



Researching, Writing, and Publishing Trauma Stories: Learning from Practice

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Abstract

This paper is a reflexive narrative account of re-visiting a study in which 10 participants (including myself) authored stories of lived experience of childhood trauma, and a follow-up study of the impact on us of writing and publishing those stories. As a social constructionist I re-examine that work through the lenses of my current theoretical knowledge and experience, accumulated over the intervening years, against a societal backdrop that has shaped my understandings. The paper covers the ethical issues raised by this work and the contribution neuroscience has made to my understanding of writing and thinking about trauma, the body and transformation. My intention for this paper is to inform and educate those who encourage and facilitate people to write personal stories, and researchers in the field of writing for wellbeing who research those practices, whether that of other practitioners or their own.

Keywords: Writing, trauma, the body, narrative inquiry, ethics, neuroscience

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I have no conflicts of interest to disclose. Correspondence concerning this article should be emailed to: kim@etherington.com.

Introduction

This paper reflects upon a previous study of how childhood trauma was experienced in the body, and how individuals transformed the impact of those experiences. That study invited people to write and contribute storied accounts of their process of transformation for publication in a book: *'Trauma, the body and transformation'* (Etherington, 2003). A follow up study of co-authors' experiences of writing those stories was reported in a short article published in *Lapidus Quarterly* (Etherington, 2005c). Since undertaking that work I have continued to train and practise as a trauma therapist using Eye Movement Desensitisation and Reprocessing (EMDR) (Shapiro & Forrest, 2016), which has involved increasing my knowledge about how the brain functions neuroscientifically, the impact of trauma on this functioning, and on our ability to use words to relate trauma stories. In this paper my intention is to reflect on that earlier work in the light of my current understandings. Some of the issues covered here concern the ethical issues raised when we write and publish personal accounts, how trauma affects our ability to narrate lived experiences, and what we need to know when assisting others who want to write their own trauma stories.

As a psychotherapist and reflexive researcher, my interest in this topic stemmed primarily from a situated understanding of the complex relationship between my own childhood trauma and the illnesses and medical interventions I experienced during my lifetime, and the recognition of similar stories in the lives of some of my past and current counselling clients. By placing my own narrative alongside others, I hoped to continue my process of self- and professional development, and to become part of a community of voices that was rarely heard.

Methodology

Writing our stories for research purposes and placing them within a social context has been described as autoethnography - a form of Narrative Inquiry that describes and analyses (graphy) a person's lived experience (auto) in order to understand how our culture and contexts shape those experiences (ethno) (Adams, 2017; Bochner and Ellis, 2016 ; Rambo, Presson, Gaines, and Barnes, 2019). This is considered a methodology that can be transformative for writer and reader/audience and lead to social change:

the collective story overcomes some of the isolation and alienation of contemporary life. It provides a sociological community, the linking of separate individuals into a shared consciousness. Once linked, the possibility for social action on behalf of the collective is present, and, therewith, the possibility of social transformation. (Richardson, 1997, p. 33)

As a narrative inquirer influenced by postmodern, social constructionist and post-structuralist philosophies, I came to the study with a belief that individual stories of lived experience are socially and culturally contextualised and that my own stories alongside those of my participants might offer a new cultural narrative as an alternative to the dominant psychiatric discourses of ‘somatisation’ seen in DSM-5 (American Psychiatric Association, 2013). I wanted to inform therapists, medical practitioners, and other helping professionals about the range of alternative resources people could be referred to, or refer themselves to, and to challenge the idea that any one way is best. I wanted the published project to be a resource for practitioners and people affected by trauma, and to raise awareness about a little understood phenomenon.

What Do We Mean by Trauma?

Societies’ understanding of what we mean by ‘trauma’ has developed over time, particularly during recent decades. Trauma has been explained and defined in terms of neurology, pathology, psychophysiology, psychology and ‘events’ that cause it, and there has been a rapid growth in available literature that has enhanced our understanding of the long-term and multiple effects of trauma. These are all stories of their time: knowledge is only ever partial and built upon the culturally defined stocks of knowledge available to us at any given time in history, as highlighted by the Power Threat Meaning Framework (Johnstone et al., 2018).

Alongside those stories is a growing recognition and acceptance of the idea that what constitutes trauma is subjectively determined (Miliora, 1998). My invitation to co-authors therefore was to write about self-defined experiences of childhood trauma, the body and transformation for the purposes described above.

The Co-Authors

The ten authors (including myself) were from a variety of cultural backgrounds: two men (the only men who responded to my invitation) and eight women, aged between 27 and 62 at that

time. These were people who had undertaken a variety of transformative therapies and/or activities to address the effects of their childhood trauma and were now at a stage where they had healed enough to have a reflective grasp on their lives, whilst also being able to re-locate themselves inside their stories without becoming overwhelmed. These were ethical *and* literary issues (Etherington, 2005a) as described below.

For the sake of overall narrative breadth, I wanted stories that covered a range of childhood traumas, bodily manifestations and resources used for healing and transformation. However, one of the main inclusion criteria was that participants were people who enjoyed writing!

Ethical Considerations

As an experienced therapist working with traumatised clients, I was very aware of the need to tread carefully throughout this project to ensure that participants would not experience further harm. This meant engaging in a collaborative process of selecting and preparing them to undertake our shared task: checking their motivation and readiness for volunteering; engaging in ongoing dialogues concerning their wellbeing and continued consent; and offering support when needed. I also wanted to keep in mind the ethical principles of beneficence (a commitment to promoting the participant's wellbeing), non-maleficence (doing no harm), and autonomy (British Association for Counselling and Psychotherapy (BACP), 2018).

Informed Consent

Fully informed consent is, of course, not possible when we embark on research that involves unfolding processes. We must therefore rely on ensuring at every stage that participants are still willing to participate and reminding them of their right to withdraw (Finlay 2019; Etherington, 2000).

My co-authors needed to know that writing trauma stories had the potential to cause distress as well as benefits to their health and wellbeing. Pennebaker (1988) showed that although participants in his study eventually experienced their writing as beneficial, initially they were more disturbed: '...immediately after writing, trauma subjects reported more physical symptoms and negative moods' (p. 245). Unlike my co-authors, Pennebaker's participants were not writing with the intention of publishing. It seemed reasonable therefore to expect that the

impact on my co-authors might have even more negative effects, although they came to the task prepared and with experience of being engaged in previous healing practices.

Confidentiality, Autonomy and Power

The second major ethical issue concerned confidentiality and privacy. From the first contact, I urged potential authors to think about the possible effects on themselves and those close to them of having their stories in the public gaze. When writing our own stories, we are likely to include information about our families, friends, or colleagues. Perhaps the simplest way to provide anonymity for those involved in our stories (including ourselves) is for the author to use a pseudonym (Etherington, 2004). However, as a feminist narrative researcher I am also aware of the danger of ignoring the fact that research participants often hold and exercise their own power, agency, and autonomy in the choices they make (Speedy, 2008). Indeed, their prime motivation for writing their stories for publication might be underpinned by a desire to *perform* their powerful, agentic, and autonomous selves and identities through the telling of their stories. If we assume their need for our protection - without considering other possibilities - we could, instead, disempower storytellers. By engaging participants in 'the ebb and flow of dialogue' concerning potential risks and rewards, researchers can ensure that ideas about the use of pseudonyms - or not - can be fully explored (Helgeland, 2005, p. 554). However, there might be costs and consequences for authors who do use a pseudonym. For instance, academics using a pseudonym may not be able to claim their work as their own, thus potentially affecting their career progression. For one of my co-authors there were different and unexpected responses to using a pseudonym (see below).

Ethical considerations also included the need to be aware of and sensitive to, gender and cultural differences, bearing in mind the need to consider the rights, beliefs, and cultural contexts of the participants, as well as their position within patriarchal or hierarchical power relations, in society and in our research relationship (Cloke, Cooke, Cursons, Milbourne, and Widdowfield, 2000; Denzin, 1997; Etherington, 2007).

Relational Ethics of Care

Another important aspect of relational research is 'an ethic of care' which requires that we pay close attention to the manner in which we relate with our participants at every stage of

the research (Gilligan, 1982; Ellis, 2007, 2017). I view ‘dutiful ethics’ as an acceptable baseline for moral and ethical conduct - while ‘care’ requires that we act in ways that are additional and also, in my view, part of our duty (Ellis, 2017).

An ethic of care requires trust and openness in our research relationships: mutual and sincere collaboration, where we view research relationships as consultancy and our participants as the experts on their own lives; reflexive engagement throughout; and sharing ownership of data with participants - the storyteller having full voice, but the researcher’s voice also there, to show how they have shaped the stories through their responses (Finlay, 2019; Etherington 2003).

Reflexive relational ethics pays attention to the balance required between our own needs as researchers and our obligations toward, care for, and connection with those who participate in our research (Gilligan, 1982; Etherington, 2007).

Trauma Stories and Transformation

The connection between trauma stories and transformation is two-fold: firstly, *reading* trauma stories written by others can be an important step for people affected by trauma, and secondly, the power of *writing* our own trauma stories as a means of processing the trauma, and gaining agency and mastery over the trauma has been shown to have great healing potential (Bolton, 2003; Dickie, 2019; Pennebaker, 1997; Wright & Chung, 2001; Wright and Thiara, 2019).

Reading Trauma Stories

The first approach recognises the value of *reading* trauma stories written by others. In a postmodern world there has been a proliferation of the everyday personal struggles of people ‘who are trying to make moral sense of their own suffering and who are witnesses to suffering that goes beyond their own’ (Frank, 1995, p.19). Survivors often want (and need) to tell their stories to construct new ‘maps’ and gain understandings of their relationships with themselves, the world and their past experiences (Etherington, 2000).

I have frequently heard from people who have experienced childhood trauma that they first became aware of the disconnected, traumatised part of themselves while reading stories written by other survivors, or when impacted by media output of such stories: theatre, TV drama

or documentaries, chat shows, phone-ins with which people sometimes resonate at a tacit level of knowing. In my own case:

I came into the room late one evening and glimpsed the [TV] from the corner of my eye... I stood staring at the screen, unable to avert my gaze. I knew intuitively that this story had found a place inside me of which I was not yet fully aware. (Etherington, 2003, p.184)

Writing Trauma Stories

The second approach recognises the value of writing our own trauma stories. Creating a coherent story out of our childhood trauma can be difficult because trauma often disrupts our sense of a continuous existence. A person may disconnect/dissociate from aspects of their traumatic experiences in order to survive (Braun, 1988). Those aspects might involve feelings, sensations and/or memories that threaten to overwhelm, leaving gaps in their sense of self and identity.

It is now accepted that writing stories of traumatic experience under safe conditions can produce physiological and emotional changes that contribute to gains in health and feelings of wellness (Harber & Pennebaker, 1992; Lepore and Smyth, 2002; Pennebaker & Chung, 2011; Pennebaker, 1988, 1993, 1997; Petrie, Fontanilla, Thomas, Booth, Pennebaker, 2004; Rosenthal, 2003). This knowledge has made an important contribution to the field of creative writing for wellbeing.

In her seminal work *Trauma and Recovery* Judith Herman (1992) suggests that trauma can be transformed, both in emotional meaning and in its effects on the emotional brain (amygdala) if we can: a) create a safe environment in the present; b) gain some control over life; c) tell our stories in the harbour of a safe relationship; d) mourn the losses created by the trauma.

How Does Trauma Affect the Brain?

The impact of trauma depends upon several factors including severity, age at which it occurs, frequency, how long it continues, and the responses of those around the traumatised person (Etherington, 2003).

Trauma impacts the brain in two important ways: firstly, the normal processing of memories is blocked, and secondly, core beliefs in the implicit self are shattered, resulting in loss of a sense of trust and safety (Dickie, 2019).

The more recently evolved parts of the brain include the pre-frontal cortex which is not fully developed until the age of 25. These parts create language and symbols that enable us to communicate our experiences (Broca's area). They are deactivated when we are traumatised. Traumatized people therefore have been said to suffer 'speechless terror' (Spear, 2014, p.62). The subcortical areas of the brain, the limbic system and brain stem, which are primitive, not under conscious control, and possessing no language, react to the threat in a different way (van der Kolk, 2002).

The dissociated parts of the traumatized person's experience are stored in the amygdala, a section of the limbic system that interprets the emotional significance of experience, and remain there as unprocessed emotions and sensory fragments of experience (van der Kolk, 2002; van der Kolk & van der Hart, 1995; Dickie, 2019). These fragments cannot be voluntarily recalled when unprocessed but can be triggered involuntarily as a 'flashback' in circumstances that remind the person of the original trauma. The sensory material is then experienced as if happening 'now'. For healing to occur, the trauma memories must become 'associated' or 'connected' with the adult person's updated understandings, and thereby transformed into language (Dickie, 2019).

The timing and pacing of telling and re-telling our stories can be crucial. If we go too quickly, we might become re-traumatized (van der Kolk, 2002). The *construction* of the trauma story allows the memory to be reclaimed gradually, along with the associated emotions. This is essential if the sufferer is to gain mastery over the trauma. The emotions are brought to conscious awareness and expressed through language. However, this approach to healing takes time and is never final or complete. For this reason, it is commonly the case that people who write about trauma do so in different ways, writing about different fragments of experience, at different times, sometimes over the life span, telling and re-telling their stories. Nevertheless, helping to shift even incomplete or partial traumatic memories from 'implicit memory' to 'explicit/narrative memory' enables the survivor to give more of their attention to the present and instils hope for the future.

Reflecting on the Original Study in the Light of New Theoretical Understandings

As a social constructionist I believe that meaning and knowledge are socially created. Events from the past take on different meaning over time, depending on the increasing stocks of knowledge and experience we have available to us as we mature and learn. As I reflect back on my earlier work and re-tell those stories from a new position, I do so from a wider perspective than ever before: knowledge is cumulative and changes over time, so being able to think anew about my previous study allows me to appreciate and integrate new knowledge.

Childhood Trauma

The specific focus for the original study was to discover what could be learned from the stories of people who had been unable to tell their stories of their childhood trauma directly and verbally, and whose bodies had carried the traumatic events of their lives. Bruner (1986) says that we can only know what we have language available for knowing. The pre-frontal cortex does not begin to develop until around the age of seven, so when traumatic events have been experienced before this time, the child stores those experiences in sensory and emotional forms. When we have dissociated aspects of our experience because we are too young to have a language or frame of reference for our experiences, or because adults' threats or refusal to hear has silenced us, no verbal link can exist between dissociated parts and we are helpless to communicate our experience to others.

When a child becomes overwhelmed by trauma, they might have little or no awareness of the body as a physical state and emotions are not expressed directly. However, the body 'continues to respond to the emotion, even though the mind refuses to acknowledge it' (Dubovsky, 1997, p. 47). The body may speak a language of its own, perhaps through illness, pain, compulsion, or addiction (van der Kolk, 2014). This is sometimes referred to as 'somatisation'.

The Body Tells the Story

Somatic symptoms can be viewed as 'pre-narrative' or unformulated memories of traumatic experiences. The link between bodily symptoms and psychological trauma was made by Freud (1962) when he described what he called 'hysterical conversion symptoms' as the outcome of people's attempts to defend themselves against traumatic childhood experiences,

although his understanding of the mechanisms were unclear. Freud viewed these symptoms as fragments of a partly or fully dissociated story of a patient's lived experience - 'what we might now call an incoherent narrative of that experience' (Waitzkin and Magana 1997, p. 814) and suggested that recovery depended upon gradually enabling the patient to make unconscious meanings conscious through the creation of a narrative. Herman (1992) suggests that the *process of building* a narrative becomes the cornerstone for transforming the symptoms, rather than actually *having* a coherent narrative per se.

The Process of Writing a Healing Narrative

Writing trauma stories has been described as 'a mode of writing the unspeakable' (Smith and Watson, 2001, p. 206). Coherent stories written or told in the present usually include a remembered past and lead to an imagined future (Frank, 1995). This may not be possible to achieve when writing trauma stories. Writing stimulates and facilitates the motor *and* sensory regions of the brain and can help us recover and integrate additional fragments of trauma. Tentatively known aspects of our experiences can be accessed through the images and metaphors we use as we 'reach intuitively into some part of ourselves that is outside our notice - still unnamed but there' (Penn, 2001, p. 45). However, as noted by Pennebaker (1988), this might come at some cost.

Bearing in mind that my co-authors and I had begun to process our experiences of trauma before engaging in the task of writing our stories for the original study, everybody involved still found this a difficult process. As stated above, healing takes time and is never final or complete. Instead it is an ongoing process over time that requires us to create a post-trauma self, a transformed self that transcends the trauma (Spear, 2014).

The Beginning

For the follow up study (and further papers) I gained additional permission from my co-authors to use their email communications with me during the time we had been engaged on the task of producing the stories for the study/book. They also sent me further reflections after the book had been published which have been included in later publications and in this paper (Etherington, 2005a, 2005b). In order to create a sufficiently coherent story here, I am focussing

on what I experienced myself at different stages of those earlier studies: the beginning, the middle and afterwards, supplemented by some of the material sent to me by co-authors.

Relational Ethics

Judith Herman (1992) suggests that to write or speak trauma stories we need to create a safe environment in the present. From my first contact with co-authors, usually by email or phone, my first task was to build a relationship to provide ‘a safe harbour’ in which those stories could be told. Many of my co-authors were people I had never met (and indeed, never would meet face to face) so the importance of ‘relational ethics’ was paramount. I needed to remain vigilant to ensure that no harm would come to them, or myself, from being involved in this project.

Writing My Own Story

Comments co-authors made at the beginning of the process showed how agreeing to do something and actually sitting down to do it was sometimes very different. One author, who later dropped out, wrote: ‘At the moment it all seems a little incomprehensible, even to myself ... a feeling of knowing this recovery has occurred ... and yet still some confusion as to ‘how’ [that happened].’

I responded: ‘Yes ... I am hearing that many people are finding it very hard ... I'm not sure if I haven't set an impossible task for all of us right now.’

To find out if that was true, I needed to write my own story of how I'd made sense and meaning of the links between the childhood trauma and the ill health I had suffered. Having written versions of my life experiences before, I was surprised at how difficult I found it to engage with this new task.

As I thought about writing my story, I began to experience dreams full of anxiety, so I decided to simply sit down and write. I began with a dialogue between myself and an imagined person about how difficult it was to sit down and write. As the dialogue continued, I became more and more curious about the identity of the person I was ‘conversing’ with. She (it was certainly a female) seemed to know me very well indeed, and I knew, but I did not know how I knew, that our relationship went back right to the beginning.

Gradually, I realised that this person was my ‘guardian angel’ - my childhood protector. Knowing this, my writing began to flow, and within days, a first draft of my story was written. I knew then that it was not an impossible task and that each of us had to find our safest way of doing it.

By writing in the third person I had allowed my guardian angel to continue her protective role - keeping me at a narrative distance by using her voice, whilst also allowing me to write from inside my story.

The academic community has traditionally discouraged the inclusion of our selves in our writing, so academic writers can feel uncomfortably exposed when trying to write from the first person. Even though I had for years been using ‘I’ in my writing for academic and other purposes, it felt a step too far when writing my trauma stories: however, writing from the ‘I’ of an ‘other’ part of myself allowed me to get inside my story while remaining at a safe distance. Celia Hunt (2000) describes this as ‘free indirect discourse’ or ‘dual voice’: creating a ‘narrative persona’ who takes a position as an observer rather than the one who experiences (p. 101), although I didn’t know that at the time.

When authors get inside their writing they are better able to connect with feelings and sensory memories and ‘*show*’ us their experiences, rather than writing from the sidelines, ‘*telling*’ us about their lives. (A concept often attributed to the Russian playwright Anton Chekhov who is reputed to have said ‘Don’t tell me the moon is shining; show me the glint of light on broken glass’.) This kind of writing is usually vivid, detailed, accessible, and engaging. However, it requires an ability to connect with our emotions and senses, which may not be possible for people who have learned to cope with trauma by disconnecting from their memories, feelings, and their bodies.

Conversely, when writing trauma stories, emotions and bodily senses might be triggered all too easily and threaten to overwhelm those who have kept disconnected parts of themselves at bay in order to survive. When this happens, the writing can be *too* heavily layered with emotion and leave the writer (or the reader) anxious or re-traumatised. We need to stay within our ‘window of tolerance’ (Gill, 2017), somewhere between both polarities. Celia Hunt (2000) suggests that finding that balance can be profoundly therapeutic, as writers gain insight into themselves and their lives, and develop a clearer sense of their identity.

The Middle

Co-authors told me of their experiences of writing their stories, showing in some cases how the writing was enabling the process of ‘associating’, or ‘connecting up’ previously disconnected aspects of their experiences with current, updated understandings. One person told me:

It was more of a struggle than I anticipated. ... You were right about the effect of going over all this stuff again. I keep having dreams and waking in the night going through what I have written. ... Each day some new memory occurs, and I think: wow, I've learned something else.

Another person described how, through the writing, she was: ‘drawing things together and making sense of the links between my personal life and career and between my past self and present self’. The process of writing can enable us to foster the necessary connections with the part of our brain that analyses experience and associates it with other knowledge through the act of constructing a story. This enables us to break free of the intrusive ruminations more typical of the kind of thinking traumatised people experience (Spear, 2014). Others demonstrated their wisdom in knowing how to pace themselves:

I couldn't write it all at once, which is usually how I work. I could only write a few pages and then I needed time to cry, rest and recover from it. I was very surprised at just how re-traumatised I felt at stages.

Another told me of their need for support: ‘if I were to do this again; I would definitely have planned some weeks of counselling to support myself.’

In the spirit of collaboration, I asked my co-authors whether they would like to read my story and give me feedback. I had hoped this suggestion for sharing might reduce any sense of isolation and alienation they might feel: something that is often found in people who have experienced trauma. At the same time, I asked permission to send *their* chapters around the group for others to read and provide feedback, and maybe share some ideas about content, making it clear that this was not a requirement but simply an invitation for them to consider. I

had hoped to raise their awareness that by bringing our stories together between the covers of a book, we could feel part of a shared community. Herman (1992) tells us:

those who have survived learn that their sense of self, of worth, of humanity depends upon a feeling of connection to others... Trauma isolates; the group re-creates a sense of belonging. Trauma shames and stigmatises; the group bears witness and affirms. (p. 214)

At that time, I had not considered that what I was suggesting would also enable us to engage with the potential power of ‘witness and testimony’. By suggesting we share our stories I was going beyond the concept of ‘the writer as reader’ and moving toward Arthur Frank’s notion of ‘reciprocity’:

In the reciprocity that is storytelling, the teller offers herself as guide to the other’s self-formation. The other’s receipt of that guidance not only recognizes but **values** the teller. The moral genius of storytelling is that each, teller and listener, enters the space of the story **for** the other.... Telling stories...attempts to change one’s own life by affecting the lives of others. Thus all stories have an element of **testimony**... (Frank, 1995, p.18)

One co-author responded: ‘I loved reading about your guardian angel - it was a very moving story. It has also given me lots of food for thought’. Another author told me that the fact that I struggled had encouraged him to ‘get cracking on trying to edit mine now’. However, what helps one person might hinder another: another co-author wrote:

I was struggling ... you forwarded me a few stories that had been completed. Fortunately, I didn't read them. Retrospectively I know that had I done so at the time I would have ‘thrown in the towel’. I would have told myself that I was not ... good enough.

After this, the pace seemed to quicken, and I received drafts from most of the contributors. Some chose to keep the chapter to themselves until it was as close as possible to completion before allowing it to be read by anybody else. With others I entered a phase of active co-construction. Not only was this a way of thickening the story (Geertz, 1973), it also helped to meet the criteria for autoethnography by focusing my questions on the interaction between the

storyteller and their social and cultural contexts (ethno) and well as their internal experiences (auto) (Etherington, 2020).

Alongside all of this, I was engaging with some authors in crafting their stories, editing for flow, structure, and punctuation (Le Guin, 2015). I was aware that the art of crafting involved engaging the thinking part of the brain which would balance the emotional writing with the cognitive functions required for this part of the writing task. Celia Hunt (2000) sees crafting as creating:

an object which is both contained, in the sense that it is an aesthetic rendering of self or self-experience, which can be deeply satisfying and increase self-esteem, and containing, in the sense that it is an external repository of feelings about the self or the past, which makes them safe (p.174).

There is an inevitable power inequality between participants and researchers, and it would be disingenuous to deny that, even though in working collaboratively I had done what I could in my attempt to reduce that inequality. Although my own story was included, my dual role as researcher/editor inevitably raised issues concerning power and inequality. For some people, there were unconscious dynamics at play – of which neither of us was aware at the time. One author told me later that he had felt angry with me, seeing my attempts to help him craft his story as ‘criticism’. However, as a fellow therapist, he had been sufficiently aware to recognise this might have been due to ‘transference and projection (mostly). You became my mother at one point: telling me to ‘do it again’ and questioning my skills. At times I felt de-skilled and unworthy’.

I was working very hard to keep people on board, balancing the needs of the ‘product’ with the ‘process’: the authors’ need to freely express themselves and my need to meet the standards required for publication. I sought supervision from a colleague who was an experienced professional editor, and expressed the discomfort I was feeling sometimes about my sense of ‘power *over*’ rather than ‘power *with*’ my co-authors, but as well as being a co- author I was also editor and that role gave me different responsibilities. Maggie pointed out:

I think your task as 'experienced editor' is to know how the reader will get the most out of what they are reading. This means that you must have the right to edit the chapters, however much this goes against your instincts as a therapist.

Maggie's feedback allowed me to step back, examine which role had informed my responses, and feel more secure in that knowledge. With hindsight I have learned that I should have explained to my co-authors what my role as editor would require of me and the potential complications of having a dual role. I had held a taken-for-granted assumption that it was enough for co-authors to know this was an edited book, and that I was both editor and co-author.

The Value and Impact of Trauma Stories

As Arthur Frank (1995) suggests that stories are for others as much as they are for those who write them. The focus for the field of 'writing for wellbeing' is on the healing power of stories, for those who perform or write them, and for those who receive them. When viewed through a healing lens, we are not required to have a complete or coherent story. It is the process of creating the stories that enables healing and allows for author to recognise themselves as 'a wounded healer'. Although trauma can be transformed it never truly goes away. At best, it can become a memory of something that happened in the past that no longer causes the distress or reactions that unprocessed trauma can create. Nouwen (1972, cited in Spear, 2014, p.xiv) defines a 'wounded healer' as one 'who makes his [or her] own wounds available as a source of healing'. As stated earlier, these stories have the potential to open readers to the opportunity to work through their own trauma. We are part of a shared human community. We all have wounds and we can all be healers.

After Publication – Giving Testimony and Bearing Witness

I have written elsewhere about authors' reactions to receiving the published book with many finding that very difficult initially (Etherington, 2005a, 2005b). Having written the testimonies, having shared them within the group in some cases, those stories were now being shared with the wider community, open to the public gaze. This was a huge step for many, some of whom who had borne their suffering alone or shared their stories in private with carefully chosen people up until this point. Many people who have experienced trauma protect themselves

by minimising or denying (at least part of) their experiences to survive. Seeing their trauma stories printed on the pages of a book means they can no longer be denied. One author told me:

I couldn't open the book when it arrived ... receiving the book was a shock. I stuffed it on a bookshelf not wanting to know it was there.

Another told me:

People have asked to read my chapter and I have not wanted them to. ... I don't want them to trivialise it in any way and I need them to respond empathically - I'm not sure that some people would be able to do that.

Many of these immediate reactions reflect the fears that traditionally silence many trauma survivors: fear of self-exposure, of others' minimisation or denial of their realities, of hurting others, of being criticised, rejected, or disbelieved. However, these feelings were mediated as time went by, particularly once we began to receive feedback from outside witnesses. One man who had initially dismissed his own chapter as 'drivel' told me:

Then a friend who had read it rang me crying 'That book is so healing - thank you'. I asked myself what I was missing, so I read it again. Then I cried... I realised ...that the first time I read it I had ...all my defences right in place. Nothing was going to touch me - I made sure of that!!

A woman who initially felt 'trembly about the level of self-exposure' wrote to me later that:

I've received feedback from others, including my youngest brother. I'm feeling more confident about it ... lots of people have given me positive feedback. ...Writing the chapter hasn't made as much of a [negative] impact on my life as I had feared.

One person who used a pseudonym had a complicated reaction:

The book looks fine but it's difficult to describe my feelings when I opened it. I knew I wasn't looking forward to it.... I think I'm disappointed because I didn't use my real name...especially when I saw everyone else had used their real names. It was like it didn't belong to me anymore.

I responded by suggesting that she might want to use her real name if there was a second printing of the book. This led to a different response:

your offer to include my name for a second printing surprised me and helped me to be in touch with other feelings: fear about standing out, of being front of stage. Not sure I could take it on.

Several months later, this co-author attended the book launch alongside some of the other storytellers, introduced herself to the ‘audience’ using her real name and spoke about her process, including what it had meant to use a pseudonym. In the re-printed version of the book her real name is written beneath the title of her story. She then went on to say: ‘I have to write the rest of my story - if only for my children.’

The Power of Witness and Testimony

As time went by, I began to receive emails from readers which provided us with a view of the power and impact of those stories. I sent all feedback to my co-authors who, in turn, shared with me their own responses, one co-author saying:

WOW!! Thanks for that - it really helps to hear someone's reaction to the book. Still just carrying it around with me but not daring to look too much.

Another responded:

Thank you for forwarding this touching tribute. Does make it feel as if it has hit home and justifies the risks I have taken! Somehow knowing that it can have this kind of impact does make it worthwhile.

It has been recognised that the safe and supportive presence of others as witnesses and dialogue partners is crucial for advancing the process of reinterpreting traumatic experiences (Frechette & Boase, 2016). Indeed, the opportunity to have our experiences validated by those who understand often makes an important contribution to the process of building resilience (Feldman & Kravetz, 2014) and creating healing in the post-trauma identity.

What it has Meant to Write these Stories

In response to me asking co-authors what it had meant to write and publish their stories there were a range of different responses: ‘... finishing unfinished business ... putting things in the boxes where they belong, rather than oozing and squirming over all the rest of my life...’.

A woman who had arrived in the UK as a seven year-old on the Kindertransport, nine months before the outbreak of the second World War had not considered, before writing her story, how her experiences had impacted on her body. She told me:

...being involved in the book made connections for me - breaking through the sense of isolation and alienation that was always lurking in the background.

A comment from another participant illustrates the delicate balance we tread when re-visiting trauma stories for the purposes of research:

Yes, it brought up a lot of stuff which was disturbing - but also helpful. And you warned us all along that this might happen. We had the opportunity to withdraw at any time. I can only speak for myself. It was a learning experience.

P.S. By the by - I have just been accepted to do the Women's Studies Course at university. I had always put off applying because of my fear of essays. My writing for the book has given me confidence.

And Finally...

As I end this paper and read back over it, I realise this has become yet another kind of trauma story. Once again I have revisited my own and other peoples’ stories to see what can be learned from them at this stage of my life, six months after my eightieth birthday in the extraordinary circumstances created by the COVID-19 pandemic.

I have spent much of my life trying to tell and re-tell my own stories, in several different ways: through my body, by writing poems and stories as a child and adult, using talking and body therapies, EMDR with parts work, and by writing and re-presenting other peoples’ trauma stories for research. But this is the first time I have written a story about writing trauma stories that has encompassed stories of neuroscience, the brain, personal experiences, and theories

related to writing itself. I have been surprised by the degree of disturbance this has created in me, as my body, mind and emotions have connected with these topics and created difficulties in organising and crafting this text, paralleling, I believe, some of what I have been writing about. My hope is that readers will take from this paper what is useful for them in their own lives and contexts and use it, however they can. For those who enable others to write their own trauma stories, perhaps as members of Lapidus, my hope is that you will use it to build gentle, safe and supportive environments in which those stories can be written, bearing in mind the need for readiness, pacing, and understanding of the pitfalls, healing potential and posttraumatic growth this process can involve (Calhoun and Tedeschi, 2014).

References

- Adams, T. E. (2017). Autoethnographic responsibilities. *International Review of Qualitative Research*, 10(1), 62-66. <https://doi.org/10.1525/irqr.2017.10.1.62>
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.
- Bochner, A. P., & Ellis, C. (2016). *Evocative autoethnography: Writing lives and telling stories*. Routledge.
- Bolton, G. (2003). Around the slices of herself. In K. Etherington, (Ed.), *Trauma, the body and transformation: A narrative inquiry* (pp. 121-137). Jessica Kingsley.
- Bolton, G. (2010). *Explorative and expressive writing for personal and professional development*. [Doctoral Dissertation, University of East Anglia School of Medicine]. <https://ueaeprints.uea.ac.uk/id/eprint/19436/1/Gillie.pdf>.
- British Association for Counselling and Psychotherapy (BACP). (2018). *Ethical framework for the counselling professions*. Retrieved from <https://www.bacp.co.uk/media/3103/bacp-ethical-framework-for-the-counselling-professions-2018.pdf>.
- Braun, B. G. (1988). The BASK model of dissociation. *Dissociation: Progress in the Dissociative Disorders*, 1(1), 4-23.
- Bruner, J.S. (1986). *Actual minds, possible worlds*. Harvard University Press.
- Calhoun, L. G., & Tedeschi, R. G. (2014) (Eds.) *Handbook of posttraumatic growth: research and practice*. Psychology Press, Taylor and Francis.
- Cloke, P., Cooke, P., Cursons, J., Milbourne, P., & Widdowfield, R. (2000). Ethics, reflexivity and research: Encounters with homeless people. *Ethics Place and Environment*, 3(2), 133-154.

- Denzin, N. K. (1997). *Interpretive ethnography: Ethnographic practices for the 21st century*. Sage.
- Dickie, J. F. (2019). The intersection of biblical lament and psychotherapy in the healing of trauma memories. *Old Testament Essays* 32(3), 885 – 907. <https://doi.org/10.17159/2312-3621/2019/v32n3a7>.
- Dubovsky, S. L. (1997). *Mind-body deceptions: The psychosomatics of everyday life*. Norton.
- Ellis, C. (2007). Telling secrets, revealing lives: relational ethics in research with intimate others. *Qualitative Inquiry*, 13, 3-29.
- Ellis, C. (2017). Compassionate research: Interviewing and storytelling from a relational ethics of care. In I. Goodson (Ed.), *The Routledge international handbook on narrative and life history* (pp. 431-445). Routledge.
- Etherington K. (2000). *Narrative approaches to working with adult male survivors of childhood sexual abuse: The clients', the counsellor's and the researcher's story'*. Jessica Kingsley.
- Etherington K (Ed.) (2003). *Trauma, the body and transformation: A narrative inquiry*. Jessica Kingsley.
- Etherington, K. (2004). *Becoming a reflexive researcher: Using our selves in research*. Jessica Kingsley.
- Etherington, K. (2005a). Writing trauma stories for research. *Lapidus Quarterly*, 1(2), 25-31.
- Etherington, K. (2005b). Researching trauma, the body and transformation: A situated account of creating safety in unsafe places. *British Journal of Guidance & Counselling*, 33 (3), 299-313.
- Etherington, K. (2007). Etherington, K. (2007c) Ethical research in reflexive relationships. *Qualitative Inquiry*, 13(7), 599-616.
- Etherington, K. (2021) Becoming a narrative inquirer. In S. Bager-Charleson & A. McBeath (Eds.), *Enjoying research in counselling and psychotherapy: Qualitative, quantitative and mixed methods research*. Palgrave MacMillan.
- Feldman, D. B., & Kravetz, L. D. (2014). *Supersurvivors: the surprising link between suffering and success*. HarperCollins/HarperWave.
- Finlay, L. (2019). *Practical ethics in counselling and psychotherapy: A relational approach*. Sage Publications.
- Frank, A. W. (1995). *The wounded storyteller: Body, illness, and ethics*. University of Chicago Press.

- Frechette, C. G. & Boase, E. (2016). Defining 'trauma' as a useful lens for Biblical interpretation. In E. Boase, & C. G. Frechette, (Eds.), *Bible through the lens of trauma*. SBL Press. <https://doi.org/10.2307/j.ctt1h1htfd.4>
- Freud, S. (1962). *Three essays on the theory of sexuality* (J. Strachey, Trans.). Basic Books.
- Geertz, C. (1973). *The interpretation of cultures*. Basic Books.
- Gill, L. (2017). *Understanding and working with the window of tolerance*. Retrieved October 16, 2020, from <https://www.attachment-and-trauma-treatment-centre-for-healing.com/blogs/understanding-and-working-with-the-window-of-tolerance>.
- Gilligan, C. (1982). *In a different voice*. Harvard University Press.
- Harber, K. D., & Pennebaker, J. W. (1992). Overcoming traumatic memories. In S. Å. Christianson (Ed.), *The handbook of emotion and memory: Research and theory* (pp. 359–387). Lawrence Erlbaum Associates, Inc.
- Helgeland, I. M. (2005) 'Catch 22' of research ethics: Ethical dilemmas in follow-up studies of marginal groups. *Qualitative Inquiry*, 11, 549–569.
- Herman, J. (1992). *Trauma and recovery*. Basic Books.
- Hunt, C. (2000). *Therapeutic dimensions of autobiography in creative writing*. Jessica Kingsley Pubs.
- Johnstone, L., & Boyle, M. with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D., & Read, J. (2018). *The power threat meaning framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis*. British Psychological Society.
- Le Guin, U. K. (2015) *Steering the craft: A twenty-first-century guide to sailing the sea of story*. Mariner Books, Houghton Mifflin, Harcourt.
- Lepore, S. J., & Smyth, J. M. (Eds.) (2002). *The writing cure: how expressive writing promotes health and emotional well-being*. American Psychological Association.
- Miliora, M. T. (1998). Trauma, dissociation, and somatization: A self-psychological perspective. *Journal of the American Academy of Psychoanalysis*, 26(2), 273-293. <https://doi.org/10.1521/jaap.1.1998.26.2.273>
- Penn, P. (2001). Chronic illness: trauma, language and writing: Breaking the silence. *Family Process*, 40(1), 33-52.
- Pennebaker, J. W. (1988). Confiding traumatic experiences and health. In S. Fisher & J. Reason (Eds.), *Handbook of life stress, cognition and health*. Wiley.

- Pennebaker, J. W. (1993). Putting stress into words: health, linguistic and therapeutic implications. *Behaviour Research and Therapy*, 31, 539-48.
- Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, 8(3), 162- 166. <https://doi.org/10.1111/j.1467-9280.1997.tb00403.x>
- Pennebaker, J. W., & Chung, C. K. (2011). *Expressive writing: Connections to physical and mental health*. In H. S. Friedman (Ed.), *Oxford library of psychology. The Oxford handbook of health psychology* (p. 417–437). Oxford University Press.
- Petrie, K., Fontanilla, I., & Pennebaker, J.W. (2004). Effect of written emotional expression on immune function in patients with human immunodeficiency virus infection: A randomized trial. *Psychosomatic Medicine*, 66(2), 272-275.
- Rambo, C., Presson, B., Gaines, V., & Barnes, B. (2019). Autoethnography as a research method in the study of social problems. In J. Trevino & A. Marvasti (Eds.), *Research methods in social problems* (pp. 122-139). Routledge/Taylor and Francis Group.
- Richardson, L. (1997). *Fields of play: Constructing an academic life*. Rutgers University Press.
- Rosenthal, G. (2003). The healing effects of storytelling on the conditions of curative storytelling in the context of research and counselling. *Qualitative Inquiry*, 9(6), 895-915.
- Shapiro, F., & Forrest, M.S. (2016). *EMDR: The breakthrough therapy for overcoming anxiety, stress, and trauma Paperback* (2nd edition). Basic Books.
- Smith, S., & Watson, J. (2001). *Reading autobiography: A guide for interpreting life narratives*. University of Minnesota Press.
- Spear, R.N. (2014). ‘Let me tell you a story’: On teaching trauma narratives, writing, and healing. *Pedagogy*, 14 (1), 53–79.
- Speedy, J. (2008). *Narrative inquiry and psychotherapy*. Palgrave Macmillan.
- Van der Kolk, B. A. (2002). *In terror's grip: Healing the ravages of trauma*. The Dana Foundation. Retrieved from <https://www.dana.org/article/in-terrors-grip/>,
- Van der Kolk, B. A., & van der Hart, O. (1995). The intrusive past: The flexibility of memory and the engraving of trauma. In C. Caruth (Ed.), *Trauma: explorations in memory* (pp. 158-182). John Hopkins University Press.
- Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
- Waitzkin, H., & Magaña, H. (1997). The black box in somatization: Unexplained physical symptoms, culture, and narratives of trauma. *Social Science & Medicine*, 45(6), 811-825.

Wright, J. K., & Chung, M. C. (2001). Mastery or mystery? Therapeutic writing: A review of the literature. *British Journal of Guidance & Counselling*, 29(3), 277-291.
<https://doi.org/10.1080/03069880120073003>

Wright, J. K., & Thiara, R. K. (2019). Breaking the silence and shame of sexual abuse: Creative writing for therapeutic purposes (CWTP). *Journal of Poetry Therapy*, 32(1), 11-21.
<https://doi.org/10.1080/08893675.2019.1548925>

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