A Systemic Approach to Trauma

Jeremy Woodcock

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Jeremy Woodcock is a consultant and psychotherapist at the Medical Foundation. He formerly worked as the principle family therapist and head of groupwork. His corresponding address is: Bristol University, 8 Priory Road, Bristol BS8 1TZ, **Jeremy.Woodcock@bristol.ac.uk**

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We all have ideas about trauma, however the International Classification of post-traumatic stress disorder (PTSD) defines a traumatic event as something outside the range of usual human experience (American Psychiatric Association, 1987). Because trauma has this quality of being both part of common experience and a unique event, it helps to deconstruct it so that we are sure what we are dealing with. Deconstruction offers both a critique of trauma and a map that can offer a guide to clinical intervention.

Deconstructing Trauma

The first element of deconstruction is to offer a distinction between trauma as an event and trauma as a set of psychological sequelae. The event is described in the literature as being a 'traumatic event' that involves a set of criteria that include actual or threatened death or serious injury. The problem with this definition is that it is self-referential and what may be traumatic for one person may not be for another. For this reason, I prefer not to use the term trauma but the more neutral term 'extreme event'. This privileges a range of psychological responses that may follow an extreme event rather than suggesting that only a traumatic response will result.

The second part of the diagnostic criteria is that the person should have responded with intense fear, helplessness or horror. This also-narrows the range of possible responses although, as we shall see later, it is helpful to identify and work with those particular features.

Next, the diagnostic criteria encompass three important elements that occur in those who are traumatised: re-experiencing the extreme event; avoiding stimuli associated with the extreme event and persistent symptoms of arousal that follow the extreme event. When all these elements have been present for more than one month in a way that causes clinically significant distress or impairment in social or occupational or other important areas of functioning, then a person can be deemed to have post-traumatic stress disorder.

There may be dispute as to what is meant by clinically significant distress or impairment. For instance, some critics of the disorder, especially as it is applied to non-Western survivors, have argued that the presence of symptoms is to be expected after events and that to medicalise human responses is to privilege a biomedical discourse about human suffering. On the other hand, this may he seen as too dismissive of the actual way that trauma manifests in a distinct and pervasive way and, whether one uses local indigenous language or a biomedical language, human suffering after extreme events requires attention (Silove *et al,* 2000; Woodcock, 2000).

Trauma and Attachment

In clinical work with survivors, people have described the moment of trauma as though they were lost in the event. They feel overwhelmed. Narrative memory is lost and the

event is experienced as pre-language and as sets of iconic images and bodily sensations. They emerge with the sense of having had a terrifyingly unique and alienating experience, as if connections with others were severed and they were disturbingly and totally existentially alone. It is as if the internal parent that is present within us who nurtures, protects, mediates primitive experiences and provides the foundation of basic trust is shattered in the survivor.

Trauma and Attachment Theory

My clinical experience has pushed me in the direction of recognising that attachment theory offers a conceptual framework, which goes to the heart of how extreme events are internalised and how traumatogenic symptoms are set in motion. The attachment theorist Mary Main (1991) suggests that before the age of three, children are unable to be 'metacognitive'. In other words, they are unable to think about their own thinking or their own feelings. Between about the age of three and four, children begin to be metacognitive and they are then able to 'dual code' events and take different perspectives on things.

Before about four years of age, a child's development is helped if they experience relationships that are emotionally and cognitively congruent. The implication is that a good attachment between child and parent emerges out of the parent's attunement to the infant's emotional and cognitive needs. By nurturing their child and providing an understanding of the world, the parent replays the qualities inherent in his or her own internalised model of parental attachment, gained through the quality of parenting they received as a child, mediated through their life experiences and maturation processes.

What is noticeable is that parents with coherent explanations of their childhood attachments are more likely to attune to their children's needs for closeness and attunement. They thereby provide an experience of attachment that is emotionally satisfying because it is emotionally and cognitively coherent.

The process of attunement between parent and child creates a zone between parent and child in which symbolic interaction such as play emerges. This is the 'transitional space' that is familiar to those who know Winnicott's work (1971). The transitional space forms the crux of the creative nexus.

As we have seen above, adults who endure extreme events often later report being 'lost' in the moment and have the sensation of being unable to process what is happening to them, cognitively and emotionally. This is because the event is so unexpected and threatening that it overwhelms their ability to comprehend it in a meaningful way. What in fact occurs is that the ability to be metacognitive to the extreme event is overwhelmed and the ability to dual code what is happening is lost. As a result extreme events are internalised as concrete gestalts of experience which are subsequently re-experienced as intrusive iconic images and often physical sensations that mirror the original experience.

Because adults who have been marked by extreme experiences feel devastatingly parent-less, they have the sense that no one can attune his or herself to what has happened to them. This is experienced as a terrifying existential loneliness. This can persist in treatment and requires sensitive attunement from the therapist. The disturbed

attachment to one's own internal representations of self and others suggests why many individuals find it hard to socialise in the aftermath of extreme events and explains how previously gregarious, pro-social people become withdrawn and socially anxious, no longer able to maintain relationships with others.

The concretization of psychic and social processes caused by extreme events is the opposite of the creative symbolising experience that arises in the transitional space. The capacity to be reflective and reflexive is diminished. This contrast throws into focus the central task of therapy which is to provide a basis on which the extreme event can he symbolised cognitively and emotionally and thereby assimilated. Play, ritual, theatre, public performances and good psychotherapy all make use of the Winnicottian transitional space and as such introduce creativity and movement into stuck psychic processes. This is inherently a creative process. As such, it makes sense of why practices which promote symbolic realisation and a 'multiverse', enabling alternative views to arise, are likely to make healing possible. Furthermore, it explains why indigenous healing practices are effective because they bring into play similar creative and symbolising functions (Englund, 1998). It also speaks to the efficacy of play and play therapy and creative therapies as media for enabling both children and adults to process extreme events.

The Effect Of Extreme Events On Parent-Child Relationships

When extreme events wreck a parent's internal representations of their own parental attachments laid down during their development, they may in turn he incapacitated from offering good parenting to their own children. However, the child's healthy impulses toward development mean that the parent is challenged to respond to their needs for involvement. Nevertheless, sometimes the parent is unable to react and the child then experiences a parent that is just a shadow of their former self. When the parent is unable to take up the child's challenge for attachment, psychotherapeutic work can he helpful. The child's impulses toward attachment can be recognised and supported by the therapist and used to reconnect the parent to their own displaced and alienated internal parent.

Clearly this requires sensitive work that recognises both the child and the parent's interacting needs. It also requires that the therapist may need to stand in as a surrogate parent to the parent and child, almost like a grandparent, offering and modelling attachment through sensitive attunement to both the child's and the adult's needs.

A Blueprint for Systemic Therapy with Survivors

Understanding how attachment is affected by extreme events can inform the therapist about a therapeutic approach. This will include offering attachment, attunement and coherence to the patient/family within a systemic framework.

It is obviously important that systemic therapists works to attune themselves to the patient/family. This requires an understanding of their inner world, which will be characterised by a sense of loneliness, abandonment and 'parentlessness'. It will also involve an appreciation of their outer world, where normal expectations have been shattered and basic trust undermined. The therapist can help by being dependable,

empathic and able to tolerate negative feelings, which may include the patient being unable to trust easily.

Systemic therapists will be adept at understanding the basic connections between inner experience and external realities (Speed, 1999). They will also be skilful at using metaphor to map and contextualise inner states of feeling against the external world.

Attunement leads to the second systemic principle, which is to work toward offering the patient/family a coherent experience. Not reassurance but a genuine exploration of the difficulties of attachment. This will put your own and the patient's relationship 'under the microscope' and cause wonder about things such as, 'Why aren't we getting on?' or, 'Why does this patient/client make me feel so helpless and angry?' The therapist really has to work at and struggle with coherence. It involves creating a collaborative relationship out of which a narrative is constructed (a story is put together), that makes sense of the experience of extreme events and of the quality of relationships that follow. This will map out inner and outer realities and the isomorphic patterns that connect them. When the patient can tolerate it, the narrative will also have to include an acknowledgement of what is so painful that it is initially denied or subjugated within the wider narrative.

A Systemic Framework

Because work with trauma by its very nature is overwhelming, it helps the therapist and patient to have a systemic framework. This offers a 'scaffolding' that locates all the facts, inner world, outer world, politics, culture, history, personal experience, therapist's reflections, reflexive connections and so forth into a consistent whole. This provides safety for the patient and therapist and a 'secure base' from which more dangerous areas of traumatic experience can be explored.

By its very nature trauma can overwhelm the therapist. Aspects of the therapeutic work will almost inevitably involve having to think about the unthinkable. Because of this, consultation and supervision are very important components of the work, in so far as they enable the therapist to bring into mind things that are difficult for them to contain on their own. The supervisory conversation should help to make sense of the layers of narrative in the client's experience, some of which may seem incoherent and bizarre. It should also help to unpack the difficulties that the therapist may have in making a therapeutic relationship that is reflexive and emotionally well attuned to the client's internal world and their external world. It should also help to map out therapeutic themes and seek to maintain the systemic framework that provides the secure base for the work.

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