Practical Strategies to Foster Post-Traumatic Growth

How We’ve Changed the Way We Think About Trauma

with Linda Graham, MFT

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Dr. Graham: Hello, everyone.

I’m Linda Graham, and I’m very grateful for the privilege of offering you these trainings through NICABM and grateful for you viewing the webinar.

Welcome to an exploration of post-traumatic growth; how we, as mental health professionals, as human beings, help the human beings that we see as clients and patients experience, move through, and recover from previously traumatizing experiences, or even experiences that are potentially traumatizing to them now.

How can they recover and learn from those experiences?

I often quote Helen Keller in these trainings on trauma and resilience: “All the world is full of suffering. It is also full of overcoming.”

So, if a client loses a job, or loses a relationship, or loses their home, or loses their health, or loses their hope, how can we help them bounce back from the challenges and the crises that are inevitable in the human condition?

Peter Levine, the developer of Somatic Experiencing Trauma Therapy says: “Trauma is a fact of life. It doesn’t have to be a life sentence.”

How do we help clients recover their balance, recover their resilience, recover their capacities to cope and learn from and transform their lives after the trauma — not just in spite of the trauma but even learning, growing, thriving, and flourishing because of it? That’s a tall order.

What can we learn from research and clinical experience – in trauma therapies, in resilience trainings, in discoveries about post-traumatic growth, and even modern neuroscience – that illuminates how we can best apply evidence-based tools in our clinical sessions to help clients process and even rewire their experiences of trauma.
We begin with understanding how the definitions of trauma have shifted in our field.

New understandings of how to work with trauma have emerged in the last three decades. When I was in graduate school, studying about post-traumatic stress disorder DSM-III-R, I was taught — and we were all taught — that the definition of trauma was any event that overwhelmed the coping mechanisms of the patient.

Capital ‘T’ Trauma were events like war, combat, rape, imprisonment, death of a loved one in a car accident – events that would overwhelm the coping strategies of anyone.

And small ‘t’ trauma would be events that would sometimes overwhelm some people but not other people — like a fear of flying in an airplane or going to the dentist or getting stuck in an elevator or witnessing an armed robbery.

We would help the people recover from the trauma by recovering their capacities to cope with those particular events or triggers, sometimes through cognitive behavioral therapy or exposure therapy.

But, the field began to shift with the research in the new science of post-traumatic growth pioneered by Richard Tedeschi and Lawrence Calhoun at the University of North Carolina Charlotte.

While 75% of Americans will experience at least one potentially traumatizing event in their lifetime, only 8% will develop full blown post-traumatic stress disorder – with the seemingly intractable symptoms of hyper-arousal, flashbacks, and nightmares, and hypo-arousal, a numbing out, withdrawal, isolation, and depression.

They found that more than half of all the people experiencing at least one traumatizing event in their lifetime would fully recover – meaning that they have a renewed sense of meaning and purpose in their life, a deep sense of fulfillment and contentment, and not just despite the trauma but, as radical as it seems, because of it.

I wrote my book Bouncing Back, Rewiring the Brain for Maximum Resilience and Wellbeing, to deal primarily with attachment trauma, the derailing of what happens when interactions with people around us – especially early on – don’t foster the capacities in our brains, in our psyches, in ourselves, to regulate our nervous system and our emotions very
well. They don’t gel the inner secure base of relational trust and resilience that we need to cope with the disappointments, difficulties, and even disasters of our lives.

Indeed, researchers have found that early secure attachment is the best buffer we have against later stress, trauma, and psychopathology. And when patients experience less than secure attachment, they are more and more vulnerable to being overwhelmed and not coping very well with losing a job, losing a relationship, losing their home, losing their health, and losing their hope.

But Tedeschi and Calhoun found that – even among people who survived a plane crash, or lost a child in a car accident, or were detained in a prisoner of war camp or a refugee camp – people whose lives were completely upheaved by losing a limb, or losing their financial security, could find a new perspective in their lives and choose to create changes in their lives that not only overcame the trauma, but set the course of their life in a completely new direction.

The factors that seem to allow people to survive, find the other side of the trauma, even thrive are:

One — acceptance of reality.

This happened. It never should have. Not fair. And the consequences are devastating, and it may take years to recover. Accepting this is the new reality is considered a significant predictor of how well people will cope with trauma in the long run. We’ll explore how to help clients cope with this acceptance in the section later on reflective intelligence.

Two — resourcing with people who understand the reality of the trauma and who deeply believe in the reality of recovery.

So, physical, logistical, financial support are all very necessary, and they’re helpful, but it’s the strength and the abundance of relational resources that’s the key. And we’ll explore that more later in a section on relational intelligence.

Three — recognizing the positive.

It may seem completely counterintuitive at first to encourage clients to find positive moments in the midst of a catastrophe. And we certainly don’t do that to avoid being with or empathizing with the fear, the grief, the
agony of the experience. But finding moments of respite in a warm cup of coffee, the smile of a friend, playing with a puppy, are essential to shift the functioning of the brain out of contraction, out of reactivity, out of rumination, into possibilities and the larger perspective. We’ll explore tools to help clients do that later in a section on emotional intelligence.

Four — These first three factors lead to a client being able to reframe the entire event or series of events or lifetime of events into what’s known in trauma therapy as a coherent narrative. The client’s life story that includes the trauma as part of the story, but the trauma is not the whole story.

When a person can come to a new, larger sense of identity and purpose that includes the trauma but is not entirely defined by the trauma, then the trauma can take its place in the story without determining the rest of the story. And we’ll learn an exercise to help clients do this reframing later in reflective intelligence.

Five — The final factor is appreciating that a new reality — life as it is now — might not have emerged at all if it weren’t for the trauma.

Life’s lessons learned, life’s lessons lived in new work, new relationships, a deeper sense of meaning and purpose, with bows to the trauma and the recovery from the trauma, that brought the person to the other side of the trauma to a new day.

Positing this possibility that suffering and overcoming suffering could have a redemptive purpose is a huge shift in perspective in the trauma field. Another huge shift has come from behavioral science research in resilience: why do some people cope with potentially traumatizing events better than others? What are the factors that help people cope more resiliently?

Resilience used to be thought of as inborn traits of grit, determination, and the will to endure and survive. That is shifting to the role of our own perceptions and choices, and how those perceptions and choices play in strengthening our resilience.

“If you conceptualize an event as traumatizing or as an opportunity to grow?”

I’ll focus on one mindset – how we choose to perceive the event and how we choose to perceive ourselves in relationship to the event.

There was a wonderful article in the February 11th, 2016 issue of The New Yorker — “How People Learn to Become Resilient.” In that article was this quote from George Bonanno, director of the Loss, Trauma, and Emotion Lab at Columbia University: “Do you conceptualize an event as traumatizing or as an opportunity to grow?”
This perspective shifts the responsibility for coping with the trauma to someone’s perception of the event and to the perceptions of themselves in response to the event.

This perspective was explained beautifully 10 years ago in Carol Dweck’s book Mindset, based on her research (also at Columbia at the time) of fixed mindset versus growth mindset.

Dr. Dweck found that people with a fixed mindset tended to believe that success at some things should come easily to them if they were smart and talented. And when faced with a setback or a failure — loss of a job or rejection from graduate school — people with fixed mindset became passive. They gave up; they stopped trying, often with many rationalizations or excuses for their refusal to make any effort.

On the other hand, people with a growth mindset — or, more accurately, people who choose to cultivate a growth mindset — think of their own effort and perseverance as the key factors of their learning, growth, and ultimately success, and are willing to try — even try and fail — until they reach their goal.

When we apply the framework of a fixed mindset versus a growth mindset to our work with trauma survivors, we’re helping them (or requiring them to, really) shift from a victim stance — “Poor me; this terrible thing happened to me” — to a more empowered agentic stance — “I can deal. I can make a difference. I can figure this out.”

We’ve probably seen for ourselves that different people can respond differently to the same event. One person loses a job, and six months later, they’re still derailed; another person loses a job, and within two months has found a new career path.

Even the same person can experience the same event at different times in their life — a car accident or a health diagnosis — and depending on how resourced they are in their lives at the time, can respond differently in trauma or as an opportunity to grow and learn from the same issue.

We’re really helping clients shift from an external focus of control — the power of the trauma is outside of us — to the power to choose how to respond to the external event that lives within me. As we support the clients in experimenting with new choices to create new outcomes, we’re helping them recover one of the main factors in being resilient in the face of trauma.
As my friend and colleague Frankie Perez says, “How you respond to the issue is the issue.”

Another shift in the field of trauma therapy comes from within the field of trauma therapy itself — masterful therapists discovering that trauma memories are held in the body and that working with trauma requires some medically body-based tools to work through body-based memories.

Pioneers like Bessel van der Kolk in The Body Keeps the Score, Peter Levine in An Unspoken Voice, How the Body Releases Trauma and Restores Goodness, Pat Ogden in Trauma and the Body, Babette Rothschild in The Body Remembers, and Robert Scare in The Body Bears the Burden – These skillful practitioners have opened the doors to understanding the efficacy of body-based trauma therapies like Somatic Experiencing, Sensorimotor Psychotherapy, movement practices like yoga and qigong, to help clients release and move through their trauma memories.

We’ll explore several body-based tools to resolve and heal trauma in a later section on somatic intelligence.

The last shift I’ll talk about today is how modern neuroscience is informing us, in general; how the brain works in general; how it processes experience and encodes information in our neural circuitry, in general; how patterns of response to life events get encoded in implicit memory in our brains in the first place, in general; and how the very recent understanding of neural plasticity helps us understand how to help clients choose experiences, choose perspectives, choose mindsets that will help them shift their perception, shift their perspectives, shift their behaviors in responding to a potentially traumatizing event, even processing and rewiring a previously traumatizing event.

As therapists, we do know shit happens. And as therapists, we also know that shift happens too.

As therapists, we know that we can create conditions in the therapeutic relationship with the client that entrains the client into a sense of safety and trust. That primes the client’s brain for change and learning. We’ll learn more about that in a section on somatic intelligence.

We know, from modern neuroscience, that experience — any experience, positive or negative, benign or potentially traumatizing — creates change in the neural circuitry and even shapes neural structure.

We may agree with the perspective of neuropsychologist Richie Davidson, founder of the Center for Investigating Healthy Minds at the University of Wisconsin Madison, that the brain is shaped by experience. And because we have a choice about what experiences we want to use to shape the brain, we have a responsibility to choose the experiences that will shape the brain toward the wise and the wholesome.
Now we know that the brain changes, develops, and repairs itself lifelong. And we’re learning how to choose the experiences that will develop new neural circuitry and structure in the brain, that will shift the functioning in the brain, in the moment, and over time, to support the new behaviors and patterns of response to hard times and adversity that we want to develop.