Of Rainbows and Tears: Exploring Hope and Despair in Trauma Therapy

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ABSTRACT: Existential themes of hope and despair are central in the care of child and youth survivors of abuse trauma. Researchers have argued that acts of abuse can disrupt a person's hope while shaking beliefs about purpose and meaning. Practitioners are called to implicitly offer their own hopeful faith in possibility to clients, especially in moments of client despair. However, trauma therapy offers a challenge to the practitioner, prompting us to question our own meaning frameworks. This paper considers issues of hope and despair in practice, for therapist and client, explores existential challenges for practitioners supporting survivors of trauma, and ponders the role of narratives in cultivating sustainable practice.

KEY WORDS: trauma; hope and despair; vicarious trauma; practitioner experiences; narrative theory.

> *The soul would have no rainbows if the eyes had no tears.*
> (Minquass Proverb quoted in Lewis & Ippen, 2004, p.11)
>
> *I came to explore the wreck.*
> *The words are purposes.*
> *The words are maps.*
> *I came to see the damage that was done*
> *And the treasures that prevail.*
> (From *Diving into the Wreck*, by Adrienne Rich, quoted in Atwood, 2002, p. 174)

We imbue our lives with meaning through creating, telling, and recreating stories about our experiences and our place in the world (Polkinghorne, 1988). However, the narratives we carry—externally generated dominant narratives, personally created counternarratives, and our melding of both–reflect and shape our lives. They comment on our experiences and play a role in creating those experiences through informing our perceptions and actions (Gergen, 1994, 1999). Narratives are powerful: we make sense of the past, move in the present,

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and imagine our futures through the narratives we create (Polkinghorne, 1988). They influence the development of our identities and our existential and spiritual beliefs about wider meaning and purpose (Gergen, 2004).

Existential themes of hope and despair are central in the care of child and youth survivors of abuse trauma. Researchers have argued that acts of abuse can disrupt a person's hope while shaking beliefs about purpose and meaning (Decker, 1993; Garbarino & Bedard, 1996; Pearlman & Saakvitne, 1995a). Practitioners are called to implicitly offer their own hopeful faith in possibility to clients, especially in moments of client despair. However, trauma therapy offers a challenge to the practitioner, prompting us to question our "own sense of meaning and hope" (Brady, Guy, Poelstra, & Brokaw, 1999, p. 387; also Mahoney, 2003; Pearlman, 1999; Pearlman & Saakvitne, 1995a). Challenges in the work for the practitioner have often been named as vicarious trauma, secondary traumatic stress, and compassion fatigue—articulating a range of cumulative detrimental impacts of this work upon the practitioner and linked to suggestions of ways to ameliorate this effect. Researchers have named a need for further investigation of strategies which help practitioners reduce vulnerability to vicarious trauma (Bride, Robinson, Yegidis, & Figley, 2004; Clemans, 2004; Way, VanDeusen, Martin, Applegate, & Jandle, 2004). If our narratives are both descriptive and shaping of experience, might our stories about trauma and possibility play a role in cocreating the way the work impacts us (which, then, affects the depth of our ability to be of service)? What would it mean to shift our focus from *reducing vulnerability* to *enhancing resilience and sustainability* of practice? How might our narratives be able to contribute to this shift and to the experience of growth it describes?

In this paper I explore existential challenges for practitioners supporting survivors of violent trauma and ponder the role of narratives in cultivating sustainable practice. I begin this exploratory journey by contemplating the concepts hope, faith in possibility, and despair. I then discuss impacts of trauma on children and youth, considering the relevance of hope and despair, and speak to the power of narrative in this context. Creating this grounding into the work itself provides a platform from which to discuss the challenges this work implies for trauma practitioners' faith in possibility. Finally, I reflect upon the question of how our narratives may shape our experience of the work and consider the possibilities of narrative pathways for enhancing practitioner resilience.

Prelude: A Conceptual Framework

Hope, faith in possibility, and despair are visceral concepts that can be difficult to articulate in words, terms which seem intimately linked with one another. Through reviewing definitions found within philosophy, theology, and allied mental health professions, one can conclude that these phenomena hold diverse meanings, which are contextually rooted. It is also possible to construct common themes across disciplines and cultures (Pilkington, 1999). For example, hope is often linked to health, growth, and transformation (Pilkington, 1999). Some theorists have described it as a necessary condition for personal and collective change (Fromm, 1968; Friere, 1992). Studies suggest that hope provides something essential for survival and abundance: it promotes recovery from illness and contributes to optimal physical and emotional health (Gottschalk, 1985). Hope has been found to improve one's coping resources during stressful situations (McGee, 1984) and may offer a motivational force to move forward in life (Stotland, 1969) through clarifying one's sense of intention for action (Pilkington, 1999) and fostering agency (Snyder, 1995). Hope and faith in possibility clearly provide immense support for negotiating life challenges.

Interestingly, a second common theme involves an intimate relationship between developments of hope and the experience of suffering. Often, "hope arises out of the same conditions that give rise to despair" (Casey, 1988, cited in Pilkington, 1999, p. 13). Some theorists suggest that hope both emerges from and enables a process of seeking meaning in situations of suffering (Frankl, 1959; Kierkegaard, 1849/1980). Hope's visionary qualities may provide a framework for pathways to change, a ground from which one can imagine possibilities in situations of hardship and start to take action (Frankl, 1959; Kierkegaard, 1849/1980; Lynch, 1965; Wu, 1972). In speaking of the presence of this dynamic among prisoners in concentration camps during the Holocaust, Frankl clarifies that humans do not need to suffer such extreme situations to have hope and faith in possibility, or develop a sense of meaning. Rather, he suggests that crisis situations offer a challenge to the human psyche through which deepened hope, possibility, and meaning sometimes emerge. He argues that actively nurturing these qualities fosters an inner strength which contributes to survival within situations of atrocity. This supposition is supported by recent research conducted by Parse (1999a) and her colleagues. They found that, across cultures and among both children and adults, hope is described as a way to affirm meaningfulness in the midst of adversity: hope is challenged and often heightened through difficult

experiences. These findings have relevance for clients and practitioners moving through the challenges of trauma therapy.

The *Oxford Dictionary* defines despair as "the complete loss or absence of hope" (Hawkins & Allen, 1991, p. 392). While some theorists suggest hope and despair are opposite points on a continuum, or antonyms (Campbell, 1987; McGee, 1984), Parse (1999b) argues that hope and despair actually exist as a paradox. Despair receives its definition through the presence or absence of hope; hope and (the often related) faith in possibility are filled with significance in response to the existence of despair. In this perspective, hope and despair share a seemingly contradictory relationship, yet their interconnected relationship communicates something meaningful about human existence. This paradox can be seen in the following description by *Anna*, a participant in a research study exploring vicarious trauma: "It was like a large, heavy cloak slipping over me, weighing me down, and I became draped in despair. I felt grey, empty, and hopeless. Life felt hollow and meaningless. I couldn't find joy anywhere....It was a very physical and intense feeling" (quoted in Arvay, 1998, p. 21).

Part One: The Impact of Abuse Trauma

Abuse trauma is generally described as relational experiences which overwhelm a person's ability to cope in a given situation; the impact of abuse is widely considered to have cognitive, affective, and somatic components (Eckberg, 2000; Herman, 1992; Ogden, 2002; Osofsky, 2004). However, few universal generalizations can be made about what trauma is – what trauma means and what types of events are traumatizing – or about the universal impacts of trauma on children and youth. Indeed, "suffering is produced and alleviated primarily by the meaning people attach to their experiences" (Crossley, 2000, p. 541). A child's experience of trauma will be informed by the nature of the abuse, the child's relationship with the perpetrator, the child's attachment experiences and development, and the caregivers' and community responses to the disclosure (Osofsky, 2004). In addition, the experience of trauma is always embedded within a cultural and historical context; communities create and carry situated narratives which imbue experiences with particular meanings (Boyden & Mann, 2000; Lewis & Ippen, 2004). As Lewis and Ippen (2004) clarify: "[t]he cultural context phenomenologically shapes the lived experiences of both children's development and their experience of trauma"; within a given cultural and historical context, "an abused child is generally

socialized to emotionally and cognitively respond to the event as trauma according to the guidelines of his or her culture" (pp. 14 & 11).

Research has clarified that relational events which are experienced as traumatizing can disrupt a child's development of trust and secure attachment, shaping their view of the world and their place in it (Hinshaw-Fuselier, Heller, Parton, Robinson, & Boris, 2004; Osofsky, 2004). Trauma can create a "sense of a severely limited future, along with changed attitudes about people and life....the future [may appear as] ...a landscape filled with crags, pits, and monsters" (Terr, 1991, pp. 13–14). However, as implied above, not all children are traumatized by events which overwhelm others; while some children and youth experience post-traumatic stress disorder as a result of trauma experiences, others do not. In addition, researchers have found evidence to suggest a phenomenon of 'post-traumatic growth': positive changes and enhanced development stemming from reflective meaning-making about traumatic experiences (Aptekar & Stocklin, 1997; Higgins, 1994; King & Miner, 2000; Milam, Ritt-Olson, & Ungar, 2004; Parappully, Rosenbaum, Van Den Daele, & Nzewi, 2002; Tedeschi & Calhoun, 1995). Aspects of such growth may include "an increased appreciation of life, changes in life priorities," enhanced spirituality, and shifts in relationships with others (Milam et al., 2004, p. 192). Janoff-Bulman (1992) makes an important point when, in reflecting on her practice with survivors, she states:

> [i]t may seem remarkable, yet it is not unusual for survivors, over time, to wholly reevaluate their traumatic experience by altering the positive value and meaningfulness of the event itself. The victimization certainly would not have been chosen, but it is ultimately seen by many as a powerful, even to some extent, worthwhile teacher of life's most important lessons. (cited in Garbarino & Bedard, 1996, p. 474)

Given these variations in the impact of traumatic experience, practitioners and researchers alike have become interested in exploring processes of resiliency. What influences help create pathways to experiencing post-traumatic stress and/or post-traumatic growth? One could pose similar questions about stress and growth with regard to *vicarious* trauma.

Spirituality and Abuse Trauma

Existential-spiritual dilemmas presented by the experience of trauma are notably less discussed in the trauma literature than are the cognitive, affective, and somatic impacts, although this seems to be an emergent theme. Pearlman and Saakvitne (1995a) argue that "[t]rauma virtually always affects the individual's frame of reference, which

includes world view, identity, and spirituality" (p. 61). Practitioner-researchers have suggested that trauma poses a challenge to spirituality: to one's hopefulness, sense of possibility, and meaning frameworks (Mahoney, 2003; Pearlman & Saakvitne, 1995a, b). Decker (1993) postulates that trauma will inevitably impact a person's spiritual development. He believes that, as trauma "calls into question old perspectives, requiring a reexamination of values and core beliefs", survivors of trauma often become more concerned with seeking a sense of meaning and purpose (cited in Brady et al., 1999, p. 387). A significant body of literature supports the idea that recreating meaning and purpose is a central task in creating positive growth in trauma recovery (Herman, 1992; Jaffe, 1985; Tedeschi, Park, & Calhoun, 1998).

Hart (2003) has argued that, contrary to common belief, even very young children ponder existential questions of personal and collective meaning, such as "Why am I here?" and "What is life about?" (p. 11). Coles (1990) concurs, musing: "how young we are when we start wondering about it all, the nature of the journey and of the final destination" (p. 335). He clarifies that "[c]hildren try to understand not only what is happening to them but why" (p. 100). If trauma often prompts a deeper search for meaning, and if children are capable of existential wondering, then child and youth survivors—similar to their adult counterparts—are likely to be engaged in a heightened struggle for meaning-making. Garbarino and Bedard (1996) argue that, "if the crisis of meaning and purpose cannot be mastered, it can result in psychological and physical symptoms which can become debilitating" (p. 470). As such, offering children and youth a context for exploring and constructing the meanings of their experiences of trauma, for considering (in developmentally appropriate ways) their existential-spiritual questions nestled therein, becomes central to their therapy.

Fostering Hope with Child and Youth Survivors

Postmodernism has offered a view of reality as perspectival, as socially negotiated and constructed (Smith, 1997). Mahoney (2003) describes the application of postmodern, constructivist philosophy to psychology:

> We are not simply the bearers or vehicles of our lives; we are also the authors. We write each moment at multiple levels, for the most part unaware that we are generating the very story in which we are living. Among other things, this means that psychotherapy is fundamentally an endeavor in which practitioners are attempting to help clients reclaim their authority and write different and more fulfilling dimensions into their lives. (p. 100)

In this sense, constructivist approaches to therapy offer a stance of curiosity, allowing for a multiplicity of stories about client experience and possibility (Amundson & Stewart, 1993; Gergen, 1999). There is "a growing body of evidence linking the ability to tell a coherent and *meaningful* account of one's life to the crucial variables of resilience in the face of adversity" (Cohler, 1991; cited in Garbarino & Bedard, 1996, p. 469, italics in original). Garbarino and Bedard argue that "the emergence of this ability in children and youth is *the* most important foundation for resilience" (p. 469, italics in original). However, postmodernism speaks of the self as fragmentary, changing, multiple, and relational-contextual (Gergen, 1999; Rivera, 1996); in such a context what does coherence mean? Can a singular narrative offer a meaningful account? Carney (2004) contemplates Holocaust survivors' narratives in light of the dominant pressure to create coherence and the postmodern challenge. She asks: "[w]hat do we do with those stories...that do not so conform" and challenges "how do we evaluate the fragmented, jumpy, scattered nature of many life stor[ies]?" (pp. 210–211). Through a postmodern lens, life stories are both malleable and multifaceted: we constantly recreate the stories of our lives, and these stories generally embody contradictions (Gergen, 2004; Lather, 1991). While personal and community survival are supported by stories which foster hope and "perseverance in the face of adversity" (Mahoney, 2003, p. 165), it is important to consider that "the developmental relevance of narrative is to be found in the way it enables the emergence of complexity" (Daiute & Lightfoot, 2004, p. xvi). Cultivating a diversity of narratives and complexity within narratives "may have liberating implications" (Gergen, 1999, p. 174). Developing stories "based on strengths, hopes, dreams, preferences, and new possibilities" can be an empowering experience for child and youth survivors (Sax, 1997, p. 112; see also Higgins, 1994; Madigan, 1997). However, such stories may be particularly transformative when they make room for the presence of struggle, fear, and despair and the existential questions that arise in that landscape.

Significantly, the creation of personal narratives happens through dialogue, through relationships situated in social, discursive contexts (Polkinghorne, 1988); a person's "sense of self emerges and changes primarily in relationship to others" (Mahoney, 2003, p. 7). In therapy, constructing narratives which include hope, despair, possibility, fear, growth, struggle, and strength is a collaborative process: "the therapeutic relationship is...one of conjoint meaning making....It is from relationships that meaning is generated" (Gergen, 1999, p. 170). Indeed, the development of hope itself is considered a relational process (Dufault & Martocchio, 1985; Erickson, 1964; Forbes, 1994; Lynch,

1965; Vaughn, 1991), an intersubjective creation rooted in mutual empathy: "hope depends on one's loving and being loved in an open community of face to face relationships" (Vaughn, 1991; cited in Pilkington, 1999, p. 23). The practitioner's empathic participation is integral in the reauthoring process that occurs in therapy: it is her own hopeful faith in possibility which helps nurture the growth of the client's hope. What happens when the practitioner's hopefulness is ragged or compromised? How can she help another develop narratives of possibility when she enters the relationship feeling hopelessness and despair? How do practitioners move with the despair they may feel, being present to that experience within, and still be able to offer hope?

Part Two: Challenges for Practitioners Working with Trauma Survivors

Vicarious Traumatization

There is increasing agreement in the literature that practitioners who work with trauma survivors are deeply altered by their work (Figley, 1999; Jordan, 1991; Mahoney, 1991, 2003; Pearlman & Mac Ian, 1995; Perlman & Saakvitne, 1995a; Yalom, 2000). Mahoney (2003) suggests that "[o]ne cannot be intimately involved in so many other lives without being challenged in the process" (p. 206). Pearlman (1999) has articulated this challenge as follows:

> Those who voluntarily engage empathically with survivors to help them restore the aftermath of psychological trauma open themselves to a deep personal transformation. This transformation includes personal growth, a deeper connection with both individuals and human experience, and a greater awareness of all aspects of life. The darker side of the transformation includes changes in the self that parallel those experienced by [direct trauma] survivors themselves. (pp. 51–52)

Pearlman and Mac Ian (1990) coined the term vicarious traumatization to describe "the darker side" of this change process. Pearlman and Saakvitne (1995a), elaborating on this foundation, refer to vicarious traumatization as the cumulative impacts upon a practitioner over time, effects which are similar to the symptoms of post-traumatic stress, resulting from empathic engagement with clients. Researchers have suggested that vicarious trauma may involve changes in one's identity, worldview, spirituality, core organizing beliefs, relationships with others, and behavior (Chrestman, 1999; Figley, 1995; Pearlman & Saakvitne, 1995a). Pearlman and Saakvitne (1995a) argue that this phenomenon does not signify immaturity, countertransferential reactions, or "bad practice". Instead, they present vicarious

traumatization as an "occupational hazard", to some degree an inevitable effect of immersion within the realm of human suffering. There seems to be considerable agreement in the literature on this point (Arvay, 1998; Bride et al., 2004; Figley, 1995; Munroe et al., 1995; Pearlman, 1999; Stamm, 1999).

As with "direct" trauma, the effect of vicarious trauma will be mediated by personal and contextual variables. Such factors include the practitioner's supports (both internal and external), situational and organizational factors (such as number and nature of clients seen, amount of variety in professional responsibilities, health of the team), as well as the social and cultural context (for example, availability of funding for programs, pervasiveness of violence in the media, attitudes towards abuse survivors, etc.) (Pearlman & Saakvitne, 1995a). Therefore, while vicarious trauma may be an occupational hazard, it is a process that shifts over time as influenced by a host of variables which mediate practitioner vulnerability and resilience.

Hope and Despair

One of the central challenges of supporting people recovering from trauma involves being with the complex mixture of light and shadow in the work, and negotiating one's own feelings of hope and despair in relation to one's work. Mahoney (2003) has articulated the challenge for practitioners:

> [w]e are repeatedly exposed to stories of...tragedy, heartlessness, and the willful infliction of pain. This can be a challenge to our own faith in human nature. The paradox comes from what we are asked to do as helpers....We are professionally charged with the responsibility of encouraging our clients to keep the very faith that, in us, may be under constant challenge by our work....I believe this paradox is a significant one. (pp. 196–197)

Researchers generally suggest that practitioners' experiences of despair are related to vicarious traumatization. For example, Pearlman & Saakvitne (1995a) note that "[u]naddressed vicarious traumatization, manifest in cynicism and despair, results in a loss [of] ...hope and the positive action it fuels" (p. 33). Indeed, they have argued that spiritual wounding – the "loss of a sense of meaning for one's life, a loss of hope and idealism, a loss of connection with others"—is the most disruptive aspect of vicarious trauma (1995b). Brady et al. (1999) note that "this area of difficulty is one of the least explored" (p. 387). In a recent review of the literature, they found a complete absence of empirical research investigating the impact of therapy on the spiritual life of the clinician.

Some studies have emerged which mention connections between spirituality, the practitioner's personhood, and the work of trauma therapy (Arvay, 1998; Brady et al., 1999; Clemans, 2004; Iliffe & Steed, 2000; Mahoney, 2003; Pearlman & Mac Ian, 1995; Raingruber & Kent, 2003; Williams & Sommer, 1999). In reviewing this research, I have noticed or constructed several common themes. A spiritual philosophy and spiritual practices may nourish a practitioner's hope and soften the intensity of despair and other aspects of secondary traumatization. While a practitioner's spirituality may be negatively impacted by the work—in the form of loss of hope and meaning—paradoxically, conducting therapy with trauma survivors may also offer a context and impetus to forge a deeper spiritual resilience. Developing meaning and purpose, cultivating an awareness of human resilience in general and client strengths in particular, and believing in the possibility of growth and recovery, may be factors which enhance practitioner resilience in the face of secondary trauma. The experience of vicarious traumatization itself, when met with reflection and meaning making, may become a "crisis of opportunity" which clarifies a practitioner's spiritual framework for the work and for life in its fullness.

Narrative and the Challenges of Trauma Therapy

As discussed above, trauma therapy is a challenging endeavor for both clients and practitioners. Interestingly, *challenge* as a verb includes associations of being invited to take part in something, being stretched or stimulated (often in a way which may be difficult), and being called to respond (Hawkins & Allen, 1991, p. 244). As such, a key question becomes: how does trauma therapy stretch us as practitioners and how do we choose to respond to this call?

If it is accurate that "human beings do not find or discover knowledge so much as we construct or make it" (Schwandt, 2003, p. 305), then we can consider how our experiences of trauma therapy are shaped by the stories we live through. Pipher (2003) provides an example:

> Sometimes people ask if it is depressing to spend all day listening to problems. I tell them, "I am not listening to problems. I am listening for solutions." ...In therapy, as in life, point of view is everything... [P]sychotherapy...is a way of exploring pain and confusion to produce meaning and hope. (p. xiii)

In what ways do our narratives about trauma and trauma therapy support, expand, reduce, confine, and/or limit our beliefs and

understandings about our work as practitioners? How do these embodied narratives shape our perceptions about the nature of light and shadow in the work, cocreating our experiences of the therapy session and its impact in our lives? Our perceptions about our work, like all narratives, are created "against a backdrop of shared [and sometimes conflicting and/or divergent] understandings, practices, language, and so forth" (Schwandt, 2003, p. 305). We cocreate meaning and knowledge through language and relationship, situated within politically, historically, and socially specific contexts and power relations.

Which social discourses—such as pervasive tales about the pursuit of happiness as a meaningful project, rooted in consumer culture, or professional narratives about vicarious trauma and compassion fatigue—play a role in shaping the stories we consciously or unconsciously choose to carry about our work? Just as "an abused child is generally socialized to emotionally and cognitively respond to the event as trauma according to the guidelines of his or her culture" (Lewis & Ippen, 2004, p. 11), so too might practitioners be socialized to respond to trauma therapy in particular ways by the various discourse cultures which we inhabit. Gergen (2004) suggests that "[i]f story forms are produced within cultures to make sense of life, then central questions become: 'What are the stories available in a culture?' and 'How do the stories we tell influence how we live?'" (p. 269). Considering our work in this way, the central questions become: what are the discourses which socialize us to respond to our work in particular ways, and do they offer us meaningful support in supporting others?

Gergen (2004) questions "how silences and gaps in story forms can delimit who we are and can become" (p. 269), and argues that "when narratives are missing, so are potentials for living" (p. 280). What narratives might be missing that could support practitioner health in therapeutic practice with trauma survivors? What are the possibilities for practitioners to consciously recreate our understandings, our narratives, of the work that we do in ways that nourish, replenish, and sustain us? How can we create narratives rooted in a sense of personal agency rather than victimization or protection against external forces?

> Far from despair, the idea that each of us recreates reality with each encounter fills me with wondrous hope, empowerment and community connection....if we accept that when we enter into dialogue we both change; if it is true that we co-create reality, which in turn creates us—then we are called to a new community. If I can make culture I must act responsibly. (O'Hara, 1995, p. 155)

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