Chapter 13. Claims, Implications, and Final Reflections

When I understood, through my own therapy, that my dissociative experiences were trauma-related, I noticed a change in the way I worked. Until then, while I might have recognised descriptions of similar experiences in clients, I had been much less able to use that recognition in a therapeutic way. This realisation, in conjunction with some of the encounters with clients whose trauma had been previously unrecognised, piqued my interest in whether a personal experience of trauma in other counsellors might have similarly augmented their practice. I realised too, though, that without the self-awareness brought about by personal work, reflexive practice, good supervision and therapy, previously traumatised counsellors could be in special danger of projecting their own experiences on to their clients in less helpful ways. These, though, were just my thoughts – I needed to investigate, and the results so far have been presented in this study.

In Section I (Preparation), I have laid down the foundations of the study with an overview of the literature, the philosophy underlying this research, and the methods I have employed. In Section II (Exploration), I have presented the interview data in the form of imaginative dialogues in which the beginnings of co-construction of meaning have taken place. I have then gone on in Section III (Reflection), to bring together some of that meaning-making with discussions of major aspects which relate directly to practice. The more detailed interrogation of the data in Chapter 12, against the broader canvas of the participants' contexts, seeks to draw lessons which can inform and enhance trauma counselling practice.

In this chapter, as I reflect on the data analysis, and in the light of the literature that contextualises this study, I make three claims. I then summarise some specific implications of the findings before outlining my thoughts about the limitations of this study, and to which future research possibilities this work points. Methodological issues have been an important aspect of this study, and I include a reflexive section (section 13.4) about formulating the research question before ending on a reflection that, even in the midst of woundedness, there is a place for hope.

13.1. The project's claims

I began my thesis with a reflection on the 'mess' of social science (p50) but come now to conclude that, through grappling with the messiness, this study has allowed me to make some claims concerning the impact a personal history of developmental trauma in a counsellor might have in the way they are affected by, and interact with, traumatised clients in the counselling room. These go some way to answering the research question, but it has been my aim to be able to add to the knowledge already available in the trauma counselling fields in a way which can assist practice, and strategic decision-making, in the counselling room and in training, not only of wounded healers, but of any counsellors working with traumatised clients.

13.1.1. Claim 1: Careful consideration of diversity of both counsellor and client meaning-making is of crucial importance in trauma counselling.

Because it seems desirable, and is certainly one of my aims, that research is actually useful in our practice as counsellors, general claims are to be valued. There is some tension here, but it is clear from this study that one significant and original finding is that context, and clients' own meaning-making processes, are individually unique to them. They are markedly diverse – a feature highlighted by Ashworth and Greasley's (2009) idiographic phenomenological research. My temptation was to listen only to these individual voices and conclude that the only general claim that can be made is that one cannot make a general claim. This is not, however the whole picture. Nevertheless, from this study it became clear that the idiosyncratic nature of our own and our clients' trauma, and the inevitably diverse impact this will have on the interactions between counsellor and client, is the primary finding, and one which seems seldom foregrounded in training and research. Principally, this study shows that what is required is a focus on diversity in our clients over and above the tendency to categorisation, diagnosis, and too slavish an adherence to treatment guidelines. The evidence from this research project points to ambivalence even in conceptualisation of trauma, with different counsellors' definitions tending to relate to their own personal experiences. Counsellors with or without their own trauma history do well to incorporate this knowledge into their practice.

13.1.2. Claim 2: Choices of trauma counselling strategies are often influenced by counsellors' own experiences of what has been helpful to them, and this can be beneficial. However, there needs to be flexibility and responsiveness to the client's own presentation.

Also related to the diversity of experience, my data shows that survivor counsellors appear to be influenced by their own different healing strategies – the ones they employed as children as well as ones learned through their own therapy, training and supervision. The participants' experiences, even in this small sample, brought different skills and ways of working into the counselling room. None showed enthusiasm for the attitude that 'one size fits all' when it comes to trauma counselling, although all were open to using evidence-based methods to augment their preferred modalities, even when these might have grown out of different philosophical soil to that of their core approach. The participants had developed a sensitivity to the unique stories of their clients and they were willing to adapt accordingly. This may not look like new knowledge – many counsellors would do the same - but it does have political implications, to which I turn briefly in the section 13.2 below.

13.1.3. Claim 3: A wide-ranging research strategy, and judicious use of bricolage can capture otherwise hidden aspects of trauma experience.

This study demonstrated that although trauma counselling has benefitted greatly from much empirical research, and from a number of different qualitative methodologies, what is called for in research on trauma counselling is a new, and wider-ranging, methodology. This project has demonstrated such a methodology, which I have called practical (or phronetic) interpretive phenomenology, with the potential end of uncovering some phronetic, or practical, wisdom to contribute to the trauma counselling field. Rather than simply describing those experiences, as a descriptive phenomenologist would do, in an attempt to unveil the essence of experiences, I have used the narratives of each participant to suggest interpretations of those experiences. My aim in doing so is to provide evidence to help any counsellor working in the trauma field.

In addition, in order adequately to address the diversity of trauma experiences and the impact this has in the counselling room, research in the area does well not only to engage in

'experience-near' research, but needs also to be open to incorporating elements of bricolage. In my phenomenological data analysis it became vital to borrow from other research methodologies to capture some of the deeper meanings of the data. This, to my knowledge, has not previously been done explicitly in trauma studies, and my choice to do so is in the hope that it may emphasise the complexity of factors which contribute to experiences of trauma.

When it comes to research on practice, there are also disagreements around what constitutes evidence, with empirically-based studies relied on more heavily by some practitioners and more intuitive and experiential learning prized by others. The participants in this study seemed able to value both.

13.2. A summary of other specific findings

13.2.1. Political implications

Counselling and other psychological interventions cost money. Funding involves political decision-making, and not only in the statutory services. The subject of the limitations to both length of counselling contracts, and paucity of referral options for clients who have insufficient financial resources for private therapy, was of concern to several participants. This was particularly true of those working in services which allowed only short term contracts. Political pragmatism is understandable, but there does seem to be a need to revisit the issue of funding of trauma counselling, and a loosening of the criteria of eligibility.

13.2.2. Recognising countertransference and intersubjectivity

This study has paid attention to the known issues of countertransference and intersubjectivity in the survivor counsellor/client dyad. What has been made clear from the participant data is the crucial importance of survivor counsellors having worked through, in depth, their own trauma issues, to have developed an acute sensitivity to their own as well as their clients' reactions in counselling sessions, to make maximum use of good supervision and continuing professional development, and to engage diligently in self-care strategies. Whilst these are all recommended for any counsellors, the likely vulnerabilities and (dissociated) blind spots of those who have a history of developmental trauma make them vital for safe and effective practice for survivor counsellors.

13.2.3. Remembering, or not remembering, details of trauma

I found it interesting that early trauma memories, or lack of them, may influence the way that clients both seek help, and engage with counselling. We may therefore need to be particularly alert to the possible trauma-related significance of alexithymia in clients whose presentation, non-verbally, is one of desperation.

13.2.4. Counselling modalities

Differences in participants' modalities seemed to have little impact on their perceived effectiveness in trauma counselling. Modality was sometimes influenced more by external factors like geographic or other logistic availability of basic training than by deliberate choice, though an openness to learn from other approaches characterised this group of participants.

13.2.5. Training

A cautionary tale emerged from the data around the participants' differing experiences of both training and personal therapy. Most considered trauma to have been inadequately addressed in basic training and through recognising this had felt the need to proceed to post-qualification training. With the alarming prevalence of developmental trauma in so many of our clients it seems that more emphasis could usefully be put on it in basic training. Related to this, the differences in helpfulness of the participants' personal therapy experiences raises another question. Had some of the unhelpful counsellors encountered by the participants absorbed in their training a belief that they should be able to cope with anything a client might bring? Could it be helpful to include in training a little more encouragement to students to be comfortable about referring on, where this is possible, and that to do so is not an indication of failure? For different reasons this is probably as true of counsellors who have or have not experienced developmental trauma.

13.2.6. Relevance of resilience, vulnerability, reflexivity and self-care for good practice

My own suspicions, outlined in the opening paragraph of this chapter, about the importance of self-awareness gained through personal work, reflexive practice, good supervision and therapy

seems amply justified in light of the evidence gathered. Self-awareness and reflexivity are ongoing tasks. The vulnerability of trauma-surviving therapists to triggering can be ameliorated by vigilance in taking these different opportunities for growth and wellbeing. Ultimately a counsellor's reflexive competence through these means will be reflected in the quality of help they can offer to their clients. However, of note too is that the survivor counsellor's resilience can often be impressively strong, and the abilities forged in their own struggles can give them advantages in encounters with traumatised clients who can benefit from their therapist being unphased by the experiences that are threatening to overwhelm them.

[13.3 Limitations of the study; 13.4 A reflexive look at formulating the research question]

13.5. Final reflections

As summarised in 13.1 and 13.2 above, the evidence of my study points to wounded therapists having a particular qualitative *potential* to empathise with wounded clients that they might not otherwise have had. Recognition of nuances in the presentation of clients, shared body memories sometimes becoming apparent by non-verbal as well as verbal communication, an alertness to dissociative experiences – negative as well as positive – and a sensitivity, based on intersubjectivity, to what specific intervention might help a particular client, are all ways in which survivor therapists might contribute to effective trauma therapy.

I end with two points made by Peter Martin (2011). One is his call for a distinction to be made between safe practice and certainty (p17). Safe practice in counselling is paramount in all areas, not just trauma, but because of the danger of re-traumatisation, is particularly vital in trauma counselling. Positivist approaches by nature are striving for certainties which may not be available when considering the whole human being in all its glorious complexity. Martin encourages us to live better with fluid states.

The other call he makes, which resonates strongly with me and with the other participants' experience, is made evident in his paper's title "Celebrating the Wounded Healer" and sees the great value in owning our frailty as human beings. He suggests that our woundedness is

> "something to celebrate, as a way to be more human; as a way of exploring compassion and life-affirming joyous action and human intercourse." (p18)

Even in encounters with the awfulness of trauma in our clients, therapists who are themselves survivors can perhaps give the greatest gift of all – a living demonstration of hope.
