How to Foster Post-Traumatic Growth

Two Ways to Ignite Accelerated Growth

Part 2: How Your Choice of Language Can Transform an Intervention (And Foster Growth)

with Scott Miller PhD; Kelly McGonigal, PhD; Ron Siegel, PsyD;
Joan Borysenko, PhD; and Ruth Buczynski, PhD
How to Foster Post-Traumatic Growth: Module 7, Part 2

How Your Choice of Language Can Transform an Intervention (And Foster Growth)

Dr. Buczynski: How does the language we use in session impact our clients’ goals for growth?

According to Dr. Scott Miller, the way we respond to a client’s story can sometimes make or break the therapeutic relationship.

We’ll first hear Scott’s thoughts on how he approaches this relationship with clients.

And then in a little bit, we’ll hear about the time that Scott himself was the client, and the one powerful thing his therapist said to him that changed the course of treatment.

Dr. Miller: My first comment is that I’m really glad that we’re talking and that you’re asking about post-traumatic growth because if you’re out and listening at workshops, this is a subject that only is recently coming up.

After ignoring the impact of trauma for a hundred years, our profession finally recognized its impact, and yet we’ve had sort of a mono view of it. And that is, it’s bad.

We’re looking for trauma in the background of people who have other issues and problems and deeming them causal, when in fact I think there’s tons of evidence that people who experience traumatic events change in ways that most of us would consider pro-social and helpful to the individual person.

What causes a person to move one way or another? Again, my answer is I don’t know.

But I can tell you that in the room with clients, we have a choice about this and how we language and think about trauma.

When client’s memories are malleable and changeable, it's what makes us a species that has survived for so long. When people begin to tell a story, I know how they tell that story to me, and my reaction can either lead them to think of that experience in one way of another.

I want them to leave my office feeling like they’re more capable and can do more than when they entered my office. And that can happen with a single word. We can change people's memories. We can change how they think about the event as they tell that particular story.
So, I'm going to intervene with language and words and questions that shift things in a certain way, hopefully towards them feeling like they really manage — and they're remarkable as a result of it, or they're now on the cusp — now that they've said this — they're now on the cusp of better things for their life.

**Dr. Buczynski:** The power of the words we use in session can't be underestimated.

As Scott said, our reaction to the client’s experience can impact the way they think of that experience.

Scott has a very personal take on this . . .

**Dr. Miller:** Let me tell you a personal story.

I saw an analyst throughout much of my graduate school days. His name was David Riser. His was a Winnicott-trained psychoanalyst. would have been in my early 20s in graduate school, and I imagine David was probably in his early 60s, at least his late 50s.

I met with him for probably three months. I was initially going one time a week and then two times a week. And I harbored a secret about something that had happened to me as a kid — and each time I would come to see him, I would think about, *Will I tell him this today?*

I'm not sure what my fear was . . . maybe he would think less of me, etc. But after about three months in, I decided that I was going to tell him this secret that I'd harbored. When I told this story about what had happened to me, he looked at me and he said, *Go on.* That's all he said. *Go on.*

And I cannot tell you how relieved I was. He didn't ask me *when* did it happen, *why* did it happen, *who* did it happen, *what* was your role in it happening, *what* are the consequences, *what* are the . . . I don't know how he knew this about me, and I don't know that he did or if it was just his standard fair — because to me, this was a huge negative event. And when he said *go on,* it was like the story didn't kill him and his reaction affirmed who I was — I hadn't been killed by this; I had survived; it wasn't as bad as I thought. That's all the interpretations I made of it at the moment.

In my relationship with David, it was the single most healing event that occurred in the entire time, and I saw him for three or four years. And it was two words: *Go on.*

It's *that* impact.

Now, I think if he would have said, *Really? Well that explains a lot now doesn't it?* Or, *Tell me how that's*
impacted your relationships. Or, *Tell me*...

If he would have done anything other than that — and again, I don't know that he did what he did on purpose or by accident — I would have interpreted his reaction very differently. And I held him in such high esteem, I think it would have crushed me. I think it would have crushed me. I can feel the emotion of it now as I speak, and I'm so grateful for him and the way he responded.

So that's what I'm thinking in terms of deliberate practice. I'm being cautious about my words. Somebody tells me some story, and I'm thinking not about post-traumatic growth or post-traumatic problems. I'm thinking about what will allow that person to be the best of them, who they are, allow them to emerge, allow them to shine before I speak.

I'm not interested in fitting them into a diagnosis. I'm not interested in explaining the neurobiology of trauma and what that may have resulted . . . I'm not interested in any of it. I'm interested in connecting *what I say* to *their goal* and letting *them* shine.

**Dr. Buczynski:** I really appreciated that one thought that Scott put forth: about the importance of thinking about what will allow the client to shine before we speak.

Scott’s experience as a client reminds us of how delicate the process of post-traumatic growth can sometimes be.

For some further insight on this, here’s Dr. Kelly McGonigal and Dr. Ron Siegel.

**Dr. McGonigal:** When someone has *not* yet experienced post-traumatic growth, the best thing to do isn’t to go in and say, *you should*, or to promise that, *you will*.

I think Scott is really talking here about having people look *back* on events that maybe are quite far in the past, and to begin to tell a different story about the effect that it had on them.

"The best way to foster post-traumatic growth is to *listen* for evidence of post-traumatic growth, rather than trying to push people in that direction."

And so, when you ask post-traumatic growth researchers, *what’s the best way to do this therapeutically?* — it’s always to *listen* for evidence of post-traumatic growth, rather than try to push people in that direction.

I would recommend that people be familiar with the post-traumatic growth inventory — the items on it, what
it is that people are most likely to say that reflects post-traumatic growth—like, I developed more empathy for others, or, I experienced a turning point where I chose a new direction for me life—I mean, you’re familiar with what all the items are. But to be really familiar with it and have sort of an ear open for people saying things that seem to reflect that.

And I’ll give an example of how being able to reflect back what you hear and then inquire—did I hear that right? Is that how you would describe your experience? That can be a real surprise for people who may never have put the pieces together into a narrative of post-traumatic growth.

Just last week in a class, we were talking about how people have different capacities for empathy toward different types of suffering—that, for whatever reason, our hearts and our minds are more open to specific kinds of suffering.

And I was asking people if they recognized what that was for them. And one woman mentioned she had a lot of empathy for people who are lonely.

And I said, “And do you have any sense of why that is, how that came about?”

She talked about a time in her life when she had been hospitalized for an extended period and she felt very alone; her family and friends weren’t able to be with her and she experienced tremendous loneliness and aloneness during this period. And she talked about how that had made her sort of more able to see loneliness in others. And then she mentioned off-hand, “You know, by the way, that’s one of the reasons why I now volunteer with the elderly and go into elder-care facilities for people who really are alone and aren’t being visited by friends and family.”

And all I had to do was reflect back; I said, “Oh, isn’t that so interesting—so you went from your own experience of suffering to having an increased capacity for empathy and compassion for other people who’ve experienced something similar, and you even took the next step and your turned that empathy into true compassionate action. Does that sound right?”

And she was just like, “Wow! I never thought about it that way before.”

And to me it was so obvious! It goes to show how useful it is to reflect back by turning it into a story that can then implant in their mind another possible narrative.

Dr. Siegel: It’s interesting, you know; when we work with kids who are struggling, there’s this maxim of catch
them at being good, because they’re so used to these negative narratives. And that is a very nice example of that translated into the post-traumatic growth world.

**Dr. Buczynski:** So, helping clients see that their story is in the past can be an effective strategy to foster post-traumatic growth.

If you remember from Part 1 of this module, Dr. Michael Yapko emphasized this as a crucial factor for growth.

So now, let’s consider another perspective on this idea by looking at how a client’s self-narrative can affect neuroplasticity.

**Dr. Borysenko:** Well, one of the ways that I think is absolutely indispensable is—first of all, you have to repeat the story and be heard; have somebody who looks you in the eye, who takes in the story, and then you can have a process of changing the story.

There’s been a lot of research on benefit finding, and a famous study of Reed and Enright.

They were looking at women who had left an emotionally abusive relationship, and they waited for a year, and then they had the women change their grievance story because—here’s the thought—when we keep repeating the same old grievance story about the same old dirty dog over and over again, we are deepening those neural circuits. So, the idea is to quit telling that story and simply tell a new story that lifts you right out of the old groove into a new way of thinking and acting.

And they did that by asking the women to find benefits, by saying, *it takes an enormous amount of strength to leave an abusive relationship. Write a new story where you are the heroine of that story because you used various strengths.*

And, I mean, this is a general tenet of a positive-psychology approach.

Another way of looking at that, a strength-based way, of reinforcing somebody’s goodness, reinforcing their strengths, is to ask a question like this: *Who do you admire and what are three things you admire about them?*

And through this—it’s a process of values clarification—and of course, we choose people that we admire because they have the values and the strengths that we consider something we would want for ourselves.

And so then you ask, “*Rewrite the story from the perspective of if you used those strengths, what would you...*”
There are a variety of ways to work with people to have them change their narrative, and I really think that’s so very, very important. Then you look back on things with post-traumatic growth: How did I grow? How did I change? How can I help others?

**Dr. Buczynski:** Values clarification can be a helpful tool.

It can help bring the client further along in the meaning-making process.

This is something we discussed in depth with Dr. Shelly Harrell in Module 6.

Now, when we talk about post-traumatic growth, we’re sometimes talking about reversing a sort of developmental stagnation in a person’s life.

In the next module, we’ll look at how to help clients regain the parts of their life that they missed out on because of trauma. I’ll see you then.