the Story Shifter Framework can be used to “help change the view on other things in our society” and mentioned how song lyrics can even make a difference in creating this shift. The Story Shifter Framework can help change the view on how people react and response to trauma, and how our perceptions can add to or change a view.

After all the tables presented their summary of the conversation, a dialogue began spontaneously about how to spread the word about the value of the Story Shifters in our community. The participants particularly targeted hockey coaches, librarians, teachers, and other community members who have a presence and influence with children and youth. The group talked about how the value of mentorship resonated with them, and wondered how to ensure that those in the role of mentors in our community or those in official mentorship roles know about the influence of Story Shifters and the possibilities for this within their roles. Coaches and mentors in the community who attended this forum talked about the restrictions of their role in that they are not allowed to express their compassion in a conversation with a youngster through a gentle touch (such as on the shoulder or back). One participant who is a hockey coach said that in their training, they are told that they are not even allowed to talk about emotions or anything other than hockey with the players. He said he doesn’t always follow this rule in order to provide what he believes the boys sometimes need regarding encouragement or support. It was explained that this is more about liability with the hockey association but one person questioned whether this was rooted in “just plain fear” or “not trusting one’s ability to (be able to) help.” This year the hockey associations in our community are providing suicide alert and prevention training to many hockey coaches to equip them with the skills required to engage with the players in dialogue should there be concerns about suicidal ideation. This is a promising step in the right direction for the future.

The discussion by the forum participants also talked about how government Ministries are funded separately, which affects how services are funded, which can lead to working in silos instead of collaboratively, which further impacts how to disseminate knowledge about the Story Shifters across our community and the social service system. There are systemic barriers and large organizations who have frameworks for disseminating knowledge such as police and school boards.

One person said the value of the Story Shifter Framework for her is in “the permission that we do have a role to play and it can be a critical role especially in the lives of children, and I think other people will find the value in this, especially in the school board”. She said “there is a lot

of fear that they will fall apart on me if I talk about the trauma. Now we know it's ok to talk about the trauma in this way." One of the youth in the forum mentioned that she noticed one of her teachers has a small sticker on his desk that says "Depression? Anxiety? Suicide? You can talk to me." She said she found reassurance in this for herself and her classmates, and liked how subtle yet obvious it was in the classroom. We talked about how this "comes back to relationships" and the power and value in this in shifting stories.

The forum participants began to talk about how to incorporate this story shifter model into our community, and talked about some programs that are starting to emerge that recognize the value of non-professionals and community members in the role of children's lives, as mentors and meaningful people who can help make a difference in the life of a child. I also suggested that there are existing frameworks that we could build upon or apply in "spreading the word" about the Story Shifter Framework, such as train-the-trainer models and scaling up practices in implementation science. One participant also mentioned the increase in awareness over the last 20 years about bullying awareness and how this has made a difference in schools and our community. She suggested perhaps efforts to share information about helpful trauma responses could follow a similar implementation framework.

Conversation also highlighted the role and value of relationships in how they make a difference, regardless of the role the person plays in someone's life. There seemed to be an interesting "bonding" that happened during this forum for at the end of the night, as people were leaving and still engaged in conversation about the meaning of Story Shifters for them and the community, they began to identify themselves and/or each other as a "story shifter." For example, one of the trauma therapists told the person who is a hockey coach that she "knows he is a Story Shifter" after hearing him talk about how he works with the players on his team. She later identified to me that she is a Story Shifter as well and felt validated by this forum, for the concepts presented along with the Story Shifters provided confirmation for the work she is doing with clients in sessions. She said that "now I have a language for what I've been doing all these years."

Individual Feedback from the Community Forum #1 on the Story Shifter Framework

As mentioned in the methods section in Chapter 7, community forum participants were encouraged to individually record their thoughts and submit them as feedback if they did not get a chance to reflect upon the Story Shifters as much as they wanted or if they didn't get to

say everything they wanted. Participants mentioned which parts of the Story Shifters resonated with them and talked about what they were further curious about. One participant mentioned how valuable this could be for the police department, so that they are not “arresting behavior” and instead dealing with the situation from a more contextual lens. A therapist in the room questioned how just “listening to someone’s story” could be healing in that it seems to her that this “over simplifies or minimizes the pain.” On another note, she also said that since bullying prevention models are well established in our school system here, if this story shifter model could be seen as an “entry point into encouraging professionals and counsellors to allow open dialogue about past trauma.” Another participant shared after the forum that her son and daughter both experienced a serious trauma event and she always worried about the life long impact, and became worried when hearing about the research results from the Adverse Childhood Experiences Study in the presentation at the forum. She said she quickly found hope and reassurance in the Story Shifter Framework and was glad it presented a positive and optimistic outlook for the future of her children. Other participants said “What a relief! Knowing that trauma hasn’t permanently damaged/destroyed one—that’s there’s hope and strength and growth ahead.” “It’s so hopeful and empowering to community members and helpers” said one participant. Another said “while I’ve long been a story shifter, this has deepened my journey.”

One participant who works at the local school board with immigrant and refugee students said that they create story books about the students’ journey to Canada for newly arrived refugee students, to build English language capacity but also to provide an opportunity for them to share their story. These stories are often filled with narratives of trauma, threats on one’s life, and multiple losses of loved ones, friends and culture. The teacher said that she tells the students that “you decide when and how your story will end”, in that they decide what parts of the story and journey they want to include. She said that this aligns with what she heard about in the Story Shifter Framework, in that people have choices regarding the stories they tell themselves and share with others. She also said that in the community, there are many role models and mentors working with these students, who are youth or young adults and have come to Canada alone, without their families, and are unfamiliar with how to live in a dwelling that has electricity, running water, shops nearby, and they don’t know how to use money, the transportation system etc. The role models and mentors provide them with this guidance and the teacher said that “the Story Shifters are happening here organically with these kids.” She provided an example of how the community and school staff stepped up to create a plan to ensure the student’s days were structured and supervised, in the event of a potential teacher’s strike threatened earlier this year.

Another participant described in a conversation to me after the session that his mother was raped when she was a young girl by her adoptive father. She told her mother but was not

believed. The participant said he remembers his grandmother telling him, his siblings and other relatives that his mother was “crazy”. They believed the grandmother’s stories about how his mother lied. The participant said he wishes he would have known back then about the Story Shifters and the impact of the dominant discourses of trauma in order to perhaps validate his mother’s experience and lessen the impact of the dominant discourses of trauma.

Conversation Summaries from the Community Focus Group #2

The first focus group was very positive in their feedback about the meaning of the Story Shifter Framework. Several people wanted to attend the first focus group but were unavailable, so a second focus group was hosted. Summaries of the conversations are captured below:

The themes that emerged from the first table included how positive this framework is, that anyone can be a Story Shifter and that this really does “move you away from the trauma.” They provided several examples of how this was helpful or could have been helpful in their lives or in the life of someone they knew. They mentioned however, that Story Shifters could take you further into the dominant discourse of trauma if one stays on that side of the framework. The first table conversation also questioned what happens when “kids don’t make it”, in that they completed suicide. They questioned if some kids “just can’t be saved.” This generated a good conversation about the strength in the dominant discourse of trauma, and how Story Shifters can work “either way” to reinforce the dominant discourse or to provide alternatives. This table also talked about those who go on from their trauma to become bullies or perpetrators, and how Story Shifters could be used in these situations to build resilience and “prevent them from becoming abusers and perpetrators. We know bullies were often bullied, and what can we do to interfere in this connection?” The conversation concluded with a focus on the school system and how to implement the Story Shifter concepts into learning in schools “so that people who don’t see themselves as Story Shifters and really are, like teachers, janitors, can help someone to come through trauma, and has this awareness.” They talked particularly about how to increase the knowledge of trauma for those staff in the school board who do not have experience with trauma, so that they can provide compassionate responses and be Story Shifters. We also talked about including the student voice more at the school board as well as how to better connect students to wellness efforts across the school system and community.

The second table’s conversation highlighted an example where they thought the Story Shifter Framework could have been useful in prior generations because trauma wasn’t talked about. They talked about the role story shifting can play to help the next generation “believe that it’s OK to talk about trauma.” They cautioned that the generation gap and even culture can be an “obstacle” in these conversations, where sometimes “we just don’t talk about these things.” The table conversation said that this framework is useful to “change someone’s life and change

the dominant discourse” of trauma, but acknowledged that there can be systemic or legislative barriers to the types of conversations one is allowed to have in certain settings. A participant stated that “I really like that you said that everyone can be Story Shifters. There is stigma against going to counsellors/social workers, many people’s first disclosures are with people who are not clinicians.” “A lot of kids spend more time with teachers and coaches than with their family.” One person cautioned about telling a teacher and how she would not have done this when she was a student because then her teacher would know about it and she would worry throughout the entire class what the teacher was thinking about her regarding her disclosure.

After the table conversations were summarized and presented by the table speakers, the conversation spontaneously emerged to engage both tables together. Here people talked about their own experiences with life, and death, and how to reach out to those in our school system or community who “don’t want help.” We also talked about building resilience, the power of creating a safe, caring, and inclusive culture in schools so that students can feel like they belong, are cared for, and can find someone to share their story with. We also talked about age, and how culture and age can shift one’s story. One participant said that his stories shifted over time as he grew older and gained more experience. Soon after, a younger participant said “it’s hard for youth to believe they can shift their stories” over time, but talked about how becoming a single mom at age 19 shifted her story and helped her to grow up. She said she likely would have otherwise followed in “my mother’s footsteps” to a world of addictions and abuse. We talked about how many adults in middle age we know who considered suicide when they were teenagers because they thought there were no other options for them and didn’t have any hope for their future but are now adults who have fulfilling and meaningful lives. The participants asked “how do we reach out to youth who are at risk but don’t want help because they don’t believe things can be better for them?” One of the school administrators at the session talked about how he helps students to reframe their behavior when he has to discipline them by saying they made some “bad choices but they are not bad themselves.” He said he has never yet met a “bad” student, but lots who have made some bad choices. He said this reframing can help students understand that they are more than their behavior or their choices and offers them a “different lens” to look through.

This focus group, like the first focus group, did not include introductions of the forum participants in an effort to hear all voices and minimize bias and assumptions about the different positions held in our society. During the table discussions, one of the participants requested we do introductions. I responded with the thinking behind the decision to not have introductions. However, after the conversation concluded in the focus groups, I offered to the group the option to have introductions due to this request. The group agreed, and then spent the next 20 minutes introducing themselves as well as further talking about their experiences in

life about trauma, and how to reach out to others. It seemed that participants were eager to talk about trauma, and what it means for them. They were interested in hearing others' perspectives and experiences of it as well. Perhaps this is a new topic for people to talk about in such an open manner with others who share an interest in trauma. The group seemed particularly moved by one member's story of how "she decided she did not want to die", after experiencing near-death. She explained that she attempted to kill herself, was technically dead and decided once she gained consciousness that she wanted to live. She has been working passionately to live ever since. The other participants seemed moved to hear her experience and rejoiced in her decision to live. They asked questions about how we as a society, and particularly in schools, can reach out to others who don't want to live and help them choose life.

There were no written individual feedback responses completed after this focus group.

Feedback from the Practitioner Focus Group at a Trauma Conference

A focus group with practitioners was held on May 6, 2015 at a Canadian National Grounding Trauma conference in Ontario. This conference brings together practitioners who are working with people who have experienced significant trauma. Summaries of the conversations are captured below:

There were two practitioners attending the focus group who identified themselves as Aboriginal, who lived on reserves in Ontario and in locations with high numbers of Aboriginal populations. The third person was an Addictions Coordinator. We held a conversation about the Story Shifter Framework questions together as opposed to breaking out into small groups as in the previous community forums. The main points that emerged from this conversation include how important the Story Shifter of Knowledge Generation can be, as well as the value of mentors and role models of people who have "moved forward" from their trauma experience shared with those who are "stuck" in their trauma story. The therapist taking a Stance of Not Knowing and being curious were emphasized as therapeutic techniques that were identified as critical in trauma work. Acknowledging the power and authority a therapist may hold in the therapeutic relationship, sharing your own experiences and also checking in on what is helpful and not helpful, and the meaning of the therapist's responses were all highlighted as key factors in working successfully with those who have experienced trauma when in a therapeutic relationship.

One woman spoke about the power of mentorship after hearing about this in the Story Shifter regarding the Nature of the Relationship and the Establishment of Safety and Trust. She shared a story of connection that involved a young man who experienced trauma and who was

involved with addictions. She spoke to the young man about how she knew that he knew her husband's story of childhood abuse. She explained to us that her husband is a counsellor and teacher in Aboriginal healing and is well known in their community. She said she used the story to offer a mentor to the young man, who returned the next session and "opened right up" ready to face some of his addictions and trauma story, including a strong identity with shame, which she attributed to this powerful story shifter in mentorship. After sharing his story with her for the first time, he said he cried for the first time about this abuse story. However, he decided to not return to her for counselling but he later thanked her for helping him. This woman's husband then worked with this young man to help him in his healing. She said the parts of the Story Shifter Framework that resonated for her included the stance of not knowing (no judgment), mentorship, a shared experience, and sharing information or knowledge about childhood abuse that makes a difference.

The groups also had a discussion about how shared experience and mentorship works particularly well with youth, especially regarding affirming fathering relationships and connections when young adults are fathers, where positive feedback can be provided to fathers about their relationship with their children. "There can be positive things in your life despite what you have been through in your life. There is nothing that works better with the youth, than to say 'yadda yadda yadda' because then you can talk about risks" with them. It can also help to talk about what might emerge for them after sharing the story, in that they might regret it and feel vulnerable, and like they don't want to come back to the session, or that the dominant discourse might "take over" again after the session. They spoke about how having this conversation can help mitigate the slide back to the dominant discourse side of the framework.

One practitioner spoke of her experiences where many times, a youth divulged "too much at once" about childhood abuse and did not return to counselling sessions, likely because of the vulnerability and shame felt after sharing this story. The conversation here focused on how "the foundation of your being is based upon the trauma event" and impacts all areas, including the body, mind and spirit. We talked about how these concepts are rooted in the dominant discourse, where the Victim Voice is strong even if alternatives are offered. One woman who identified herself as Aboriginal offered, "As a person who has been a victim in your head for so long, after you tell your story (with the Story Shifters in place) and you realize you don't have to be the victim anymore, it's really hard to accept that the resilience-based identity can apply to you because now you have to shift a whole way of thinking about yourself, that you might have thought about yourself that way for 100 years. It's hard to start to see yourself as a positive person when your whole life and your foundation is built on the trauma, the event, it's shaped how you think, how you behaved, how you look at people, it shaped your very being. The trauma has affected your entire being-your physical, emotional and spiritual being, and we

have to work with all these quadrants.” The focus group said it can “sometimes be too hard to accept such a shift in identity that is so great.” The practitioners who identified with the Aboriginal culture said that healing from trauma needs to “move across the body, mind and spirit at the same time” and that the healing “work is not just physical.” “I have to catch up with the other areas in changing” she said. They said they could see a Medicine Wheel placed behind the Story Shifter Framework as it aligns with the mental, emotional, spiritual and physical dimensions of the four directions of the Medicine Wheel. A medicine wheel represents the journey and life path, as well as the cycle of life and healing elements. The colors of the medicine wheel (White, Red, Yellow and Black) and the directions (North, South, East and West) emphasize how we need to attend to each section and area in people’s lives when shifting the trauma story.

Another practitioner clarified that this framework may not apply to single incident trauma, where one could be at risk to “dismiss the experience” through this Story Shifter Framework. She talked about the need to validate the story and said that “you can’t rush it or push it too hard. You can’t shift it to say ‘you survived and you’re a hero’ because that’s not validating that there was a loss, and ‘you were scared and are experiencing flashbacks’.” She provided the example of a youth who survived a drowning in a boat, but lost several friends in the same incident and feels blame for what happened. She explained that people need to put their own meaning to their story that is rooted dominant discourse because we can’t dismiss the shame and the need for validating. We agreed that this Story Shifter Framework is applied to complex childhood trauma where people are “stuck” in their stories of childhood abuse that is limiting their future from how they want it to be. We agreed sometimes you need to “sit in the muck” when a story is told, and that this aligns with the Story Shifter concept of “the meaning of the response during the dialogue” where validation of the horror of the trauma is a critical component. She cautioned that one cannot move too quickly away from the dominant discourse of trauma as this is what requires validating and sometimes we move quickly away from this because we are not comfortable with trauma ourselves. This aligns with what we heard in the first interview with Emily who repeatedly told people, including strangers about her trauma story in an attempt to have her story and her feelings about it validated.

She also stated that the key to this framework is the relationship building aspect, and that this framework can be applied to any setting where relationships are happening. She said the strategies in the framework “are not new information” but “are aligned with the research and other training I’ve attended” and with what we already know about the key role relationships have in trauma healing. “It’s the same strategies-it’s just labeled differently.” She said the framework is very clear and simple, and this may be easily applied in non-clinical settings to help others focus on the value of relationships and how to help others.

The value of the Story Shifter Framework in the community forums emphasized how this can benefit the non-clinical members of our community who are not familiar with the dominant discourse of trauma and the role they can play in offering alternate space to other stories and meanings about the trauma after hearing one's trauma story.

Final Interview with Emily and Landon

Emily and Landon came separately for a final interview, again at my house. The purpose of the final interview was share the Story Shifter Framework with them, as well as the meaning it seems to hold for those who attended the focus groups. Emily and Landon also had an opportunity to share their thoughts on the Story Shifter Framework and comment on if and how it might reflect the interviews and conversations we shared.

Reflections from Landon

The interview with Landon was held on the afternoon of May 12, 2015, over the noon hour at my house. After sharing the Story Shifter Framework and results from the feedback sessions with him, Landon said that the framework "is spot on" and makes sense on guiding others on how to respond to trauma stories especially when they are not in a clinical role or therapeutic relationship with the person sharing the story. He said one needs to be "mindful to not use the framework to "rescue" others and instead use it as a guide on how to respond. He said "it is hard to see a downside" to the framework as it aligns with the concepts in "re-storying", so it fits for him and "makes sense" to him. What's most important when sharing your story is "having your story accepted and understood." Landon said this framework could be useful anywhere, by anyone when a story is being told as it helps to respond "at their pace" and the listener can use the framework to respond to "clear it up for them" in helping to re-story the trauma narrative. The framework can also be used for "non-clinicians working with at risk kids" or in places where "therapy isn't provided" or can't be accessed. He talked about his job working with large numbers of children who are at risk and most have experienced trauma. He works with them in non-treatment groups but "I can help them do this-to re-frame-that's what we can do as opposed to sitting on our hands and saying, 'ok, time to go home'."

He also said that the school system could use this framework to assist them in creating relationships with students that set the stage for the Story Shifters if they are needed. He said he has a friend who does some volunteer work in the school and the teacher's responses focuses on the behavior and not on responses that are helpful to the student experiencing challenges in the classroom. "They don't need therapy in the classroom or to be kicked out of class, but teachers can talk about where some of the responses or behaviors are coming from." The little things that teachers and others can do in response to other's trauma "are not that

difficult” he said. He said we need to “build a capacity with people for relationships, and that people need a receptive relationship to trauma and not hide it or fix it, where we take care of trauma and medicate it but instead, let me be here for you.” Landon said he feels like he “is explaining something that doesn’t need to be explained” in that it is common sense for him but acknowledges that this may be new information for others.

Landon provided a meaningful example of the Story Shifter Framework from a different angle. He said about five months ago he told his mother for the first time about the sexual abuse he experienced in his childhood. He said he wasn’t meaning to tell her, but she was asking about his work and why he chose it (recall Landon provides group counselling for at risk youth, most of who have experienced trauma). His mother then asked if anything ever happened to him when he was younger. Landon paused at this point in the story and said that I needed to understand that his mother is the type of person who believes in not dwelling in the past and being able to “move on” from events and feelings quickly. He said she believes “the past is in the past.” Landon said his mother responded to his story of abuse by saying it was in the past, that “it was over” and she said she doesn’t understand why he would still feel “that way” (referring to when Landon described to her some of the responses he still manages from the abuse, such as his anxiety towards men). Landon said he was disappointed with his mother’s response but he expected it based on what he knows about who and how she is. He said that she responded in a way that reflects how she thinks “she would respond if the trauma happened to her.” However, what is significant, is that when Landon told his therapist about telling his mother, the therapist said that she was “sorry that this happened and that his mother was not able to provide the response he needed or wanted from her.” Landon said the therapist understood that “I wasn’t looking for someone to push me forward but to hear me.” Landon said this validation about not getting the response he needed was very helpful to him in not getting stuck in the victim mode and allowed him to continue to feel strong and resilient despite the lack of response that he wished for from his mother. Landon talked about the power in the response and acknowledgement of the story as being an example of how significant the Story Shifters are.

Reflections from Emily

The interview with Emily was held on May 17, 2015 in the afternoon in the middle of a Canadian long weekend. After sharing the Story Shifter Framework and results from the feedback sessions with her, Emily spoke about how co-relational the framework is and said she is focused on “how to use it in therapy” with her clients. She said it is a “clear framework that reflects everything we talked about.” She said “I like how it reminds me of what the trauma is doing to us in that moment....never discounting it’s hard to go through these things for those who have ‘recovered’ but also looking at what the trauma is doing for those who are stuck”.

When asked about possibilities for the Story Shifter Framework, Emily said that it could be helpful to “identify where people are at on the victim vs. resilience side and could provide validation for their story of surviving and thriving. It could identify where people are stuck in the victim stance and help talk about “excuses” or the motivators that might be present that aid people in staying stuck.” It can help identify what people might “gain” in their trauma stories. She gave the example of herself where she holds onto excess weight “because of my trauma” when she knows this is just an excuse for herself. She said the framework could help therapists and clients see the “whole person” so that they are “more than their trauma.”

Emily said that it feels like so much time has passed since the first interview over a year ago, and that she continues to grow and thrive. We talked about the first interview in this research project where Emily shared her trauma story but also discussed how she moved forward into her future, and made space for resilience and alternate stories about her experiences. Emily said she continues to move even further into this space. She said she no longer feels like she has to tell people she meets soon after meeting them about her trauma, and that she has friends now “who I don’t even think know about my trauma.” She said she feels like her trauma defines her less over time, and that she is now “more than my trauma” because “I have good support network now. I don’t use things as an excuse anymore.” The trauma is “not the whole part of me” she said. She said she is more “grateful for those experiences now, trusting why they happened and that there is a reason that they happened” and that her spirituality is contributing to her healing process now as well. “I’ve had some big life shifts in my life lately that contributed to this.”

She said the framework could almost be used as a “continuum, perhaps not linear though.” It “could be used to ask what voices are going on now.” “How many Story Shifters are there now in this person’s life?” “How many were there before?” “What are the Resistant Voices and how are they being expressed?” “Are there Story Shifters in certain areas that are missing for this person?” Emily said that “service providers could use this information to look at what might be missing right now for them and helping to build these into their support networks.” This could be used as a scale or measurement to help assess these factors she described “to move the person to a more resilient space.”

Emily said the Story Shifter Framework could be helpful for those who are non-clinicians but in the role of “first point of contact” for abuse or family violence situations, such as “doctors, and police” to help them “shift their language and recognize where people are at, and what factors in their life are involved.” This could help them to not reinforce the Victim or Resistant Voices and make space for Resilient Voices and alternate stories. This also aligns with what was discussed in the community forums where community members said coming from a position

that is not rooted in the dominant discourse can make a meaningful difference in shifting the trauma story and identity into a more resilient space.

Emily said that the story shifter of “the Stance of Not Knowing” is particularly meaningful for her because it means coming across to the other person as not an expert, something she strives each time she is with a client. She said that this stance is a humbling stance and was “very valuable for me because when I experienced the abuse, I was in a stance of not knowing so it’s helpful for others to come from this stance in hearing the story.”

After the interview concluded and Emily was leaving, she said that her and Landon are no longer together “but remain good friends.” She said they are now each able to move forward and grow more without being each other’s main support, and that the role they each played in each other’s lives and healing from trauma is needed to a lesser extent now.

Summary of the Focus Groups

In summary then, the focus groups provided some interesting and useful information on the Story Shifter Framework. The perspectives from various members of the community and practitioners highlighted the numerous ways that the framework could be applied, and gave some indications regarding which settings might be conducive to helping others shift their stories of trauma. The Story Shifter Framework could be relevant to other fields, such as addictions, and seems to hold value in the education setting for children and youth. These are further reflected upon in Chapter 12 as we consider possible applications of the Story Shifter Framework to other settings. The Story Shifter Framework also seems to align with the values and strategies currently practiced by several therapists who work with clients with trauma histories, and may provide opportunities to enhance this work and broaden some of the thinking regarding how therapists currently work with trauma histories. The use of this framework for clinicians is further elaborated upon in Chapter 12, as a Resilient and Growth Rating Scale is introduced and limitations are discussed in terms of applying the Story Shifter Framework to the clinical setting and therapeutic relationship. The terms and language used in the Story Shifter Framework resonated with the people providing the feedback and they seemed to grasp an understanding of the concepts and framework easily. The value of being a mentor as part of the Story Shifter of the Nature of the Relationship and Establishment of Safety and Trust resonated with many community focus group participants, as well as the possibility that anyone potentially can be a story shifter given the “right” discursive context. People were eager to talk about the Story Shifter Framework but also about trauma and mental health, and how our community could better approach these issues to reduce stigma and offer hope to others. Although limitations were highlighted in the focus groups on the Story Shifter

Framework, which are further reviewed in the next chapter, it seemed to offer hope to members of the community.

The Story Shifter Framework seems to hold meaning to the community members who heard about it and relates to the ideas presented in Chapter 5 in that exchanging stories creates a sense of solidarity (Denborough et al, 2006). It further engages people in sharing skills, knowledge and other ways to heal from trauma, and hold onto dreams and hopes (Denborough et al, 2006). This aligns with the Relational Activity dimension of the discursive context in that it is through our relationships that we create meanings about our stories, our identity and our knowledge.

The focus groups also understood how the discursive context dimension of Culture and Linguistics can be a story shifter in the details discussed about the powerful role of mentors and coaches in their influence on a story. The community became excited about the possibilities they may be able to generate because of this role in shifting trauma stories not only of individuals in the community that they encounter but also collectively. The focus group participants felt hopeful that they could bring about some change in the dominant discourses of trauma in our community by using some of the Story Shifters in the framework. Of course, there are many considerations and cautions to consider if this were to be implemented, which are further explored in Chapter 12.

In summary, the Story Shifter Framework, which was generated out of the interviews with Emily and Landon, was presented to a variety of participants in focus groups to further understand the meaning that it might hold for those in our community. An interview with a family who experienced significant trauma as well as several private practitioners were also interviewed. The data collected was summarized in this chapter and organized according to each focus group and interview held. Comments were gathered through audio-recordings as well as through written recorders who volunteered for this, at each table during the focus groups. Comments were summarized by this researcher from this data and all views that were stated were presented in this chapter.

Chapter 12 Possibilities for the Future

“Choices concerning the future building outcomes of research should not, then, be matters of personal integrity but of relational responsibility - responsibility to the social process out of which morality emerges.” (Gergen, 2014b), Concluding Challenges section, para. 4).

This chapter reviews how each of the research questions were answered and briefly discusses the potential applications, limitations and future research possibilities of the Story Shifter Framework. Based on the feedback generated in the community and practitioner forums on the Story Shifter Framework, a resource tool is introduced in this chapter as an option for practitioners to consider using, as a guide for dialogue about the influence of the dominant discourses of trauma and feelings of resilience and hope. Gergen’s quote above reminds researchers of the responsibility of social processes and the emergence of morality. This quote may perhaps guide this chapter on the social processes in the Story Shifters that emerged in this dissertation research as pivotal in shifting stories of trauma, and the responsibility as community members and practitioners in ensuring that no further harm or trauma is enacted in the story shifter process.

This chapter examines the aforementioned sections of the chapter from the orientation of a Social Constructionist and reviews the Story Shifter Framework in part in the context of several concepts more common in the clinical realm. Recall from Chapter 3 that Bruner (2000) presents a division between two ways to construct knowledge; paradigmatic knowledge which is based on universal abstract models of reality and narrative knowledge, which gives sense to the world by telling stories about it. This dissertation’s orientation follows more of the narrative knowledge construction but presents a framework that aligns more with the paradigmatic generation of knowledge. Research conducted from a Social Constructionist orientation asks what type of world we want to create and is interested in generating new ways of understanding and viewing the world.

Three research questions were asked in this dissertation that focused on exploring alternatives to the dominant discourse of trauma and to the possibilities that exist within these alternatives. The questions, in review, included:

1. How do we shift the story about trauma that people hold when it is rooted in the dominant discourse of trauma and based on individual and deficit-based perspectives to one that instead can provide alternate stories, meanings and identities that engage the Resilient Voices as well as involve the community and relational context?

This research has explored how the dominant discourse of trauma can be shifted through the discursive context to minimize the Victim and Resistant Voices and increase the Resilient Voices

so that alternative stories, meanings and identities can be explored and given more space. The Story Shifter Framework provides the details of the discursive context and specific Story Shifters that can move narratives away from individual and deficit-based perspectives to narratives that offer hope and open up new possibilities. The community and practitioner forums that were held on the Story Shifter Framework and reviewed in the last chapter, have provided some insight into the meaning of this framework, wherein the value of mentorship and a community approach in shifting the dominant discourses were emphasized. The insights from the community forums are further reviewed in this chapter as we explore further applications and limitations of the Story Shifter Framework.

It is important that the Story Shifter Framework is not promoting that a person simply has a choice in how trauma is experienced. This dissertation has reviewed how person attributes the *meaning* to their trauma event, which is rooted in their historical, political, cultural and social world. The Story Shifter Framework focuses on the meaning of the story and how to shift that story so that it is not a person's main identity, and doesn't limit their potential by being "stuck" in it as the interviewees described it. There is choice however, in how we as a society respond to trauma, which also contributes to the meaning a person holds about their trauma event (e.g. how police and the court system respond to an investigation of rape where often the blame is placed on the person to whom it happened. This was articulated by Emily in her first interview when she felt that no one was validating her trauma story when she shared it. We saw that her Victim and Resistant voices emerged stronger. Once she felt that her story was validated, the Resilient Voices grew stronger.

2. What discursive context dimensions are involved in how we co-create an alternate story that people hold about the trauma they experienced?

The Story Shifter Framework identifies two dimensions of the discursive context, each containing specific Story Shifters: Relational Activity and Culture and Linguistics. This was extensively reviewed with support from the literature in Chapter 10 and a summary is provided below:

Relational Activity in the Story Shifter Framework refers to any meaningful social interaction, both verbal and non-verbal, that contributes to making a meaningful difference in one's sense of belonging, sense of connection, personal agency, or identity, and where space is opened up for the trauma story to have alternate meanings that are not embedded in the dominant discourses of trauma. Sharing the story with others while engaged in relational activity that is meaningful to those participating provides meaningful connections and social interactions, especially in safe and trusting relationships, such as those with close friends, practitioners and mentors. This process generates an opportunity to experience alternative perspectives and creates pathways for Resilient Voices to become stronger, whereby they could be expressed,

explored, and validated further. In turn, the Victim Voice of the dominant discourse of trauma can be minimized, silenced or transformed.

Relational Activity Story Shifters aligns with the literature reviewed earlier in this dissertation. The Story Shifters are promoting relational activity and connection to others to assist in reconstructing the trauma story into one that has alternate meanings, and where one does not feel stuck in their trauma story. Chapters 5 and 6 emphasizes the relational significance in healing from trauma and the power of sharing our stories that we identify as trauma (White, 2001). Chapter 5 includes an orientation to Narrative Therapy which speaks to how therapeutic relationships and dialogue about the meaning of the story can shift the trauma story in therapy. While this dissertation does not promote that the public can replace the therapeutic relationship, the data that emerged from this research for the Story Shifter Framework supports that relational activity is a strong component to shift the trauma story when specific elements of the discursive context are also present.

The Story Shifter regarding the Establishment of Safety and Trust aligns with the literature reviewed in Chapter 5 regarding how our stories are told to ensure safety (Petronio, 1997, Pennebaker and Chung, 2011). The Story Shifter Framework further connects to the narrative approaches explored in Chapter 5, which outlines how our stories shift over time and are influenced by the dominant discourses and our interactions with others (Carey and Russell, 2002). The connection to others being critical to trauma healing is reviewed in Chapter 5 (Epstein, 2013), which aligns with all the Relational Activity Story Shifters as well.

Chapter 10 places the Relational Activity Story Shifters in context with the literature especially regarding the concepts of sharing stories and collaborative dialogue. It reviews how our social reality is constructed through our discourses with others (Sampson, 2008).

Culture and Linguistics: The discursive context of Culture and Linguistics are the cultural and language aspects that make a difference by generating alternate discourses, often through relational activity. The Story Shifters under Culture and Linguistics include Knowledge Generation, Media, Social Constructs and Language. Culture and Linguistics are grouped together here because of their connection to each other and the way the Story Shifters interconnect with each other. For example, media occurs within a culture's social constructs, language is determined by social constructs and media, among other factors. Knowledge generation also occurs within a culture's social constructs and uses a language informed by the culture. All the Story Shifters here connect and relate to each other within the discursive context of Culture and Linguistics.

The power of knowledge, media, social constructs and language as evident in the Story Shifter Framework aligns with the literature reviewed in Chapter 5, where the example of the Canadian

Ghomeshi trial and American Cosby allegations demonstrated how one person sharing their trauma story lead to many other women revealing similar stories (and allegations) about these men. This further demonstrates how the dominant discourse of trauma can slowly be shifted to one that has less Victim Voices of guilt, blame, disconnection, loneliness and shame and pays more attention to the Resilient Voices. By talking about the trauma and providing a discursive context that supports the Resilient Voices, the trauma story can start to shift at an individual and collective level.

Recall that in Chapter 1, James Robinson's (1998) research was briefly reviewed. His research focuses on how certain types of abuse violence, sexual violence, incest, and sexual harassment may contribute to feelings of disenfranchisement and reviews strategies that help the liberation and healing process. The author contends that "victims often do not have access to the material and discursive resources necessary to reverse the stigma associated with the causes of disenfranchisement" (p. 104). Robinson further points out that the media and a host of institutional practices contribute significantly to this process and that only through communication can changes be made. "These changes need to be made on a variety of different levels, as the contributory factors occur from a number of sources and levels ranging from intrapersonal to social." (p. 104). The Story Shifter Framework, especially the discursive context dimensions of Culture and Linguistics, potentially is one option, in part, to contribute to the changes Robinson speak of above and aligns with his ideas that changes need to be made at both the intrapersonal and social level.

These Story Shifters were reviewed at length in Chapter 10 and include literature and interview data to support each one and root it into some of the concepts explored in earlier chapters in this dissertation. Please refer to Figure 1 at the end of Chapter 10 for a summary. Note that the focus of the Story Shifter Framework moves beyond how we use words and language, and includes discursive context dimensions which can be non-verbal, potentially including singing, dancing, drumming and other non-verbal forms of expression. This aligns with Bruce Perry's (2015) work outlined in Chapter 6 where he advocates for the use connection, somato-sensory experiences and patterned repetitive movements to create neurobiological healing.

3. Could we generate a tool that is resilience and strength based, as well as aligned with the concept of post-traumatic growth, to help those listening to a story about a trauma experience hear all aspects of the story (i.e. both the pain and impact as well as the resilience, growth and hope for the future).

A tool was generated based on feedback from the community forums and interviews with Emily and Landon, which is presented at the conclusion of this chapter. This tool has not been tested out or reviewed at all with practitioners or clinical therapists so its usefulness is not determined. It was included in this dissertation as an option for future applications of the

Story Shifter Framework and to give some consideration to what the Story Shifter Framework might look like in a clinical setting.

Considerations for Applying the Story Shifter Framework to Other Settings

This section will review the usefulness and application of the Story Shifter Framework in several key settings and fields. The feedback from the community and practitioner forums are used as a guide to help determine the meaning and application of the Story Shifter Framework regarding how others may use the results of the research in this dissertation.

Education

Each of the community forums on the Story Shifter Framework had participants from the elementary and secondary school level and reported how much the Story Shifter Framework resonated with them. They expressed interest in exploring ways to incorporate conversations at their school board about the impact of dominant discourses of trauma as well as the power of the Story Shifters in offering hope to students. School board staff expressed that using the Story Shifter Framework in their daily interactions with others at school makes sense to them and said it could make a difference in building a more resilient culture at school. In the education system in Ontario, there has been a much greater focus in the last three years on the role of teachers, and other school staff as well as the school system in student mental health. Perhaps the education system is ready to learn more about the dominant discourses of trauma and the role teachers and other staff can play in shifting stories. This is intriguing and a surprise to me as the researcher given my current work and role within the school board as the Mental Health Lead. I am hopeful to hear this readiness given the challenges faced in changing a paradigm in the education system to one that focuses on resilience and wellness, in addition to the current focus of academics. In my position at the school board as the Mental Health Lead, I am guiding the Board in shifting how we view behaviour and as well as the influence of school staff in their story shifting capabilities. There is more emphasis on the type relationship the school staff members can provide within the education system, within the school day. School staff are realizing that they too can contribute to healing for children who have experienced trauma through the relationships and connections and that clinical treatment alone is not always the only intervention for this.

Other Fields in Mental Health

Feedback on the Story Shifter Framework from the family I interviewed suggested that it could assist in the field of addictions by helping others shift the stories and identities they have regarding “being an addict”. There seems to be some binary thinking regarding addictions, in that one is either addicted or not. The field of addictions believes that if people have recovered but then misuse a substance, they are an addict again. The Story Shifter Framework could help others define their identity beyond being an addict and escape the binary thinking so that if they misused a substance, the story does not have to include themes of failure and addictions. Instead, the substance misuse could simply be seen as an incident of substance misuse and not define the person as being an addict. Resiliency, personal agency and hope can exist within substance abuse and can be used to build new stories, meaning and identity. The Story Shifter Framework as it applies to addictions needs to be used in the way described above and not be used as an “excuse” to “have just one drink”, where a person is in denial about their struggle with substances. The Story Shifter Framework is promoting that if an addict in recovery slips up and abuses once, that being stuck in the identity that he is now again an addict and feeling shame about this is not helpful to his recovery. The Story Shifter Framework promotes that his identity can be more than an addict and that he is not a full addict again if he makes a “mistake” from his perspective. The concept of recovery did not emerge from the data, literature review or focus groups except when applied to the field of addictions during the family interview to explore how this framework might be extended into other fields of mental health and addiction.

Other Professions

The Story Shifter Framework could be applicable to the profession of educators, as described above, and could be extended to post-secondary education as well where trauma experiences may be interfering with learning and well-being. In addition, professions that come in contact with people who have experienced trauma and are struggling with life might find the Story Shifter Framework helpful in how it can explain thoughts, feelings and behavior through the different voices, and find ways to promote other voices such as those of resilience and hope. These professions include first responders (ambulance, police, firefighters) who frequently deal with the behaviors from the public that create a disturbance. It would be helpful to view these behaviors more as responses or symptoms of the dominant discourse rather than behaviors that are creating a disturbance and require forceful interventions.

We heard in the community forums that librarians, volunteers, bus drivers, sports coaches, etc. would benefit from understanding the impact in their roles as potential mentors and/or people who can make a difference just based on a response to another. As one of the community members said in the feedback forums, the first disclosure of a trauma story often is not to a therapist, so the Story Shifter Framework could be used to guide the conversation for non-

practitioners. The Story Shifter Framework could be applied in these settings with these professions and people in these roles to open up space for other discourses that build resilience and hope. As Landon said in the final interview, the Story Shifter Framework can be used “to guide others in how to respond to trauma stories.”

Therapeutic Setting

The Story Shifter Framework could be used as a psycho-educational tool in the clinical setting to lead the dialogue away from the dominant discourse of trauma and into one that is focused on resilience and hope. The focus groups demonstrated that having conversations about the dominant discourse brought awareness to it, and opened up the possibilities for the focus group members to consider alternatives that offer hope and build resilience. It is possible that the same possibilities could emerge in the therapeutic setting for the therapist and client. There are numerous considerations to review in using the Story Shifter Framework in a therapeutic setting and these are explored below in the limitations section. Note however that the Story Shifter Framework requires further investigation regarding how it might be applied in the clinical setting.

Community Setting

For the community setting, the focus groups highlighted the possibilities of the Story Shifter Framework for any community member where dialogue and interactions open up space for new stories to emerge that engage the Resilient Voices. We heard how coaches for team sports at school and the community could help shift the stories of their team members, and how mentors and role models in the community make a difference in how trauma experiences can be viewed. Perhaps the Story Shifter Framework could be used in orientation training sessions for volunteers and other community members who work closely with children and youth. We learned in the focus groups however, about some of the cautions that need to be extended if the Story Shifter Framework were to be used by community members. These cautions are further reviewed as limitations in the section below and include the risks of re-traumatization of a person when sharing their story with a community member. A potential need for training on the Story Shifter Framework is highlighted below in the limitations section as well. However, the Story Shifter Framework requires further investigation regarding how it might be used in the community setting.

In Other Cultures

How can the Story Shifter Framework be used in other cultures, or around the world? What meaning might it hold for others and what practices could it invite in other places around the world? We learned in the focus groups that it is critical to understand culture and context in the Story Shifter Framework. This framework is limited at this point in time to this Canadian community and its culture, history, politics and social context. It may not be generalized to other cultures and those with different history, politics and social contexts. The focus group with the practitioners who identified as Aboriginal emphasized their cultural belief that a shift in perspective on a trauma experience is a large paradigm shift since they incorporate and integrate the body, mind and spirit culturally and in their social practices.

Limitations of the Story Shifter Framework

There are numerous limitations of the Story Shifter Framework. This next section will explore a few of the major limitations, which include the demographics and number of participants, as well as in the consideration of using it in various settings.

The Story Shifter Framework emerged from the data analyzed based on three interviews with two people who experienced adverse childhood experiences, including sexual abuse. Both were in their twenties and were from Canada, and consider themselves Canadian. The results from the data analysis are limited by the sample size and the culture, history, and politics of the researcher, interviewees and the country of Canada. Other participants with different backgrounds or from different cultures, or who had more years of experience living with adverse experiences would potentially provide other Story Shifters. I think there are many more that may emerge and that future research could further our understanding of the existing Story Shifters. Other cultures define trauma and healing in different terms. They have different ways of expressing emotion which would in turn influence how they shift their story as we learned in Chapter 5 when reviewing the community and collective approach to healing. Although I think different cultures have different ways of being with each other, I believe that if we expanded this research to include other cultures, the importance of relational activity and the influence of culture and linguistics would remain the same dimensions of the discursive context but perhaps the story shifters under these domains might look differently. Regardless, this Story Shifter Framework is limited by the demographics of the participants as well as the sample size, and type of childhood abuse, which are reviewed next.

This dissertation research and the generation of the Story Shifter Framework is potentially limited by the number of participants and their relationship to each other. The number of participants was limited to two because of the rich data that emerged from the first interviews with them. The focus of this research was to hear stories about childhood trauma and begin to

understand how to create new discourses around trauma. The data provided a very rich source of information to generate the framework so it was decided to not interview others. We know that case studies, in limited numbers, are often used to generate knowledge and frameworks and are then further tested out to perhaps further generate a theory or make other contributions to the field. However, it remains acknowledged that this research is limited in the number of participants.

This research is also limited by the relationship that the participants had with each other. I gave a lot of consideration to the fact that the interviewees were in a romantic relationship together during the first and second interviews, and had the same therapist, which would influence their discourses. However, this research was not looking for unbiased and objective data but instead seeking rich conversations about childhood trauma. The Story Shifter framework acknowledges the importance of relational activity as influencing the trauma story and it would be inaccurate to say that the two interviewees' relationship did not influence their stories that they shared with me. The Social Constructionist orientation is that knowledge is generated in dialogue and through rich conversation. I think that not only did the interviewees' relationship influence each other's story but also perhaps enhanced the story because they each spoke about the role the other played in their lives in providing the opportunity to shift their story. Had they not been in a relationship, each participant may have been unable to articulate and contribute as richly as they did about what generated Story Shifters for them. However, it remains a limitation of this research that the two participants were in a relationship with each other.

As the sole researcher in this study, I have to acknowledge researcher bias. Although the Social Construction orientation provides for a non-objective role of the researcher who includes participants in the research as co-creators, there are biases that must be acknowledged and accounted for. A team of researchers that represents the various paradigms of trauma treatment might produce a more scientific and reliable version of the Story Shifter Framework. I consider myself to be a Social Constructionist and worked from this orientation. It must be acknowledged that I am at risk to potentially dismiss or minimize other orientations even though the Social Construction stance permits for all views, orientations, methods, and approaches. Perhaps the research would have been better conducted using a blend of approaches from both the Social Constructionist and scientific approach. Researcher bias is acknowledged as a limitation of this study.

Additionally, the orientation of this research from a Social Constructionist approach could also be viewed as a limitation. As stated at the start of this chapter, Bruner (1986) describes the knowledge generation through narratives as a separate from a paradigmatic manner of constructing knowledge. Turner and Bruner (1986) describe that "by focusing on narratives or

dramas or carnival or any other expressions, we leave the definition of the unit of investigation up to the people, rather than imposing categories derived from our own ever-shifting theoretical frames. Expressions are the peoples' articulations, formulations, and representations of their own experience" (p. 9). Again, it is acknowledged that a limitation of this research is the Social Constructionist stance, and that perhaps a blend of a scientific approach and Social Constructionist orientation would be less of a limitation.

Another limitation of this study was that it interviewed people who had been exposed to significant adverse childhood events and experienced some healing from this. I think if I would have interviewed people who have not yet dealt with their trauma events, they likely would not be able to articulate what helped shift their identity away from one that is consumed by the trauma event they experienced and they likely would be mostly sharing their story from the Victim and Resistant Voices. In this case, the interviews may help us discover further knowledge about these voices and their role and relationship with each other. We may also discover more about what is not a story shifter as well and what factors cause the further embedment of the dominant discourses of trauma. I also think that there is a greater risk for re-traumatizing a person who has not yet done some healing from their trauma if they are coming to an interview where they have agreed to share their story. This concept of re-traumatization is explored below in further detail.

In utilizing focus groups for research to locate the meaning the Story Shifter Framework holds for the community, it is important to be aware of their limitations. We know that generalizations cannot be made to larger populations. We acknowledge that the practitioners who attend a trauma conference perhaps may come from a different orientation than those who chose not to attend, or are unable to attend. We know that the responses from group members are under the influence of group dynamics among many other factors, which can limit the usability of the results. Facilitating the group as well as analyzing the data is open to researcher bias and interpretation, which may skew results as well (Stewart, Shamdasani and Rook, 2007).

Nevertheless, we learned from the focus groups some of the limitations of the Story Shifter Framework. These include exercising caution regarding the use of the Story Shifter Framework, to avoid the possibility of further harm or trauma. The Story Shifter Framework and focus group feedback emphasize the importance of truly listening and responding in ways that do not reinforce the dominant discourses of trauma. The focus groups emphasized how the Story Shifters could be used in an "opposite" way to reinforce the Victim Voices. We also know how important it is for the story teller to be ready to share their story and establish the discursive context that is safe, where they can test out sharing their story at their own pace and under their own conditions. There is a risk with the Story Shifter Framework for community members

to be perhaps over-zealous in their eagerness to help and not promote the dominant discourses of trauma, which in turn may very well end up instead reinforcing them. “When re-traumatization happens, the system has failed the individual who has experienced trauma, and this can leave them feeling misunderstood, unsupported and even blamed. It can also perpetuate a damaging cycle that prevents healing and growth. This can be prevented with basic knowledge and by considering trauma-informed language and practices” (Klinic, 2008, p. 6). Telling the story and talking about it can make it real which can lead to feeling immersed in the pain and experience again, and lead to re-traumatization. Yet telling the story in certain discursive context provides an opportunity to present alternatives and get in touch with resilient voices. The key is in creating the discursive context that can do this, which was reviewed in Chapter 11 and is the context that must be considered for the story shifters be successful.

There is a risk of the Story Shifter framework as mentioned in the dissertation is sharing the story when the teller is not ready. Literature reviewed in Chapter 5 (Herman, 1993) shows us that the teller paces herself in sharing information, testing out the listener’s responses, checking for safety and connection/relationship and responses that align with the resistant and resilient voices. However, there is certainly a risk for becoming ungrounded, and if the framework were shared with others, it would be vital to build in awareness of this risk and teach grounding techniques that were easily accessible to others to use. The risks and benefits of sharing a trauma story as outlined in Chapter 5, which acknowledged that there are times when telling the story isn’t as likely to lead to these desired changes, and where the impact might be viewed as less desirable. There has been a lot of concern generated in the literature about the trauma informed movement regarding how telling one’s story about trauma events can be de-stabilizing and lead to the person sharing the story to decompensate emotionally (Bloom, 1997). From my experience, emotional decompensation from sharing a trauma story is more likely to happen when the story is shared in a discursive context that is rooted in the dominant discourse of trauma. There is also literature, some of which was reviewed in Chapters 5 and 6, where it is argued that sharing the story of trauma can be seen as an emotional relief. This is strongly evident in the work on the ACES study, Feletti et al., (1998) and in the work on the trauma informed movement (Bloom, 1997, 1994).

Perhaps the answer regarding when sharing a trauma story is helpful versus not helpful can be found in the discursive context. White (2004) states that encouraging people to revisit their traumatic experience by directly addressing it is “unproductive at best, and, in many circumstances, hazardous” (p. 70). This can lead to alienation and further isolation, especially if the response to the trauma story from the listener is rooted in the dominant discourse of trauma. In order to address the effects of trauma and move the focus away from the response of trauma, a context first must be provided that restores one’s sense of self, and to “the

reinstatement of the doubling of consciousness referred to...as the “I” in relation to ‘myself’” (White, 2004, p. 70). When talking about the trauma, one needs to be mindful that “traumatic memories are half memories as they exclude an account of personal agency that would be in harmony with the persons’ familiar and preferred self of myself” (White, 2004, p. 71). The task to convert the half memories to full memories includes restoring what is in the dissociated memory-which White claims is people’s responses to the traumatic experience and the foundations that these were built upon. Social Constructionists sees life as “multi-storied” and that all of our stories are rooted in cultural, relational, political and historical origin. Given this, opportunities can always exist to be in several different “stories” or “identities”. If the discursive context when the story of trauma is shared promotes the dominant discourse of trauma in that children are “damaged goods” or wounded because of the traumatic experiences, then this further constructs and defines the person’s main identity as “their trauma” instead of finding alternative storylines.

We learned in earlier chapters that these dominant trauma discourses can exist in the professional and clinical world. I have witnessed this in my experience in the field and also have heard stories from many clients who have shared the impact of these discourses in the therapeutic setting. This however is not to dismiss the many therapeutic and neurobiological approaches to promote healing and engage in practices that disengage the client from feeling “stuck” in their trauma story. However, when clinical practices promote the construction of wounded identities, and engage in relationship practices that are disrespectful and marginalizing of people who have been through significant trauma, it does not promote a shift in the trauma story towards healing for the client. “It is in the context of these relationship practices that their identity is constructed as ‘spoiled’”. In regard to service provision, when workers are encouraged to place their sole focus on the trauma that children have been subject to, and on the consequences of this trauma, they become vulnerable to the reproduction of these discourses of victimhood in their therapeutic work. In this circumstance, there is a risk that counsellors/ community workers will further diminish children’s sense of personal agency and, as well, inadvertently reinforce a passive-recipient identity status for these children. This central and exclusive focus on trauma and its consequences obscures the extent to which identity is constructed in language and in the context of relational practices. And it obscures the extent to which it is identity that is very much at stake in work with children who have been subject to abuse. (White, 2005, p. 14)

In my experience, and from what I gleaned from the interview data, we are most at risk for re-traumatization when the story is not occurring in the context of the resilient voices and the dialogue is not open to alternatives, and instead re-confirms the dominant discourses and the victim voices. When person is re-traumatized, they feel like a victim, feel helpless and unable to explore other possibilities. Telling the story can provide opportunity to shift this story and

create new meanings for it without dismissing the horror of it. People get stuck in their stories which can be reinforced by language. I am promoting that there are alternatives to this story, and their identity. It would be critical to consider how the Story Shifter framework would be applied in the clinical and community setting to avoid re-traumatization. I think it would be important to consider as a first step that an orientation to the dominant discourses and practices that may unknowingly contribute to it might be helpful. This requires further investigation however, and would require input from people who have experienced trauma to further guide the research and application of the Story Shifter Framework.

Those considering using the Story Shifter Framework need to at all times be mindful of the strength of the victim narrative and respect where people are at in their stories. The Story Shifter Framework can be used to assist others in considering new possibilities, but must not be used to force it upon them. The Story Shifter Framework at all times must also respect the horror that may be present in one's trauma, and the strength that this has. The practitioners in the Practitioners Focus Group emphasized this point and wanted to bring more awareness to how the strength of the trauma story could be dismissing of the Story Shifters. We also know that there is a purpose and role of the Resistant and Resilient Voices, which is further discussed below but was articulated in detail in the interviews with Emily and Landon. The Social Constructionist orientation promotes that change can occur, and is always occurring for nothing is stable in our world. There is a space between these two concepts I believe, where the tension is held about the strength of the trauma story and the capacity to shift it over time, within the discursive context that can facilitate this. I have had people ask me, in discussing the Story Shifter Framework casually, can we really expect to change dominant discourses? They ask "are they not too strong?" My response is asking them back if they have noticed changes in the past 20 years on our attitude towards drinking alcohol and driving. Or perhaps on the role of women? Or on how we treat those who are different from us in skin colour, cognitive and physical abilities. These are large shifts in the dominant discourses and create hope for our future that we can have an orientation to trauma that focuses on resilience.

The application of the Story Shifter Framework at this time is limited to childhood complex trauma, and specifically to childhood sexual abuse. This dissertation focuses on complex childhood trauma, the associated story, and the factors that contribute to shifts in the trauma story. It is about the trauma story, the identity of the person who experienced trauma and the meaning that was associated with the story. This dissertation is not about the type of complex trauma. Complex trauma is interpersonal trauma, trauma that is caused by another who is in a relationship with them. I believe that the type of trauma was not meaningful for the generation of the answers to the research questions. However, it can be acknowledged that despite this, the Story Shifter Framework could be limited specifically to childhood sexual abuse and that further exploration would be helpful to determine this.

We also know that although both interviewees experienced sexual abuse and highlighted this as most impacting their development, they also both spoke to many other types of abuse in their first interviews (e.g. physical abuse, emotional neglect, feelings of abandonment). We also know that even if there was only one type of trauma, such as sexual abuse, it can become complex because of the subsequent traumas that can emerge because of the person's response to it, as well as the responses of those around them. An example could be a child coming into care of Child welfare because his behaviour is so unmanageable and unsafe at home, school and the community. I saw this many times as a therapist in a residential treatment centre. Here, when looking at trauma stories in therapy, the children often mentioned that the significant trauma was not the sexual abuse, but having to leave their family and pets and come into care, living away from their family because of their challenges in coping with such an event. Therefore, I think it is challenging to isolate one type of complex trauma because complex trauma is about the multitudes of traumas.

It is not helpful to have this framework applied to single episode trauma in childhood or adulthood, nor for those situations that are focused solely on grief and loss. We know from the review of the dominant discourse in trauma in Chapter 3 that complex childhood trauma impacts all areas of development in a different way compared to the other traumas listed above. The interviewees were young adults who experienced multiple traumas in their childhood, including sexual abuse. They identified as Canadian and English-speaking, and represented white and black skinned experiences. It would be interesting to interview adults in their later years about complex childhood trauma who have the opportunity to reflect on their life experience over the years. Perhaps additional Story Shifters would emerge that create space to shift from the dominant discourses of trauma to more resilient based narratives.

The Story Shifter Framework can be applied individually but also has potential to be applied collectively in the community. We heard from the community forum participants that government funding in Ontario is in silos which has created limitations in developing a community approach where coordination and collaboration of services and activities are engaged. Instead, competition amongst the players for the funds is often present. The Story Shifter Framework requires a shift in this approach to be optimally effective.

It is important that the Story Shifter Framework is not used in a way that is dismissive of the role of the Victim and Resistant in the process of healing of a person who experienced childhood trauma. As stated at the end of Chapter 9, the Victim Voice can allow for services or status that benefits the person. It can help them receive housing, therapy, and other services that benefit them and provide the conditions to move them forward in their healing. This could also put them at risk to remain "stuck" in this identity since it was beneficial and they have had to tell their story from this perspective. It can become embedded for them and part of their

identity that consumes them instead of helps them. Examples of this include but are not limited to: asylum for refugees, counselling services, housing and financial assistance. In essence, the Victim Voice can help remove someone who is under adverse conditions from continuing in these situations. The Story Shifter Framework needs to be used in a way that honours and acknowledges the strength and role of the Victim and Resistant Voices in the life of the person who experienced adverse childhood events.

Resistant voices in children potentially help provide attention to them which could lead to inquiries and adverse childhood experiences may be exposed. Support could then be provided. Even if story not exposed, conditions may be in place that help child feel safer and opportunity to build stronger relationships. For example, child at school with behaviour problems, who is unable to manage their behaviour, is unsafe in this setting. This child could be provided with a specialized smaller classroom with specialized supports, where there are adjusted academic expectations, and better conditions for how they are in the world. This potentially could lead to identity that includes more self-worth, which may lead to sharing story, telling of abuse, removal from abusive situation, the building of stronger and more meaningful relationships for that child.

Another limitation of the Story Shifter Framework is that it focuses on verbal sharing of the trauma story. Other forms of sharing trauma stories are not reviewed, and yet we know that many people find significant healing through forms of music, art, singing, dancing, yoga and connecting with nature (Perry & Szalavitz, 2006). The Story Shifter Framework does not dismiss these as forms of healing and instead sees them as vital pathways to re-connecting with the self and moving forward in the healing journey and life. There are many ways to heal from trauma. This dissertation promotes the Story Shifter Framework as one opportunity to shift a trauma story. This dissertation is not meant at all to convey the irrelevance of professional trauma therapy and mentions how the re-construction of trauma might enhance therapy (refer to the Resilient and Growth Rating Scale). Telling the story and talking about it to others can make it real which can lead to feeling immersed in the pain and experience again, and potentially lead to re-traumatization (as reviewed earlier). Yet telling the story provides an opportunity to present alternatives and get in touch with Resilient Voices. This dissertation is promoting that there are certain constructs within the discursive context that can assist in this shift in stories. The risk of the Story Shifter framework as mentioned in the dissertation is sharing the story when the teller is not ready. Literature shows us that the teller paces herself in sharing information, testing out the listener's responses, checking for safety and having a relationship that promotes connection and responses that align with the Resistant and Resilient voices (Petronio, 1997, Pennebaker and Chung, 2011). There is certainly a risk for becoming ungrounded, and if the framework were shared with others, it would be vital to build in

awareness of this risk and teach grounding techniques that were easily accessible to others to use. Perhaps training guidelines would be required.

This dissertation focused on how to reconstruct trauma and examined what contributes to the shifts. The data did not display concepts of re-traumatization from telling the story when story shifters were used so further research should be conducted to examine this. We are most at risk for re-traumatization when the story is not occurring in the context of the Resilient Voices and the dialogue is not open to alternatives, and instead re-confirms the dominant discourses and the victim voices. When person is re-traumatized, they feel like a victim, feel helpless and unable to explore other possibilities. Telling the story can provide opportunity to shift this story and create new meanings for it without dismissing the horror of it. People get stuck in their stories which can be reinforced by language. I am promoting that there are alternatives to this story, and their identity.

The Story Shifter Framework, as mentioned above, is not discounting other forms of trauma healing. It also does not dismiss the contributions of other scientific approaches to trauma, such as promoted in the field of neuroscience. We have learned more about the brain in the last 10 years than in the last 100 put together (Arrowsmith Young, 2012). I acknowledge the impact of trauma on the brain. We know especially from Bruce Perry's (2006) neurosequential model of therapeutics (brain development) shows the importance of how trauma creates certain gaps in brain development which leads to several impairments including learning capabilities, emotion regulation, attention, attachment, and arousal states. We also know from Perry (2006) how repetitive, rhythmic and patterned somatosensory motor activities, such as drumming, singing, yoga, walking, running can lead to healing the brain and body of a person who has experienced adverse childhood experiences.

A limitation of the Story Shifter Framework could be seen as focusing exclusively on the relational and social aspect in healing trauma. Healing in trauma is complex and multi-faceted, typically involving some aspect of relational and social approaches but not necessarily exclusively. We know there are many techniques that currently exist that can contribute to healing from trauma and I certainly do not dismiss these in any way. The Story Shifter Framework emphasizes that the Relational Activity and Culture and Linguistics dimensions of the discursive context are where the story shifters take place which includes non-verbal dimensions and opens up space for healing from singing, drumming, yoga and other like non-verbal activities.

Another limitation of the Story Shifter Framework is that it does not consider the concept of attachment. As reviewed in Chapter 3, a trauma experience can impair the attachment relationship significantly. Trauma and attachment are strongly connected. This researcher acknowledges the impact of trauma on the attachment relationship but is not focused in this

research on the concept of attachment and instead focuses on relational activity and the connection this can create. We hear one of the interviewees speak about the impact of not having an attachment to his father, and how the abuse further impacted his relationship with men. Attachment is a relational concept yet trauma can be experienced and attachments are not seriously impacted, and in other cases, it can be. The interviews for this research spoke to the impact of the trauma on the attachments to others but it was not analyzed in the realm of the quality of attachment and instead focused on what happened to create new stories and identities that further created stronger attachments in terms of relationships and relational activity.

The Story Shifter Framework is not promoting that it is a replacement for therapy, or that the discursive context dimension of relational activity is similar to the therapeutic relationship. Therapy is always useful to help further the meaning one attributes to trauma story, and shift identity. It is good when this co-occurs, in therapy and in person's relationships and context outside the therapy room. We know that Story Shifters happen in the discursive context. The data did not address this relationship and it is beyond scope of this dissertation. It could be a risk that the Story Shifter Framework could be used by others who have good intentions to help the story teller and deviate from the framework to explore the trauma from an orientation that is more aligned with clinical practice conducted by a professional therapist. If the Story Shifter Framework were to enter the public domain, it would be vital to consider this risk and instill some safeguards against it. The Story Shifter Framework should not be used without a training curriculum that teaches about trauma discourses, the role of the voices, boundaries of the listener and the risks of re-traumatization. In addition, the training should include signs of re-traumatization for the listener to be observant of as well as some grounding techniques to re-stabilize the person sharing the story. Community resources should also be shared with the story teller to ensure that should they have a response to sharing their story that de-stabilizes them, they have some resources to help them immediately.

Another limitation of the Story Shifter Framework is that it does not speak to how it can be used within the therapeutic context. In what phase of trauma treatment could it be more useful? I would consider using it after it has been determined that the client is stable and a trusting and safe relationship has been established between the therapist and client. If it were used outside of this context, the client is at risk to become re-traumatized. The Story Shifter Framework might have some relevance in the stages of traumatic reprocessing where storytelling could be used as part of the re-processing intervention; the client can tell their story and it can be re-processed in the brain and other parts of the body through the various re-processing techniques. These could provide opportunities to generate different explanations the person may be holding about the event and address some of the shame, blame and reasonings the person has re: the event. The Story Shifter Framework could also be used in the

trauma treatment stage of Re-processing, where the focus is on eliminating or decreasing the emotional response. Often there is a re-telling of the story in the therapeutic relationship where there is a sense of safety and stabilization. The Story Shifter Framework opens the possibility for a lessened emotional response to the adverse childhood event by generating alternative stories about the meaning they are attributing to this event.

The Story Shifter Framework could also be used in the trauma treatment stage of Integration, where the focus is about shifting one's identity, building positive relationships and making positive life choices. This too links to the Story Shifter framework in that hope for the future can be generated, new possibilities can be opened, and new choices could be made. A new meaning in life and a stronger sense of self, and of self-agency can be created in the Story Shifter Framework.

However, this connection between the Story Shifter Framework and the stages of trauma reprocessing was not included in the dissertation because the research questions are more about the stories we hold in society about trauma and how we shift those stories through discourses on trauma. This dissertation does not discount trauma treatment and therapy; it acknowledges how these can co-exist with discourses and relational activity, in and out of the therapy session, and can shift the trauma story and promote healing.

The next section describes a tool that is based on the Story Shifter Framework and presents a way for it to perhaps be used in a clinical and therapeutic setting.

Resources: A Tool for Consideration

A tool has been generated out of the conversation that emerged in the Story Shifter Framework community and practitioner forums as well as from the interviews with Emily and Landon. The usefulness and meaning of this tool has not been tested as this is beyond the scope of this dissertation. This tool provides statements that could generate dialogue to provide information on where someone might be at that moment in time regarding the dominant discourse of trauma. It also provides an opportunity to begin exploring alternatives to the dominant discourses and to open possibilities for the future, especially regarding concepts such as hope and resilience.

Resilient and Growth Rating Scale

We know from the posttraumatic growth theory reviewed in Chapter 4 that growth and distress can co-exist. We also heard in the focus group interviews that the Story Shifter Framework could be applied in the therapeutic setting as a tool for dialogue on the dominant discourse of trauma. In response to this, for further consideration, I have developed a scale that could

potentially assist a practitioner to better understand the impact of an event on their clients' thoughts and life in general, in areas of thinking about the future, relying on others and the community, as well as on their ability to feel resilient and readiness to move forward. This scale could be a resource or guide for a practitioner to use with a client to open up possibilities to dialogue on the strength of the client's Resilient Voice, as well as to potentially gain insight into how embedded the client may be in the dominant discourse of trauma. This scale could assist those using it in exploring the role of existing Story Shifters and plus opportunities to open space to increase the presence of Story Shifters in their life.

To use this scale, a client rates on the scale of 1-10 where they are along the continuum for each statement, with 1 meaning full agreement with the first part of the statement and 10 being full agreement with the last statement. This scale is not meant to officially or formally provide a measurement, but to merely open up the conversation on the impact of dominant discourses and the Victim Voice for the client, and to explore the strength and presence of the Resilient Voices. Scores that fall in the mid-range potentially demonstrate how growth and distress from trauma may co-exist.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10

People usually hurt or disappoint me.....I look for the best in others as much as I can

My future doesn't look promising.....My future is bright

My life is pretty meaningless.....I can find meaning in my life

I think of death more often than before the trauma event.....I look forward to the future

I rarely feel happy.....I recognize and cherish moments of happiness

I feel like I can hardly trust anybody.....I have greater faith in some people now

I have little faith or sense of spirituality.....My spirituality or faith feels stronger

I now can't accomplish my life's goals.....I feel like I can succeed now

My relationships don't bring me much value.....I value my relationships more than ever

I feel destroyed inside.....I feel strong, resilient, more alive than ever

I don't bother taking care of myself.....I am much better at self-care

I can't make a difference.....I am an advocate for the issues I care most about

I have no control over most things in my life..... I find new opportunities when I look for them

I have no one to support me.....I have people in my life that I can count on

I feel defeated.....I feel like a warrior

I feel like I don't belong to my community.....I have a sense of belonging in my community.

I feel like I can't reach out.....I can connect and relate to others around me in my community

My community can't help those who really need it.....I can count on my community to help me and others if I need it.

I have to fight for almost everything.....Good things come my way sometimes

I am a victim of trauma.....I can change my story, trauma doesn't define who I am

Other questions that may be considered to further generate conversation that may offer alternatives to the dominant discourse of trauma and lead to alternatives for the future:

Who is on your side?

What are your hopes for those who are close to you?

What are your hopes for yourself?

Which experiences have been useful to you in your community/communities where you've lived? Which community resources do you use?

What are the good parts of your life?

What else is there for you besides the trauma?

What helps you do all these great things?

*Have you experienced a turning point in your life that helped you see alternatives? (*This question is credited to Norm and Emma, fellow Taos colleagues who offered this question at a Taos Qualitative Methods Workshop in October, 2013 in Pittsburgh, USA)

What advice would you give to others? What do you think others could learn from you and your experiences?

What other questions should I ask to better understand your experiences?

**Based on your values, what actions, decisions, choices and risks do you want to take in the near future?

**Who in your life made a major contribution to your development and growth? Are there people you would want to reconnect with that you have lost contact with over the years?

What would you say to them? What would be meaningful to you that they could say to you?

What would renewing this connection mean to you? (**revised from Healing Conversations Now: Enhance Relationships with Elders and Dying Loved Ones. Chadbourne & Silbert. Taos Institute Publications, 2011).

The Story Shifter Framework may hold some promise in the therapeutic and clinical setting and a tool to guide the work to hear all the voices of trauma discourses was developed but not tested in this dissertation. How the Resilient and Growth Rating Tool applies in the clinical setting is yet to be determined. Further investigation of this was briefly elaborated upon in the Limitations section.

Future Research and Opportunities

“It is time for the social sciences to channel their substantial resources of intelligence and ingenuity into creating more flourishing forms of living together” (Gergen, 2014b, Concluding Challenges section, para. 5). The community and practitioner forums have generated an informal “call to action” in our community to challenge the dominant discourse of trauma and offer more hope and resilience by changing the paradigm of trauma. This call for action would include the institutions and systems of education, mental health (for both children/youth and adults), medicine/healthcare, justice, and child welfare. Future research could explore how the Story Shifter Framework could be applied to begin to create this shift and offer alternatives across these systems and institutions in the community.

Further research could also explore how the Resilience and Growth Rating Scale could be used in therapeutic or other settings. Would this generate meaningful dialogue and useful information on the dominant discourse of trauma? Would the statements regarding resilience and growth offer hope and some alternatives to those held captive in the dominant discourse? Would it generate further dialogue about the Social Construction of our identities, relationships and other concepts we just seem to take for granted as existing?

If further research were conducted on the Resilience and Growth Rating Scale to test its applicability in the trauma therapy field, I would consider using a qualitative research design. A preliminary study could be used to start to determine a larger scale design. I would suggest consulting with therapists on their perspective regarding how to use the framework, and explore how it could be used in conjunction with other methods. Questions we would want answered about the Story Shifter Framework include: Did it enhance outcomes? What methods worked best alongside it? What is missing? How else could it be used? Was it useful? What stage of trauma treatment would it be most beneficial in? What conditions are necessary for it to be most useful? When is it not useful? What are the risks of using it?

It further would be critical to ask clients what their experience was of being asked the questions in the Resilient and Growth Rating tool. What was the meaning for them of hearing about the framework (the voices and Story Shifters?). Was it useful to talk about Story Shifters and why?

We heard in the interviews with both Emily and Landon about their curiosity for this research to include data on interviews with '*perpetrators*', or those who '*inflict*' trauma on others (italics are words used by Emily and Landon) to further help understand the factors of why this happens. Perhaps future research could explore the meaning that the Story Shifter Framework might have on the perspectives of such people.

We heard that there are cautions in the Story Shifter Framework to consider. What are the safeguards to prevent "flooding" of traumatic memories and emotional decompensation when people are telling their story? Does this only happen when the discursive context is rooted in the dominant discourse of trauma? Should there be cautions in place as safeguards when sharing the Story Shifter Framework to protect against this potential flooding? Future research could explore some of these questions and perhaps consider some of the safeguard ideas introduced in the aforementioned Limitations section above.

As the researcher for this dissertation, I am curious about the potential impact of the Story Shifter Framework in group treatment settings, especially in institutions such as prisons, hospitals and mental health residential centres. Group work is frequently successful because of the collective experience where people learn they are not alone in their struggle and hear about successful strategies they might want to try from others in similar situations. Group members listen to each other's stories and perhaps begin to challenge their own view of themselves; their Victim Voices become less of an influence as they consider alternative stories and find hope. Perhaps the Story Shifter Framework may enhance this process in group treatment settings in a similar way and be used as a tool to discuss how the dominant discourses have influenced their choices and identities. Alternative stories and identities could also be reviewed and tested out, or even acted out in a safe group setting.

Given the Story Shifter Framework, one could be curious about the impact of vicarious trauma in practitioners when they are not working from the dominant discourse of trauma and instead are co-creating dialogue where hope and resilience can emerge. Vicarious Trauma can be defined as "the cumulative transformative effect on the responder from working with survivors of traumatic life events. These changes are both positive and negative" (Saakvitne et al., 2000, p. 5). "When we open our hearts to hear someone's story of devastation or betrayal, our cherished beliefs are challenged and we are changed" (Saakvitne, 1996, p.7). Most of the literature speaks to how the impact of trauma work with clients on therapists is negative, and the solution is individual self-care and strategic coping (Rothschild & Rand, 2006). We heard in the community forums how the story shifting dialogue can be two-way and "life-giving". Could

the Story Shifter Framework buffer vicarious trauma, burn out and compassion fatigue that is so common amongst practitioners? Future research could explore the impact of the Story Shifter Framework on vicarious trauma and how the co-creating process might build hope and resilience in the practitioner as well as the client.

I am also curious about other Story Shifters that might emerge if the research were continued and expanded by interviewing other people who have experienced childhood trauma. I would suspect that there are other Story Shifters that would emerge, that possibility would still fit under the two dimensions of the discursive context (Relational Activity, and Culture and Linguistics) and further contribute to shifting stories and generating new possibilities. I am further curious about a spiritual component in the Story Shifter Framework, from a Western perspective. Could one's relationship with God be a Story Shifter and be considered as a relationship that could contribute to building resilience and generating alternative stories and identities?

Future research could further explore the meaning of Story Shifters for non-practitioners compared to practitioners. Future research could examine how the Story Shifter process benefits both the listener and the person sharing their story; as it may be "life-giving", as one forum participant said. How does it also shift the stories of listeners, whether they are community members or therapists?

The interviews for this research were audiotaped. Perhaps future research could use videotaping as this would have enhanced the analysis of the relationship between the researcher and listener. The research questions for this dissertation focused upon what in our society (not just in an interview process) can help shift the story. Perhaps subsequent research could focus on this relationship between the researcher and interviewee, and to what extent a story shifting process unfolds in the interview process.

It is beyond the scope of this dissertation to compare the Story Shifter Framework to existing mainstream theories and concepts, and it would seem premature to do so without further study on the Story Shifter Framework in action. However, it is interesting to note that there is some intriguing synergy with Rimé's (2009) theory of social sharing of emotion and the Story Shifter Framework. In reference to an emotional event, social sharing of emotions can be defined as an "interpersonal process" where "individuals will initiate interpersonal behaviours in which discussing this event and their reactions to it is central" (Rimé, Mesquita, Boca, & Philippot, 1991, p. 435). Rimé (2009) promotes that the social sharing of emotions is not intrapersonal or short lived and instead interpersonal and collective. Most emotional experiences are shared and discussed with others. It is interesting to note that gender differences were not found in this emotional sharing, which is interesting to consider in the context of the Story Shifter framework in that the social aspect of sharing a trauma story will be

equally accessible to men as women, who traditionally are described as more verbal and social in nature in sharing their stories and emotions.

Another interested point in relation to the Story Shifter Framework and emotion sharing is that despite strong emotional experiences which may be inexpressible, such as abuse, there is not a stronger reluctance to share them unless there is shame and guilt associated with them for the person sharing (Rimé, 2015). Given how strong guilt and shame are for those who have experienced childhood sexual abuse and other adverse experiences, we can expect that the social sharing will be impacted by this. However, the story shifter framework promotes that there are specific dimensions within the discursive context that can shift the story away from the shame and blame, and give space to resilience voices.

The social sharing of emotions literature also speaks to the social function of this, and how sharing emotions builds relationships and can strengthen social interactions (Rimé, Mesquita, Boca, & Philippot, 1991). This could be relevant to the Story Shifter Framework in that sharing an adverse childhood event could build stronger connections and pull people away from the isolation so often felt from such experiences.

The social sharing of emotions also addresses how the receiver is impacted by the sharing, and promotes that the autonomic arousal system may be increased as well as feelings of anxiety or depression (Rimé, 2015). I think the Story Shifter framework needs to consider what it is like for the listener to hear the trauma stories, as there are likely some risks and benefits to this. I would support further investigation into this area.

This concept was not further included in the dissertation the focus is on connecting the Story Shifter Framework to existing theories and literature. Instead, concepts and theories were used to help guide the story of deconstructing and reconstructing trauma stories. I agree however, that exploring this connection of social sharing of emotions is intriguing for future review.

There is an opportunity for me to explore implementing the Story Shifter Framework in Northern Ontario, in the Sioux Lookout community which is on a Federal Aboriginal reserve. The community is interested in hearing more about the Story Shifter Framework, and having it facilitated “on the ground” to assist them in addressing high rates of addictions, suicide and violence within their community. Future research could explore the Story Shifters in action in a community, and provide further insights into the discursive context dimensions that generate alternative stories and offer hope. This would also be an opportunity to research the Story Shifter Framework in a collective context where addictions and suicide occur at a significantly higher rate than in other communities.

In Summary

I have reviewed the dominant discourse of complex childhood trauma and, through qualitative interviews using the Listener's Guide, generated a Story Shifter Framework that offers alternative ways to reconstruct complex childhood trauma. This includes consideration of the discursive context and potential Story Shifters that generate alternative stories, build resilience, and offer hope, both at the community level and to individuals. Community and practitioner forums, along with other interviews, were held to gather feedback on the Story Shifter Framework to help determine its meaning and application. The Story Shifter Framework holds meaning for community members and practitioners in offering others an alternative story, which can shift meaning and identity in order to build resilience and hope.

This dissertation holds relevance for me as a social worker in Canada, in my role as Mental Health Lead at the local public school board and as a community member working with staff from other settings (Education, Child Welfare, Justice, Medical) in building a community that responds to trauma from framework that promotes resilience, where all voices can be heard. The Social Constructionist stance has space for all orientations, and the traditional view of trauma and trauma treatment practices are held with respect. However, these practices are invited to change only when all voices are not heard. I believe that through the discursive context dimensions of Relational Activity and Culture and Linguistics, that change can be brought forward for those who want it. People, through social interaction, create meaning together, which leads to action and change. As Ken Gergen says, "it's a tall order, but it's worth living for" (Gergen, 2010).

In closing, I would like to share the Manifesto of The Brave and Brokenhearted, from Brene Brown's latest book, *Rising Strong* (Brown, 2015), which speaks to the choice we have to tell ourselves a different narrative, and that our strength is not in being successful in our goals, but in rising strong.

There is no greater threat to the critics and cynics and fear mongers,
Than those of us who are willing to fall, because we have learned how to rise.
With skinned knees and bruised hearts;
We choose owning our stories of struggle,
Over hiding, over hustling, over pretending.
When we deny our stories, they define us.
When we run from struggle, we are never free.
So we turn toward truth and look it in the eye.
We will not be characters in our stories.
Not villains, not victims, not even heroes.

We are the authors of our lives.
We write our own daring endings.
We craft love from heartbreak,
Compassion from shame,
Grace from disappointment,
Courage from failure.
Showing up is our power.
Story is our way home.
Truth is our song.
We are the brave and brokenhearted.
We are rising strong. (Brown, 2015, p. 267)

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Appendices

Appendix 1

Consent to Participate in Research for Interviewees (Emily and Landon)

Consent to Participate in Research

I, _____ (please print name), agree to participate in the research being on trauma that explores what is helpful and not helpful to people who have experienced childhood trauma in different cultures, communities and societies. I understand the researcher is a PhD student with the Taos Institute in collaboration with Vrije University in Brussels, Belgium, under the supervision of Dr. Gerrit Loots. I understand that I am being asked to share my story to help the researcher learn more about childhood traumatic experiences to better understand what it was like and what was experienced as helpful in the healing process. I understand that my participation is voluntary and that I can leave anytime I choose. I am aware that I may be invited for other interviews, to participate in an advisory group, or contacted in the future to clarify comments made in the interview. I understand that we are talking about childhood trauma and I am aware of community resources and supports if I feel I need support during or after the interview. I am aware I can contact the researcher for information on community supports as well. I understand that my feedback will be recorded, transcribed, shared with the research advisor, and potentially used in the researcher's dissertation. I understand that all data will be handled in a cautious manner ensuring anonymity and will never reference any persons. The data will be destroyed when the research on the data is completed.

Appendix 2

Trauma Story Shifters: A Community Forum

Sometimes adults who have experienced trauma in their childhood get ‘stuck’ in what happened to them, in that they feel it holds them back or it takes over their life. As one person said, it became the ‘soul of his life’. In our lives, we have many stories about our experiences and who we are. These stories can shift over time, depending on other experiences we have. Do you sometimes wonder how the stories we have about trauma shift to help us get ‘unstuck’? Do you wonder what elements are involved in making this happen?

What we discovered through the research is that any member of our community can have a role shifting stories; to make a difference in contributing to strong Resilient Voices for those who as children/youth have experienced trauma. People in the community often talk about how ill equipped they feel to address the mental health needs caused by trauma. Yet teachers, friends, coaches, any community member, can take on the role of a story shifter and strengthen these Resilient Voices in children, youth and adults.

A researcher is curious about your thoughts as community members. A review of some research and a framework will briefly be shared that has provided some key elements that we may want to consider as “story-shifters”; elements that have the potential to help folks who have experienced trauma to engage their resilience.

Come hear more about this research project and share your thoughts on what this might mean for our community, and also for those who have experienced significant childhood trauma. We are hosting a community forum as part of the researcher’s PhD dissertation on:

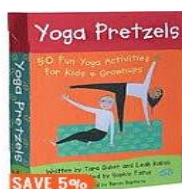
April 28, 2015 7:00 pm – 8:30 pm

Forest Heights Community Library

251 Fischer-Hallman Road, Kitchener

Space is limited. Please contact Barbara Ward to reserve a spot or if you have questions at barbsworld@hotmail.com.

Feel free to extend this invitation to friends and other community members.



Conversation facilitated and will be recorded by Barbara Ward, PhD Candidate, Taos Institute and Vrije University, Brussels, Belgium.

Come join the community forum and enter your name to win a set of Yoga Pretzels.

Practice bending, twisting, breathing, relaxing and more with Yoga Pretzels, a vibrant and colorful set of illustrated cards that provide a healthy dose of fun and education while teaching all the basics of yoga to help your head and heart. Perfect for kids, couples, training breaks, counselling and individuals.

Appendix 3

Consent to Participate in Community Research Forum

I, _____ (please print name), agree to participate in the Story Shifter community research forum. I understand that my participation is voluntary and that I can leave anytime I choose. I understand that we are talking about childhood trauma and I am aware of community resources and supports if I feel I need support during or after the forum. I am aware I can contact the researcher for information on community supports as well. I understand that my feedback will be recorded and potentially used in the researcher's dissertation about what meaning the Story Shifter Framework brings to the community. I understand that all data will be handled in a cautious manner ensuring anonymity and will never reference any persons. The data will be destroyed when the research on the data is completed. I understand that there is a draw for a set of Yoga Pretzel cards and I do not have to be present or participate in the forum to win.

Signature

Print Name

Date _____

Appendix 4

Story Shifter Presentation for Focus Groups



Appendix 5

Story Shifter Forum Invitation for Practitioner Focus Groups

Trauma Story Shifters-A Consultation Process

Sometimes adults who have experienced trauma in their childhood get ‘stuck’ in what happened to them, in that they feel it holds them back or it takes over their life. As one person said, it became the ‘soul of his life’. In our lives, we have many stories about our experiences and who we are. These stories can shift over time, depending on other experiences we have. Do you sometimes wonder how the stories we have about trauma shift to get us ‘unstuck’? Do you wonder what elements are involved in making this happen?

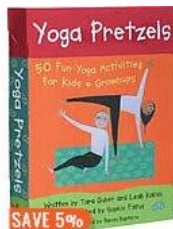
What we discovered through the research is that any member of our community can have a role shifting stories; to make a difference in contributing to strong Resilient Voices for those who as children/youth have experienced trauma. People in the community often talk about how ill equipped they feel to address the mental health needs caused by trauma. Yet teachers, friends, coaches, any community member, can take on the role of a story shifter and strengthen these Resilient Voices in children, youth and adults.

A researcher is curious about your thoughts as practitioners. A review of some research and a theoretical framework will briefly be shared that has provided some key elements that we may want to consider as “story-shifters”; elements that have the potential to help folks who have experienced trauma to engage their resilience.

Come hear more about this research project and share your thoughts on what this might mean for practitioners and therapists, and also for those who have experienced significant childhood trauma. We are hosting focus groups at the Grounding Trauma conference on:

May 6 4:15-5:30 pm in Room #18

Conversation facilitated and will be recorded by Barbara Ward, PhD Candidate, Taos Institute and Vrije University, Brussels, Belgium.



Come join the focus groups and enter your name to win a set of Yoga Pretzels.

Practice bending, twisting, breathing, relaxing and more with Yoga Pretzels, a vibrant and colorful set of illustrated cards that provide a healthy dose of fun and education while teaching all the basics of yoga to help your head and heart. Perfect for kids, couples, training breaks, counselling and individuals.

Appendix 6

Consent to Participate in Practitioner Community Research Forum

I, _____ (please print name), agree to participate in the Story Shifter practitioner research forum. I understand that my participation is voluntary and that I can leave anytime I choose. I understand that we are talking about childhood trauma and I am aware of community resources and supports if I feel I need support during or after the forum. I am aware I can contact the researcher for information on community supports as well. I understand that my feedback will be recorded and potentially used in the researcher's dissertation about what meaning the Story Shifter Framework brings to the community. I understand that all data will be handled in a cautious manner ensuring anonymity and will never reference any persons. The data will be destroyed when the research on the data is completed. I understand that there is a draw for a set of Yoga Pretzel cards and I do not have to be present or participate in the forum to win.

Signature

Print Name

Date _____

Addendum #1

Shape Shifters and “Boggarts” in Harry Potter series

A specific shape shifter that emerges in the Harry Potter book series (Rowling, 1999) is a “Boggart.” A Boggart is an ‘amortal’ shape-shifting non-being that takes on the form of the viewer's worst fear. When facing a Boggart, it is best to have someone else along, to try to confuse it, since facing more than one person at once would make it indecisive as to what form it must take, usually a mixed-up amalgam of the victims' fears. Because of their shape-shifting ability, no one knows what a Boggart looks like when it is alone, as it instantly changes into your worst fears when you first see it. Boggarts sometimes do not have the same strength or magic as what they imitate, but they often appear as if they do to the person who sees them. The charm that combats a Boggart is Riddikulus. The charm requires a strong mind and good concentration. The incantation and wand movement alone will not affect a Boggart. The correct way to perform the charm is to push past the fear, and concentrate on something that will make the Boggart look amusing (to the “victim”). The charm does not, in fact, repel a Boggart; it just forces it to assume a shape that the caster will find comical, inspiring laughter, which will defeat a Boggart. (“Harry Potter Boggart”, 2014, November 18, para, 1)

A Boggart represents your worst fear, but the Boggart can be confused if you have “someone else along”, perhaps an ally. This is similar to what we are learning in the interviews conducted in their research about Story Shifters, in that conversations and relationships, especially with mentors, are a key element in perhaps creating confusion about the story in a process that leads to opening it up to alternatives. The meaning we attribute to our story can be shifted just as the Boggart can be shape shifted by our own “minds” and what we hold there regarding social constructs. Pushing past fear, concentrating on something amusing and using a “strong mind” assist us in shifting the Boggart into something that is no longer representative of our worst fears and in fact no longer seems as scary to face. We hear this in the interviews from the interviewees, that telling their stories, repeatedly to different people, further enhanced connections which began to silence the Victim Voice which holds shame, guilt, blame, and other fears, which further enhanced their potential to tell a different story. We also know that Boggarts get confused when trying to shape shift into both victim’s fears, when someone is beside the victim, and the strength of the fear is lessened as a result of the contorted image. Having someone beside you, as we hear in the interviews, to help face the fears, is enormously helpful. The connection to one another contributes to healing from the childhood trauma, where victims are no longer victims just as when dealing with Boggarts. In addition, as we learned above, Boggarts appear in the image of your worst fear but often lack the strength of the original being. This too is similar to trauma, where it feels like it is consuming your entire life, and becomes your entire identity, but with relational activity, knowledge generation and a

shift in social constructs, we have learned that trauma loses its strength and does not have to be “the soul of your life” as Landon articulated.

References for Addendum #1

Harry Potter Boggart. (n.d.). In *Wiki*. Retrieved November 18, 2014, from <http://harrypotter.wikia.com/wiki/Boggart>

Addendum #2

Discursive Context

We can define context as “the physical environment in which a word is used” (Yule, 2000, p. 128). Guy Cook defines context as “just a form of knowledge of the world” and

the term ‘context’ can be used in a broad and narrow sense. In the narrow sense, it refers to (knowledge of) factors outside the text under consideration. In the broad sense, it refers to (knowledge of) these factors and to (knowledge of) other parts of the text under consideration, sometimes referred to as “co-text”. (Cook, 1999, p. 24)

Voloshinov (1986) explains that in dialogical moments, “the immediate social situation and the broader social milieu wholly determine - and determine from within - the structure of an utterance” (p. 86).

What is crucial to these dialogical processes is the gap, the pause, the space, the moment when on speaking person, one expressive agency, pauses sufficiently in their activity to orient themselves toward being responsive both to another’s resultant responsive expressions toward them, and to other influences in the circumstances of their talk. For it is in the bridging of this gap, and only in this gap, in this moment of joint exchange, that meanings unique to the exchange can occur. (Shotter, 2012, p. 2)

There are other factors to consider in the discursive context that influence the story shifter process. Song (2010) divides context into three classifications: linguistic, situational and cultural. Linguistic context “refers to the context within the discourse, that is, the relationship between the words, phrases, sentences and even paragraphs” (p. 876) and includes the deictic (space and time features), co-text (discourse coordinate) and collocation (syntagmatic relations) aspects. The Situational context includes the environment, time and place of the discourse as well as the relationship between the people engaged in the discourse. The Cultural context refers to the culture, customs and background of epoch in language

communities in which the speakers participate. Language is a social phenomenon, and it is closely tied up with the social structure and value system of society. Therefore, language cannot avoid being influenced by all these factors like social role, social status, sex and age, etc. (Song, 2010).

What is the interplay between context, one's account of an event, and the meaning we provide to this event? This is also important to consider when one is sharing their story and looking at key dimensions in the discursive context. "The construction of an event's context is crucial to understanding how accounts function to change meanings" (Buttny, 1985, p. 57). An account here is described as providing the motive for an event, where the event is typically problematic but the thinking Buttny introduces here can be applied to dialogue about a trauma event.

"Meanings have a flexibility such that everything we do can be redone by talk. In the course of talk, our actions can be redefined and in the process are transformed" (Marsh, Rosser & Harre, 1978, p.21). Context can be seen as a Social Construction, which can change through social interaction (McHugh, 1968). Contextual objects contain material objects, physical states and the social relationship and are important to the context "insofar as persons interpret them as such" ... and the different meaning attributed to each contextual object depends on how they are organized by the person's use of rules" (Buttny, 1985, p. 62). "The use of a rule in the account organizes the objects in a whole-part relation" (Buttny, 1985, p. 67). People when engaged in social interaction are not always aware of these rules. In order to offer an account in an attempt to shift meaning of the event, three conditions need to be present. The first one is "the specification of relevant contextual objects, which are organized by constitutive and regulative rules into a whole... (the second condition), in order to warrant one's preferred meaning by reconfiguration of hierarchical levels of context." (third condition) (Buttny, 1985, p. 70). Furthermore, certain "contextual levels can impact the meaning of the whole." Messages have content but also meta-levels of meaning which "provide a command function on what the message is to count as" (Buttny, 1985, p. 68). These include episode, relationship, life script, and cultural patterns. "Each aspect of context provides a meta-level on how to interpret the message" (Buttny, 1985, p. 68). Buttny (1985) argues that it is the "multiplicity of a persons' rules as an organizing principle for the reconstruction of a socially recognizable event." (p. 75).

Crowe proposes that for the dominant discourse and discursive context in the field of nursing, for example, to change, "discourses maintain their influence through reiteration and it is the possibility of creating a break in the reiterative process which may enable nursing to resist discourses that constrain this potential" (Crowe, 2000, p. 962). This process could also be applied to any other field or construct. "Repeated performances shaped by discourse create the illusion that the individual can maintain a constant unchanging identity. From this post-structural perspective the subject is an effect of meaning constituted by discursive practices" (Crowe, 2000 p. 963).

References for Addendum #2

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