Post-traumatic success[1]

When I was at university in the 1970s, the university library acquired a new book that was described, in hushed tones, by some of the psychology and social work faculty, as being "The Bible of sexual abuse treatment". I no longer remember the name of the book nor anything about it, except for the opening sentence. The very first sentence read, "Childhood sexual abuse INEVITABLY leads to long term, IRREVERSIBLE psychological damage" *(Caps mine)*. At that point, I stopped reading. If the damage is inevitable and irreversible, there seemed little point thinking further about treatment.

Contrast this with the following observation,

> Recent research indicates that the most common reaction among [people] exposed to [traumatic] events is a relatively stable pattern of healthy functioning coupled with the enduring capacity for positive emotion and generative experiences (Bonanno, Rennicke & Dekel, 2005, p. 985)

There is a sense in which both these statements contain some truth. We do not want a "Pollyanna" approach that underestimates the difficulties people may experience following trauma; however, we equally do not want an approach that is blind to the possibilities that still exist for healthy functioning and positive emotion.

Trauma is one of the most challenging difficulties for thinking about how to apply Solution Focused ideas. There are many ideas about how trauma should be managed, from popular ideas about the importance of "getting it all out" to professional prescriptions of what must happen to overcome the effects of trauma. There has been an increasing emphasis on social and therapeutic services being "trauma-informed". That is, seeing an understanding of the effects of trauma as fundamental to all of our work with people. (Here in NSW, Australia, the state health department is promoting "trauma-informed" work and the state social services

1. I have used the term "Post-traumatic success" for some time. In particular, my training courses in the use of Solution Focused Brief Therapy in working with trauma have had this title for a number of years. Subsequently, I learned that another author has been using the same title (Bannink, 2014). While both writing about Solution Focused work with trauma, each of us has carried out our work independently and begun quite separately to use this phrase.

department specifies that programs working with young people in out-of-home care must be "trauma-informed").

"Trauma-Informed Care is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma (Institute on trauma and trauma-informed care, 2021). Again, it would be silly to argue that many of the people who present to mental health services have not had experiences of trauma. However, the emphasis on trauma-informed ways of working seems to prioritise the consideration of trauma and an assumption that symptoms are a manifestation of traua is the default position. What if, instead, we were to argue for "resilience-focused care"?

> Experiencing trauma is an essential part of being human: history is written in blood. Throughout evolution, humans have been exposed to terrible events. Yet most people survive without developing psychiatric disorders. To be distressed is a normal reaction to the horror, helplessness, and fear that are the critical elements of a traumatic experience. The typical pattern for even the most catastrophic experiences, however, is resolution of symptoms and not the development of posttraumatic stress disorder. Only a minority of the victims will go on to develop posttraumatic stress disorder, and with the passage of time, the symptoms will resolve in approximately two-thirds of these. (MacFarlane & Yehuda, 1996)

One of the most widespread traumatic events in recent history was the Twin Towers terrorist attack, now known widely as "9/11". This was clearly a traumatic experience for residents of lower Manhattan.

> There is … evidence for resilience in response to the September 11th attacks. For example, one post–September 11th survey found that over 40% of Manhattan residents living south of 110th Street[2] did not report a single PTSD symptom. Although some of these individuals might be expected to exhibit delayed PTSD reactions, which are typically observed in approximately 5%–10% of the individuals exposed to PTEs, this evidence clearly suggests that resilience was common in New York after September 11th (Bonanno, Rennicke & Dekel, 2005, p. 985).

Similarly, Gillham and Seligman (1999) summarise various research reports of unexpected resilience in reactions to various traumatic events during World War II, with expected severe psychological consequences of onoing air raids, of the death of family members and even of placement in a concentration camp not being widespread.

Skogrand, DeFrain, DeFrain & Jones (2007) undertook a qualitative study of 90

2. Many studies relating to the effects of the 9/11 attack use residents south of 110th Street as their sample. The Twin Towers were at the very southern end of Manhattan. This area of study is the area of footnote Manhattan (including Lower Manhattan and Midtown) up to the northern end of Central Park. The approximately 911,000 residents (NIDA, 2002) of this area would have been able to see the Twins Towers naturally ... not on television.

people who had experienced childhood trauma (most commonly violence and/or abuse, but also effects of parental alcoholism or mental illness, witnessing traumatic death and other traumatic experiences). Not one participant in the study said that they had left their childhood unscarred. Eleven percent said they considered themselves bare survivors, but an astonishing 83 percent said they had moved past, were transcending their childhood, building an adult life they could be proud of.

So, when presented with trauma, do we begin by exploring the "damage" caused by the trauma or do we begin by exploring how the person has coped, survived … or, even, thrived? Clearly, past experiences influence — and even shape — the future in many, subtle ways. However, we do not assume that the person is a passive vessel and that past experiences will inevitably overshadow the rest of her/his life. Rather, how the person deals with these early experiences determines to a great extent what the outcome will be.

Psychiatrist Ben Furman comments, "It's natural to think that our past has an effect on how our future will turn out, but we rarely look at it the other way around. The future — that is what we think it will bring — determines what our past looks like (1998, p. 81). If you are depressed and view the future as dark, the past appears darker, if you are in love and anticipate a happy future, the past also appears somewhat brighter.

> Experience through a century of devastating wars has shown that people usually survive amazingly well both the horrors of war as well as difficult family circumstances. Only some children whose parents are alcoholics start to drink when they are older and those whose parents suffer mental problems only rarely become mentally ill themselves. Only a small proportion of children who grow up in violent homes become violent themselves, and only a fraction of those who have endured sexual abuse during childhood behave similarly as adults. (Furman, 1998)

The development of a disorder

Post-Traumatic Stress Disorder was introduced as a type of anxiety disorder in DSM-III (APA, 1980). It remained a type of anxiety disorder in DSM-III-R and DSM-IV, although the definition was altered slightly. It became a major category of "trauma and stress related disorders" in its own right (rather than a type of anxiety disorder) in DSM-5 (APA, 2013). Not only has PTSD grown up to become a whole new category of disorder, but APA also introduced a new subtype of PTSD for children aged 6 years and younger.

In 2012, Retired General Peter Chiarelli, the former Vice Chief of Staff of the United States Army, began to lobby for a change in name to Post Traumatic Stress Injury (PTSI). Proponents of this change argue that it is not a disorder, a syndrome or a condition; it is an injury. An injury is something that can usually be treated or healed, whereas a disorder suggests something about the inner state of the person. Frank Ochberg, formerly associate director of the United States National Institute

of Mental Health and a former professor of psychiatry, has been among those advocating this change; however, he reports that the APA is unwilling to change (Ochberg, 2012).

Feeling heard — the importance of acknowledgement

"The construction of solutions is greatly facilitated when the clients feel their complaints are accepted as stated and that they are being understood." (Lipchik, 1988, p. 117). People need to feel heard!

> The process of building a sense of understanding and empathy is verbal as well as nonverbal, and involves pacing. An elderly person or someone grieving may very well feel understood because the therapist responds slowly and patiently. Conversely, an energetic teenager will probably feel more understood by the professional who responds dynamically. The good therapist will be sensitive to the physical expression of experience and emotion (e.g. tears, a fearful expression or a rigid, tense body). When checking with clients whether they feel understood, most therapists look for responses like nods and smiles. Clients are equally aware of and sensitive to therapists' nonverbal responses. (Turnell & Lipchik, 1999, p. 178)

In a Solution Focused approach, identifying and acknowledging emotion is still essential. However, this does not mean asking, "How did that make you feel?" Rather than asking, "How did you feel?", it is much better to say, "I guess you felt really scared?" or "I guess you felt really hopeless?", etc. If you are right, the client feels validated; if the client says, "No, it didn't feel like that at all", you can say, "Oh, sorry. So, given how awful that was, how were you able not to feel hopeless?"

We can validate emotion by highlighting exceptions but acknowledging the pain ("Since you were feeling so overwhelmed and hopeless, I am even more interested that you were able to get up and go to the gym.")

Validating clients' experience does NOT necessarily require long, empathic exploration. In fact, we may provide "space" for the client to speak about painful events but do not need to explore or question further — the only purpose for speaking about these events is to make the client feel heard; the therapist does not NEED this information. "One must be careful not to support in a way that closes down possibilities by focusing so much on the pain that you forget the possibilities for them moving on". (O'Hanlon & Martin, 1992, p. 143)

Froerer, von Cziffra-Bergs, Kim & Connie (2018) discuss how therapists deliberately choose particular language and how this contributes to the joint process of co-constructing the possibility of difference in responses to trauma. Consider the following statement:

Client: Things have been very difficult since my recent sexual assault. I haven't been able to sleep well, I have horrible flashbacks, and I feel like I am constantly on guard waiting for something like that to happen again.

The authors then offer two possible responses:

Therapist: Oh, wow! It sounds like these things have really been troubling you. That must be very difficult.

or

Therapist: Oh, wow! It sounds like this has experience has really affected you. I'm wondering how you have been able to cope despite having to manage all of this?

This small difference in language selection potentially makes a huge difference to the way the client is beginning to make sense of her/his experience.

Coping questions

> No matter how overwhelming things are, "it is unarguable, including by the client, that the client is 'keeping going' in some way, even if they had not been thinking of themselves as doing this until this moment. So, a Solution Focused acknowledgement will rarely have a full stop after it, but almost always a comma, after which will typically follow a coping question." (Shennan, 2015, p.122)

"Things are pretty tough for you at the moment ... so, how are you keeping going?"

Despite Solution Focused practice generally having moved on from an "exceptions focus" to a "future focus", when working with people who have experienced trauma and who are often feeling overwhelmed, gentle exploration of times when they have been successful is still a powerful tool. However, rather than jumping into exceptions questions, along the lines of "When are things better?", coping questions are curious about how the client is keeping going (coping) despite things not being better.

"How do you keep going?"

"So, how do you manage to get out of bed in the morning?"

"How did you manage to drag yourself here today?"

— followed by a GENTLE but THOROUGH exploration.

The miracle question

The miracle question generically uses the words, "… and, while you're asleep, a miracle happens ... and the miracle is that the problems you came here about are solved."

When working with trauma, we can describe the miracle more specifically, based on what the client has sent they want.

"… and, while you're asleep, a miracle happens ... and the miracle is that all the suicidal feelings and thoughts are gone."

"… and, while you're asleep, a miracle happens ... and the miracle is that all the problems the abuse caused in your life are gone."

"… and, while you're asleep, a miracle happens ... and the miracle is that the sadness (whatever words the client has used to describe what they want to be different) is gone."

"… and, while you're asleep, a miracle happens ... and the miracle is that all of a sudden, you have your life back." (Sarah, in chapter 8, in answer to the question "How will you know that coming here and talking to me has been useful?", has said "I just want my life back!").

Andrew Turnell, working with refugees who have been victims of torture and trauma, comments that he almost never asks the miracle question in its traditional form.

> Since I was always working with interpreters. ... I found that across the languages I was working in including Arabic, Farsi, Vietnamese, Bosnian and Oromo interpreters rarely felt comfortable using the notion of a 'miracle'. I would then discuss with the interpreter how they would be comfortable presenting the questions and discussed various ways of exploring the 'preferred future'. Most often we would frame it something like, "Suppose you problems were behind you and you had your life the way you wanted it what would that look like?' Very often interpreters of the Muslim faith would want to frame the question including the phrase 'inn sha allah' (God willing) which was always fine.
>
> — Reference to come

Victim, survivor or thriver

One of the main effects of abuse and trauma is the assault it makes on the person's self-perception. (Durrant & Kowalski, 1990.) People who have experienced trauma are clearly victims — they did not bring the trauma on themselves; they have been innocent victims of another person's evil actions or of a catastrophic natural event. It is appropriate that they see themselves as a victim. However, it is clearly not helpful to continue through life seeing oneself as a victim. The trauma may have been huge and its impact powerful; however, it does not have to be the thing that defines the person forever.

A view of self as a survivor is more helpful. It is a view of self as having exercised a degree of agency, of having acted to survive, to cope, to continue to move forward. However, a view of self as a survivor is still a self-definition that relates to the trauma. While we can never pretend the trauma didn't happen, one's view of self does not forever have to be defined by it. Thus, we wish to acknowledge that the person has found strengths and resources that have helped them survive (and the Solution Focused therapist is most likely to be curious about how the person coped or survived rather than to congratulate them for having done so) but also explore how they have moved to the phase of thriving — a phase where self is not defined by the trauma at all. It is possible to explore possibilities and dreams for the future — embracing and celebrating the future is different from celebrating having overcome the past.

> Overcoming the immediate effects of abuse, loss or other trauma and viewing yourself as a Survivor rather than a Victim are helpful steps, but are ultimately not sufficient to help people fully regain the ability to live a life that is more compelling, joyous and fulfilling than your past. (Dolan, 2000, p. 9).

See Table 1 for the implications for the therapeutic process of the distinction between victim and thriver.

Flashbacks

Many people who have suffered trauma or abuse experience flashbacks, when images of the trauma intrude into their consciousness. These can be extremely dis-turbing and distressing and we know that this is a phenomenon over which its victims have no control. Or do they?

I once saw a woman who had been the victim of horrific sexual violence and was experiencing flashbacks that were crippling her. She felt that she needed to tell me about the flashbacks, although it was obvious that she found even talking about them to be extremely upsetting.

Michael:	Okay … let me interrupt for a minute … tell me, when are the times you DON'T have flashbacks?
Client:	*[thinks hard]* You know, come to think of it, I never get them when I'm driving.
Michael:	Really. How come?
Client:	*[Looking at me as if I'm stupid!]* That would be way too dangerous!!
Michael:	Ok … okay. So how do you do that? How do you stop them happening when you're driving?

The client, of course, had no idea about how she did that and we ended up agreeing that somehow her unconscious must know when it was too dangerous[3]. None

3 I find the unconscious can sometimes be a useful thing to frame as a resource. Not Freud's unconscious, that was insidiously to blame for the pathology we cannot explain. More helpfully, Erickson's unconscious, that somehow knows what's best for us even when we consciously don't know. "Your unconscious knows how to protect you ... Your unconscious mind knows what is right and what is good" (Erickson & Rossi, 1979, p. 296).

Therapy that promotes a self-identification of "victim"	Therapy that promotes a self-identification of "competent person"
1. The therapist is the expert, who has special knowledge about the impact of trauma and so knows what needs to happen and what the optimal outcome will be — special knowledge to which the client must submit.	1. The client is the expert in her own life and has the ability to determine what is best for her and how she wants her life to be. The therapist respects this and does not prescribe any particular outcome.
2. The client is viewed as damaged or broken by the trauma. The focus is on the impact of the trauma on the client.	2. The serious consequences of the trauma are not denied; however, the client is viewed as someone who is or has been struggling successfully with these things.
3. Deficit model — seeks to identify the nature and extent of the damage and then to repair that.	3. Resource model — seeks to acknowledge and build on the strengths and resources of the client.
4. The problems caused by the trauma will always be there and will always have an influence in the client's life.	4. We cannot forget the trauma; however, clients are capable of embracing a successful life not related to the trauma.
5. Insight into the dynamics of the trauma and/or re-experiencing the trauma is a key goal of treatment.	5. The key goal of treatment is the client viewing himself as competent and experiencing agency in the face of any ongoing consequences of the trauma.
6. Often, some cathartic or corrective experience is deemed necessary to produce change	6. The best corrective experience is the client getting on with her life in whatever way best suits her, and change will be promoted by experiencing this possibility.
7. The therapist needs to teach coping mechanisms	7. The therapist needs to uncover the coping mechanisms that are already there.

TABLE 1: A paradigm for thinking about intervention

"Being therapeutic" vs "providing support"

Following the 2014 Blue Mountains bush fires, catastrophic fires on the very edge of Sydney, I was privileged to be engaged as consultant/supervisor to the *Step By Step* program[4], established as a "bushfire recovery support service". The program was operating within a thoroughly Solution Focused agency; however, much of its scope was providing practical support rather being than explicitly therapeutic.

This is where the questions, "How does that make a difference?" and "How will that make a difference?", become particularly useful.

Client: Well, the insurance company finally seems to be considering our claim.
Worker: Great. How did you achieve that?
Client: Well, the advice you gave me about how to describe things in the claim really helped.
Worker: Okay, I'm glad that was useful. So, what else helped you to achieve that?
Client: Well, you helped me figure out the best person in the company to talk to. That was really helpful. Before that, it felt like I had to go through the whole story again every time I talked to someone.
Worker: Okay, so it feels like they are now taking your claim seriously. How does that make a difference?
Client Well, it means I can begin to look forward to the house being fixed.
Worker: Okay … and how does that make a difference?
Client: Umm. I feel finally that we are getting somewhere.
Worker: Okay … great. So how does that make a difference?
Client: Maybe I'm not feeling so worried about our future.
Worker: Not so worried about your future?
Client: Yeah, you know, our future as a family. I mean, at the moment, it just seems so hopeless.
Worker: So, getting things clearer with the insurance company helps you begin to feel a bit more hopeful?
Client: Yeah.
Worker: So, how does THAT make a difference?
Client: Well, I'm not so preoccupied with whether we can afford to rebuild or not.
Worker: Oh, okay. What are you doing instead of being preoccupied?
Client: Oh, being a bit lighter, I guess.
Worker: What are you doing when you're being a bit lighter?

4. The NSW Ministry of Police and Emergency Services funded a local agency, Gateway Family Services, to operate this program, working with people who had lost their homes (and, in some cases, could easily have lost their lives) and were highly traumatised. The program operated for a year.

Client: Oh, just being more normal.
Worker: Okay, so when you walk in the door after work, and you haven't had to spend hours on the phone to the insurance company, how are you different?
Client: Oh, I'm not so hassled.
Worker: What are you instead of hassled?
Client: Oh, you know, calmer.
Worker: What does your wife see that tells her that you're calmer?
Client: Well, maybe she sees that I'm a bit more talkative; not so preoccupied.
Worker: Okay. What will she see you do that will tell her you're not so preoccupied?
Client: I'll come in the door and ask her about her day rather than immediately starting to rant about the insurance company.

So, even if the conversation has been primarily about dealing with the insurance company, the question "How does that make a difference?" allows a conversation that is about wellbeing (and about success in wellbeing!).

Then, conversations can begin to seed ideas about future success.

Worker: Okay. It sounds like there's still a long way to go with the insurance company … but, "feeling calmer", how will that make a difference over the next few weeks?

Talking through the past

Teresa, a woman aged in her early thirties, came to see me.

Teresa: Before we start, I need to tell you some background stuff. I was sexually abused by my father when I was a kid. Because of that, my teenage years were pretty messed up and I ended up getting married really young. That was a disaster … I mean, he was violent and abusive … you wouldn't believe some of the sexual things he used to make me do! It was awful. And, if I even thought about leaving … he would threaten to kill me — or to kill himself. Anyway, I've been seeing this counsellor for a few years now …
Michael: Oh, okay. And has that been helpful?
Teresa: Oh, yes, it's been very helpful. Yeah … she's been great. And I actually did end up leaving him … and I moved here to Sydney and got a new job; and I got a boyfriend. Yeah, my counsellor has been wonderful.
Michael: That's good to hear.
Teresa: Yeah … but she said I need to come and see a real therapist … 'cos I've never actually, you know, got it all out. I've never really talked with anyone in detail about all the stuff that happened to me. I haven't worked it through and come to terms with it.
Michael: Oh, okay. So that's what your counsellor thinks you need to do?
Teresa: Yeah. She said I'd never be able to move on properly if I didn't.
Michael: Oh, okay. So that's what your counsellor thinks you need to do. How about you … is that what you think you need to do?
Teresa: Well, yeah … I mean, that's what you've gotta do, isn't it?
Michael: Is it?
Teresa: Yeah … I mean, if you've been through abuse or trauma or stuff … you know, my counsellor said you can't just keep it in; you've gotta get it all out. So, that's what you've got to do, isn't it?
Michael: Well, I don't know. Some people who I've seen, who've had experiences of trauma or abuse, find it helpful to talk about it. They find it helpful to talk about how awful it was … or how painful it was … or how scary it was … particularly if they've never talked to anyone about it … and, for some people, that can be an important first step in beginning to move on. Then, I've met other people who decide that they went through it back then and they don't need to go through it again now. They decide that they don't need to get it all out and they prefer to concentrate on what's happening now.
Teresa: Oh.
Michael: So … which do you think will be most useful for you?
Teresa: Well … my counsellor said I need to talk about it.
Michael: Yes, okay … but which do YOU think will be most useful for you?
Teresa: Oh … I don't know. Which do you think?
Michael: Well … I don't know either.
Teresa: *[Disappointed]* Oh.
Michael: So … let's imagine that you come back next week and you've decided which you need to do …
Teresa: You mean I've decided I need to talk about it?
Michael: Sure … or you've decided that you don't. But let's just imagine that you come back next week and you've decided which of those you need to do … you've decided which will be most useful for you. How will that make a difference?
Teresa: Oh, I'm not very good at making decisions.
Michael: Yes … and, you know, quite a number of women who have experienced violence and abuse from men have told me that they don't feel very confident about making decisions. So, when you come back next time and you've decided … that will be different for you?

Teresa: Yeah … I guess.
Michael: Good different or bad different?
Teresa: Um … I guess it will be good.
Michael: Okay, so how will that make a difference?
Teresa: Well … um … I guess … well, maybe it will make me feel stronger.
Michael: Stronger?
Teresa: Yes … like maybe I can make other decisions.

We continue for a few minutes building a picture of what making decisions will be like for her; what kinds of things she will be doing! Then, having built a future picture — in this case, a picture of her being able to make decisions — we are interested in when some of that has already happened.

Michael: So, when was the last time you made a decision?
Teresa: *[slumps]* Oh … I'm not very good at making decisions.
Michael: Okay … you decided to come and see me.
Teresa: Oh, yes, like I said, my counsellor said I should do that!
Michael: *[Persisting … against his better judgement!]* Okay … and you decided to follow your counsellor's advice?
Teresa: Oh, yes. I mean, she's always been REALLY helpful.

Not a difference that makes a difference!

Michael: Okay, I remember you told me that, when you were married, if you even thought about leaving your husband, he would threaten to kill you or kill himself.
Teresa: Yes.
Michael: And you said that you did end up leaving him … that must have been an enormously difficult decision to make.
Teresa: Yeah … it was … although, like I said, my counsellor helped me do that.
Michael: Sure … and it's great that she was there to help you through it … but somehow, it was YOU who did the leaving.
Teresa: Yeah … it was … I mean my counsellor kinda helped me through it … but, I guess, you're right … it must have been me that decided, mustn't it?
Michael: Yeah, it must.
Teresa: Yes, you're right, I did. And, like I said, I moved here to Sydney and I got a new job and I got a new boyfriend … and, you know, I've actually told him about my father abusing me.
Michael: Really?

Teresa: Yeah.
Michael: That must have been a hard decision. How did you decide to do that?
Teresa: Well … we've been together about a year and it's been really good … and, well, we were having these sexual problems … and he was feeling really bad about it and feeling guilty and I realised that I needed to tell him that it wasn't his fault … it was me.
Michael: Really?
Teresa: Yes, so I told him about my father sexually abusing me and how that makes it hard for me to feel okay about being touched sometimes.
Michael: Really. To tell him … after all this time … that must have been an extraordinarily difficult decision to make.
Teresa: Well, yeah, kind of. I mean, I just didn't want to lose him, you know?, and I didn't want him feeling that it was him, when it wasn't. And so, yeah, I told him about what my father did to me and … yeah, he's been amazing … we've talked about it quite a lot.
Michael: Really?
Teresa: Yeah … and, you know, maybe I don't need to talk to you about that … about the sexual abuse stuff. Maybe talking with him was enough.
Michael: Maybe.
Teresa: Yeah … but some of the stuff that happened in my marriage … some of that I couldn't talk to him about. Some of that stuff, some of what my husband did, I've never been able to talk to anyone about that. I mean … you wouldn't believe some of the sexual stuff he used to make me do … and I've never been able to talk about that. That's still all in here. Yeah … I really think I need to get all that stuff out.
Michael: Okay, if that's what you decide is most helpful for you. I'm happy to spend as may sessions as you think you need; going as quickly through the story or as slowly as feels comfortable for you; going into as much detail about what he did or as little detail as feels safe for you … until you get to the point where you decide, "I've got it all out; I've talked about it enough; I've worked it all through". So, let's imagine we do that. Let's imagine we get to a point where you say, "I've got it out; I don't need to talk about it anymore". What will be different when we get to that point?
Teresa: *[Thinks]* Well, I'll be able to get on with my life.
Michael: Okay, and what will you be doing when you're getting on with your life?

We continued a conversation about all the things she'd be doing WHEN she was

"getting on with her life". These included details about working, getting on "normally" with her work mates, getting on with her boyfriend, going out with him, feeling okay about being affectionate with him in public, and lots more "ordinary" activities. As we explored this conversation, it became clear that she was already doing most of these things.

Michael: Okay, we need to finish. You've been really clear about what you need to do and what you don't need to do. Your counsellor said you needed to talk about all this stuff in the past, in order to get over it; however, you're clear that you have already talked to your boyfriend about some of the awful stuff in your past. You've talked with him about the sexual abuse and I just want to say again how it strikes me that deciding to do that must have been a REALLY significant decision on your part … and you've decided that, since you decided to talk to your boyfriend about the sexual abuse, that maybe you don't need to talk about that here. But … you've decided that there's some other stuff from the past that you DO need to talk about … and, you're clear that talking about that will help you get to the point where you can get on with your life. You've told me some of the things that will be happening when you're getting on with our life. We're running out of time, so I'd like to suggest that between now and next time, you sit down with a piece of paper, and write down as many things as possible that you can think of that WILL be happening when you're getting on with your life.

Teresa: Oh, okay.

We met a week or so later.

Michael: Well … hello … so, what's better?

Teresa: Well … you know, I've decided that I really don't need to talk about that stuff.

Note that it was NOT my intention somehow to manipulate her to the point where she decided not to talk about the traumatic experiences in her past. However, it became clear that all the things that she thought would be happening WHEN she was able to "get on with her life" were already happening.

She had believed that you need to go through a particular therapeutic process ("working through the past") in order to be able to get on with your life. When we focussed on what "getting on with your life" would look like, rather than focussing on working through the past, she realised that ALL the things that would be happening when she was getting on with her life were already happening. She was already getting on with her life; thus the therapeutic process that was "supposed" to be necessary was no longer meaningful.

If I don't tell someone, it will kill me

Cassandra had perhaps the most horrific sexual abuse story that I have ever heard. Her father had been a high-ranking member of the military and had sexually abused her throughout her childhood. As a 29-year-old, she had a serious heroin problem, which she financed through sex work. She lived in a regional centre and it took about 5 hours on the train to come to my office in Sydney.

Michael: Wow, you've come a long way today.

Cassandra: Yeah … but, you know, this is a big deal for me. I've been keeping this stuff inside for more than 10 years and I knew that if I didn't tell someone about it, it was going to kill me.

Michael: Really?

Cassandra: Yes … I mean, I made a really clear decision that it's time to talk to someone about everything that happened and I did a lot of research on the internet to find a psychologist who knows about abuse and trauma and stuff. That's why I'm here.

She had obviously made a considered decision to see a therapist so she could "talk about it". It would be disrespectful to say, "some people find it helpful to talk about it; some people find it more helpful not to; which do you think will be most helpful for you?", since she had clearly already made a decision.

Michael: Okay … well, some people who I've seen, who've had experiences of trauma or abuse, find it helpful to talk about it. They find it helpful to talk about how awful it was … or how painful it was … or how scary it was. Then, some other people decide they don't need to go through it again now. You've obviously decided that talking about what happened will be most useful for you.

Cassandra: Yeah.

Michael: So, how did you decide that?

Cassandra: Well … it's killing me. I mean … when I was little, anyone I could have talked to … you know, he was their commanding officer. It wouldn't have been worth their job to believe me. And then, I tried talking to my Mum a couple of times … but he was her commanding officer as well. There's no way she could have believed me. So … I've just kept it all inside and never told anyone … I spend half my life feeling like I'm crazy or cracking up or something. So, I decided I just had to see someone like you and finally get it all out.

Michael: Okay. So you're really clear about that?

Cassandra: Yes, absolutely.

Michael: Okay … well, I'm happy to spend as many sessions as you think you need … going as quickly through the story or as slowly as feel

comfortable for you … going into as much detail about what he did or as little detail as feels safe for you … until you get to the point where you decide, "I've got it all out; I've talked about it enough". So … let's imagine we do that. Let's imagine we get to a point where you say, "I've got it out; I don't need to talk about it anymore". What will be different when we get to that point?

Cassandra: *[Thinks]* Well … I'll actually have a life.

Michael: You'll have a life?

Cassandra: Yes.

Michael: Okay, so what will you be doing when you have a life?

Cassandra: *[Laughs]* I'll have a different job!

Michael: Really?

Cassandra: Yes, something a bit more ordinary.

Michael: Okay. … What else?

Cassandra: Well … yes … life will just be more normal.

Michael: How do you mean?

Cassandra: Well … like I'll go to the supermarket and I'll buy a whole week's worth of groceries.

Michael: Really? How come?

Cassandra: Look … the way things are now … the stuff I shoot into my veins could kill me by the weekend … one of my so-called clients could kill me by the weekend … on a bad week, I could kill me by the weekend … why would I bother buying a week's worth of groceries? I mean, most of the time I'm so off my face that I don't even bother eating. Or, if I do, I just grab something on the way home.

Michael: Oh … okay … so you'll know you've talked about it all enough because you'll have a life … and you'll know you have a life because you'll buy a week's worth of groceries from the supermarket.

Cassandra: Yeah.

Michael: So … what will you buy?

We spend the next few minutes "walking" up and down the supermarket aisle together, talking detail about what she will be buying. Here is a story of horrific abuse, and the therapist is talking to the client about what brand of soap powder she will put in her trolley. How come? — because we want the picture of "having a life" to be as real and as rich as possible.

As we were building this picture of buying a week's worth of groceries — which the client had defined as evidence that she was having a life — she stopped me at one point.

Cassandra: Hang on … we forgot the cat food!

Michael: Really? Well, it's always in the very last aisle, isn't it?

Cassandra: Yes *[laughs]* … we'll just have to go back there, then.

Michael: So … what will the cat notice that will tell him that you have a life?

Cassandra: Oh, he'll know! He'll know that he's getting fed EVERY day.

We continued to build the picture of "having a life". In this case, "how will you know that you've talked about the past enough?" was equivalent to "how will you know the miracle has happened?" and so, as with the miracle conversation, it was important that this picture be detailed, rich and real. I wanted to get a sense that the client was actually experiencing this future picture and her interjection about the cat suggested to me that she was.

I asked about when pieces of this future picture had already occurred. Part of the power of the future picture is finding that not only is it perhaps achievable, but parts of it have actually already happened. The client was able to tell me that there had been times when the cat had been fed every day.

Michael: Okay, so you'll know that you've talked about the abuse enough, because you'll have a life … and you've got some pretty good ideas about what will be happening when you get to that point.

Cassandra: Uh huh.

Michael: And, in fact, you've already been able to do some of those things … there have been times when you've fed the cat every day in a row, and times when you've stopped using for a few days.

Cassandra: Yeah.

Michael: So … we need to finish soon. I just want to say that I'm really impressed that you made it here today. You've been really clear about what you need to do in order to get past the stuff that happened to you in the past. You put a lot of effort into figuring out what you should do and where you should go. But the step of actually following through … of coming her today … it strikes me that that must have taken a lot of guts. But what strikes me is that you are really clear about what you need to do. … So, what do you think we need to do from here?

Cassandra: Well, I know this whole process can take a couple of years, so can I see you at this time every Monday?

Michael: Well, I guess … I mean, I can't guarantee my schedule too far ahead, but let's pencil in the next few Mondays and see how we go?

Cassandra: Okay.

The client still had her view that the process of "working through the past" was a long-term process. I had told her that I was willing to spend as many sessions as she thought she needed on this project, so I could hardly argue her view that

the process might take a couple of years. However, my hope was that we had now developed a detailed picture of the preferred outcome of this process, and that the outcome might become more important than the process itself.

When she returned the following week, I saw my task as creating a safe place in which she could tell me whatever she had chosen to tell me. So I began by asking, "What have you decided it would be helpful to tell me about today?", and then simply listened. It was not my task to "dig" or explore, since I had already promised it could be "in as much detail, or as little detail, as feels safe for you". I asked some questions of clarification at some points, but little beyond that. In the first of these sessions, she was clearly testing me out, which made perfect sense. I simply kept reaffirming that SHE was in control of this process; I had no "agenda" about that should, or should not, be talked about.

The third of these sessions was particularly difficult. She told me a story that I could never have even imagined. We were both in tears during the session.

Michael: You look exhausted.

Cassandra: Well, you look a mess!

Michael: Yeah. Well I found listening to everything you told me today almost impossible; I can't imagine how hard it must have been to tell me about it … and I can't begin to imagine what it must have been like to experience it.

Cassandra: Yeah, you know, I was thinking on the train here today that I knew what I wanted to talk about today but I really didn't know if I was going to be able to or not.

Michael: I remember you saying … I can't remember if it was last time or earlier … but I remember you saying, "You know, there's one thing about what happened that I should tell you, but I don't know if I can. I've never been able to talk to anyone about it." Well, you did, didn't you?

Cassandra: Yes … I did!

Michael: So, having done that … having achieved today something you thought that you might never be able to do … knowing that you have achieved that … how will that make a difference in the next week or so?

We were talking about the past; however, I made no effort to "process" that experience. In fact, I didn't discuss the content of what Cassandra had told me at all. Rather, it was a matter of using talking about the past to highlight present strengths or achievements — having done something today that she never thought she would be able to do. That was the difference I wanted to draw attention to and invite her to consider the difference that achievement might make in an ongoing way. The details of the trauma were in the past; however, the achievement of having talked about them may make a difference in the future.

The following week, she told me she wanted to talk about her first memories of her father abusing her.

Cassandra: I was only six years old. I didn't know what sex was. I didn't understand what he was doing to me. But, somehow I knew it was wrong. I should have tried to stop him.

Michael: You were six years old. You were only a metre or so tall. He was a big man in uniform; he would have seemed four or five metres tall. It's easy to say, "I should have tried to stop him". You and I both know that you wouldn't have been able to.

Cassandra: Yeah … I guess.

Michael: And, I think I remember you telling me that you tried to stop him a few years later, and he just got more violent.

Cassandra: Yeah, that's right.

Michael: So, I guess trying to stop him when you were six wouldn't have worked.

Cassandra: No.

Michael: But, you know what interests me? You were only six years old. You didn't know what sex was. You didn't understand what he was doing to you. Nonetheless, somehow you knew it was wrong — and you were quite clear about that. What are the times now when you can be that clear about what's right for you and what's wrong for you?

Once again, the story was about the past; however, the success or strength it represented could extend into the future.

Placing the client in control of the process

Rather than trying to convince clients that they do not need to talk about the past, a context which helps them feel some control over the process is likely to be more helpful[5]. Once they experience themselves as having some agency, they are more likely to be able to see not talking about the past as a viable option.

> "Some people who have had this kind of experience find it helpful to talk about what happened, and how horrible it was, particularly if they have not talked about it before. Others decide that they do not need to talk about the event itself but prefer to talk about what's going on now. What do you think will be most helpful for you?"

5. Placing the client in control of the process is not just relevant to the question of talking about the past but is something important through the whole process. The experience of trauma is an experience of something happening over which the person has absolutely no control. Therefore, giving the client as much control over the therapy process as possible — even mundane details such as appointment times — may in itself be therapeutic.

Talking about the past as part of a different future

Future-focused or presuppositional questions (such as the miracle question), can be used to set a goal-oriented context for talking about the past.

> "How will you know when you have worked through it enough? When we have talked about what happened as much as you feel you need to do so, what will be different?"

> "I'm happy to spend as may sessions as you think you need; going as quickly through the story or as slowly as feels comfortable for you; going into as much detail about what he did or as little detail as feels safe for you … until you get to the point where you decide, 'I've got it all out; I've talked about it enough; I've worked it all through'. So, let's imagine we do that. Let's imagine we get to a point where you say, 'I've got it out; I don't need to talk about it anymore'. What will be different when we get to that point?"

Past clues to present and future success

The therapist can look for any aspects of the therapy process or of the past events that might be framed as pointing to present or future strength or success.

> "So, having achieved today something you thought that you might never be able to do … knowing that you have achieved that … how will that make a difference in the next week or so?"

> "So, even then, you knew that what he was doing to you was wrong. Even though you were too little to stop him, you were really clear about what was right and what was wrong. What are the ways that you are able to be so sure about what's right for you today?"

> "Looking back now, how do you think you carried on as well as you did during the weeks after it happened? How come things weren't worse? ... When are the times you feel like that now?"

> Our symbolic thought process imposes upon us the categories of 'either-or'. It confronts us always with either this or that, or a mixture of this and that ... In the realm of experience, nothing is either this or that. There is always at least one more alternative, and often an unlimited number of them. (Zukav, 1980, p. 284)

The question is not EITHER we talk about the past OR we talk about the future. Rather, it is IF we talk about the past, how can we do that in a helpful way? Ultimately, it is not *what* is talked about that matters, but *how* it is talked about or framed. Thus clients may talk about the detail of past trauma while therapists construct this in a competency-focused way.

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