Posttraumatic Stress Disorder and Narrative Therapy

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Posttraumatic Stress Disorder

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that develops following “exposure to an extreme traumatic stressor involving direct personal experience of an event that involved actual or threatened death or serious injury... [in which the individual’s] response... involves intense fear helplessness, or horror” (American Psychiatric Association, 463). Recognition that individuals who have been exposed to traumatic events are more likely to have specific long-term consequences began after World War II, when veterans returning from the European theatre were described as “shell-shocked.” These individuals, with their exaggerated startle responses, hypervigilance, nightmares and so forth were the first broad indication that when humans participate in or are victims of inhumane acts, they may continue to live in a context of inhumanity long after the traumatic event has ended. In addition to a variety of psychological symptoms, these individuals may experience intense guilt about the things they did to survive or even just the fact that they survived at all, while others died. While prior to the traumatic event or events, the individual may describe themselves by a variety of adjectives, nouns and relationships, after the traumatic event, it is not uncommon for individuals to describe themselves first and foremost as “a veteran,” “a refugee,” “a survivor.” Their central schema and personal narrative has become one defined by trauma (Jobson, 2008; Price, 2007).
Narrative Therapy

Narrative Therapy focuses on externalizing problematic symptoms and then restructuring problem-saturated narratives of individuals in therapy. When individuals come into therapy, they typically present with a litany of failures and flaws. They describe all of the things they are doing wrong, that are going wrong, and the power of the things that they are doing right is lost. By reclaiming competency and re-recognizing the resources that brought them to a place where they are seeking healing, Narrative therapists help their clients move individually in an intentionally positive, life-affirming direction.

One central assumption of White’s Narrative therapy is that individual narratives are not created in isolation from wider cultural narratives. With the majority of Americans ascribing to rationalistic, modernist explanations and mythologies, what meaning can be structured out of trauma? Any myth has three things: a beginning, a middle and an end. When the end is uncertain and individually determined, what does suffering foreshadow? Rollo May, perhaps a forerunner of Michael White, wrote that “though we form myths in various collective and personal ways, the myths are necessary as ways of bridging the gap between our biological and personal selves” (1991, 20). A myth is defined here as an overarching narrative, with beginning, middle and end. Myths imply a search for purpose and command meaning. When individuals from rationalistic and modernist societies experience trauma, they may experience a cry for myth. When engaged in the mire of anguish and human failure, their present story may become definitional.
In short, people need hope beyond their present circumstance, but hope begins in the context of their despair (Flaskas, 2007).

**Restructuring Meaning**

An effective short-term treatment for PTSD is Narrative Exposure Therapy. Narrative Exposure Therapy is conducted in a series of manualized sessions. In the first, individuals are asked to draw a picture of anything. In the next session, they asked to create their “lifeline” by laying out a length of rope and indicate positive events with flowers and negative events with rocks. Subsequent sessions consist of explaining their “lifeline” with the inclusion of both their flowers and rocks. They may also be asked to describe some of their hopes and dreams for the rest of their lives. Throughout therapy, therapists act as historians, writing down the individual's story and when it is completed, a digital photograph of their lifeline is taken. Numerous studies indicate that it is effective at decreasing PTSD symptoms six months following treatment, and eliminating symptoms in some individuals as little a year following treatment (Neuner, 2004; Onyut, 2005; van Minnen, 2002). Through the use of the lifeline, the traumatic event becomes integrated into the total narrative of the person's life. Short-term Narrative Therapy has also been successfully used with cancer patients to prevent the development of PTSD (Peterson, 2005). The trauma event is still definitional, but only as much as other events, both positive and negative are also definitional.

Using traditional Narrative Therapy for treating PTSD is not explored in the literature. However, the combination of the success of Narrative Exposure Therapy,
a derivative of Narrative Therapy, and the overriding theme of myth production across disciplines, including religion, anthropology and psychology seems to indicate traditional Narrative Therapy also has something vital to offer the treatment of PTSD. With its focus on externalizing symptoms, reconsidering and then restructuring dominant narratives and building a cohesive plotline that both includes the past and leaves room for an autobiographical future, traditional Narrative Therapy would seem to offer survivors both purpose and authorship in their future life.

Certainly, struggle helps define a person. When veterans, refugees and survivors call themselves by those names there is not only the indication of trauma, but also the indication of adaption. They have made it. Narrative Therapy serves to re-organize meaning, suggest purpose, and foreshadow where the individual’s story is headed. Effective Narrative Therapy, either short-term like Narrative Exposure Therapy or more traditional, neither minimizes nor totalizes the trauma event. The trauma story is not the last story the individual will tell.
References


Onyut, L.P., Neuner, F., Schauer, E., Ertl, V., Odenwald, M., Schauer, M., & et. al. (2005) Narrative exposure therapy as a treatment for child war survivors with posttraumatic stress disorder: Two case reports and a pilot study in an

