



# Feminist Approaches to Working with Complex Trauma

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# Overview of seminar

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## ■ Goals

- Become familiar with/review core constructs of feminist therapy
  - Egalitarian relationships, gender, power, social location
- Acquire multiple definitions of what constitutes a trauma, using feminist analysis of what is traumatic
- Understand, from a feminist perspective, how trauma affects human experience
- Learn to apply and critique standard approaches to trauma treatment through the feminist lens

# More Goals

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- Develop analysis of how social location interacts with trauma
- Responding to the common challenges of people with a complex trauma history from a feminist empowerment stance
- Considering the feminist ethic of self-care in working with complex trauma

# Group Norms

- We have a range of experience, theories of therapy, and perspectives coming into this process
  - Please work from a stance of respect and curiosity in responding to others
  - Please work to avoid referring to trauma survivors as “they” or assuming that all trauma survivors are psychotherapy clients
    - Trauma survivors are in the room anytime there are psychotherapists in the room- approximately 1/3 of psychologists admit to a history of childhood maltreatment

# More Group Norms

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- Class plan is interactive
  - I've laid out a proposed set of goals, but am open to input about others.
  - I'm one expert in the room
    - Each of you also comes with expertise—some of it clinical, some of it personal.
    - Adding your expertise to the mix makes this a richer experience for all of us

# My Biases and Standpoints

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- Individual psychotherapist working with adults, primarily women
- Feminist therapy, heavily influenced by developmental theories, humanistic psychologies, liberation psychologies
- Clinical psychologist-thus very interested in how data inform my practice, but not bound to only empirically-supported treatments because there are truly no such treatments for complex trauma.

# What Do I Mean by Complex Trauma

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- Construct first defined by Judith Lewis Herman
  - Refers to interpersonal, intrapersonal, biological, and existential/spiritual consequences of repeated exposures to trauma
  - Originally conceptualized as occurring largely due to childhood trauma
  - However, torture, genocide, severe abuse in intimate relationships and other repetitive, inescapable traumas of adulthood can also lead to a complex trauma picture

# Complex Trauma

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- Commonly referred to in DSM language as Borderline Personality (although every person so diagnosed has a complex trauma history, the numbers are rather staggering)
- Can also include people with DID and other dissociative manifestations of trauma response

# Working With Complex Trauma Means..

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- Taking a biopsychosocial-spiritual/existential approach to working with clients because
  - Trauma affects brain and body systems
  - Trauma affects self-system
  - Trauma affects responses to the interpersonal and social environments
  - Trauma informs people's meaning-making systems
- I'm going to argue that a feminist model requires addressing all of these at some point in the process

# And also means

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- A lot of really interesting experiences for the therapist 😊 that in turn require massive amounts of mindful self-awareness and self-care.
- What emerges in the symbolic connection between therapist and client, and in the real connections between us as well, will first be informed by our collective encounters with trauma; if it becomes a healing exchange it will be so because we find ways to empower clients while remaining firmly in our own centers.

# A return to the following exercise...

- Some of you have done this already, but now with a twist (called, and you must stay in your center)...
- After the exercise—why it's so essential to know where your center is in working with complex trauma
  - Think of this as the trauma history, *not the client's behavior*, that will invite you out of your center
  - A first step in the use of an externalizing interpretation to reduce blame and shame for everyone in the relationship—acknowledging the gravity of the trauma history

# A (I hope) Quick Review of Feminist Therapy Theory

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- What do I mean by feminist therapy
- How does this model apply to working with survivors of complex trauma?
- A disclaimer—there are several current models of feminist therapy practice in use. Mine is less directly psychodynamic than one other (Relational-Cultural, formerly known as Stone Center), less focused on women per se than another (Worell and Remer's Empowerment for Women model), more directly allied with post-modern, liberation psychologies, narrative approaches to therapy, and multicultural models

# Feminist Therapy -A Working Definition, Revised

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The practice of therapy informed by feminist political philosophies and analysis, grounded in multicultural feminist scholarship on the psychology of *gender, power, and social location*, which leads both therapist and client toward strategies and solutions advancing feminist resistance, transformation and social change in daily personal life, and in relationships with the social, emotional and political environments (revised from Brown, 1994).

# Development of Feminist Consciousness in Trauma Work

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- Feminist Consciousness- the development of awareness that one's maltreatment is not due to individual deficits, but to membership in a group that has been unfairly subordinated; and that society can and should be changed to give equal power and value to all (adapted from Gerda Lerner)
- This concept is deeply relevant to working with complex trauma, because of where it locates the problem (outside of the survivor) and the solution (in raised consciousness, which, following Paolo Freire, leads to action).

# Hannah Lerman's Criteria for a Feminist Theory of Therapy (As Adapted by Brown)

- The theory is clinically useful
- The theory arises reflects the diversity and complexity of human experience (no normative dominant group)
- Views the "other" (however defined) centrally and positively, rather than as deviant
  - Especially important working with trauma, as survivors are frequently targets of stigma, especially when trauma is interpersonal- in trauma theories seeing things from survivor's standpoint
- Arises from the experience of the "other"
  - Thus, trauma and healing from trauma as theorized by those who have experienced it, not only the distant expert

- The theory remains close to the data of experience (reflects the real world as people know it)
  - Thus, trauma not defined as unusual, but rather positioned as the normative experience it is, and trauma response not conceptualized as pathology, but as distress and dysfunction
- Theorizes behavior as arising from an interplay of internal and external worlds (the biopsychosocial/spiritual-existential model)
  - Trauma's embodied expressions are actively identified and addressed
  - Trauma's impacts on meaning-making, spirituality, existential questions is always considered

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- Avoids using particularistic terminology (no mystical and mystifying language to describe what's going on. Our clients can understand what we're thinking and the words we use.)
  - Supports feminist modes of practice (e.g., automatically leads towards egalitarian and empowering strategies for practice in which trauma survivors are the authors of their healing narratives-see my EMDR article for an example of what this might mean in practice)

# Feminist Practice Is...

- Subverting patriarchy at the non-conscious, attitudinal, and behavioral levels, in relationship to self, body, interpersonal relationships, work, society, values, creativity
  - Patriarchy- not men
  - Rather, institutions and norms in which attributes associated with maleness are privileged, and those associated with femaleness are marginalized, degraded, or shamed. May or may not include obvious subjugation of women (note *obvious* modifier- what is subtle is still present) or those placed in “feminine” category

# Why Subverting?

- My term for undoing patriarchal institutions and structures (both external and psychic) in manner that reduces backlash or reactivity by dominant, but instead undermines their unfair advantages.
  - In patriarchy, those in dominant positions have certain kinds of power- going head to head can be disastrous
  - Feminist practice goes over, under, around, and through; the feminist practitioner holds her or his center, tips patriarchy off-center
  - Can anyone give examples of doing this in your own work or life?
  - Trauma is seen in FT as manifestation of patriarchal processes and practices, normative or even intended outgrowth of oppression

# Therapy In Context

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- Feminist therapy has specific and contextual “clients”
  - Specific is the client in the office
  - Contextual is the broader culture in which client operates, which may be the specific source of a trauma, or otherwise traumagenic
  - Assumption in feminist practice is a systemic vision of reciprocal influence between all parts of the system-client, therapist, family, culture, larger world and back again

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# Gender, Power, Social Location, Egalitarian Relationship

Core Dynamics in Feminist  
Therapy

# Gender, Power, Social Location

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- Organizing constructs for the theory
- Gender
  - Defined as what we do, *not* who we are-not essential
  - Contribution of the body to gender is weighed, but not given more weight than social factors
  - Conversation with evolutionary psychology re: hypothesized essential components of gender expressions

# The EvoPsych Question

- Something I think feminist therapists need to be able to address
  - So what if certain behaviors had adaptive advantage 25,000 years ago?
  - Impact of technology on biology, and thus on what is adaptive, and thus on current constructions of gender
    - E.g., recent findings that heterosexual Caucasian American women find “the hulk” attractive sexually, but not as a mate/co-parent choice (flies in face of EvoPsych assertions about evolutionarily immutable aspects of what humans find attractive)
  - Important note-if gender is evolutionarily adaptive, then is the PTS or CPTS response as well, given the commonality of these responses?
  - Or like the hulk, is this something that *once* had evolutionary value but has out-live usefulness?

# Back to Gender

- Gender is both a risk factor and a resilience factor in the face of trauma exposure
- CPTS also expresses itself differently through the lenses of gender
  - In Western cultures, female gender and relational distress, male gender and violent acting-out (with variations due to class, culture, etc)
  - Thus in conceptualizing CPTS from feminist perspective you must always think about how gender informed the experience, the response to the experience, client's expression of that response, your responses to those expressions, and cultural context's rules about gender

# Developing Our Epistemologies of Gender

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- Gender as a placeholder for other social locations
- How do we “know” about gender?
  - Own experiences
  - Observation
  - Cultural norms
  - Impact of distributions of power
- How to think critically?
- One common misperception- gender as binary, non-overlapping phenomenon

# What *Is* Gender if It's Not The Sex of the Body?

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- Current feminist psychological perspective-something we do, not something we are
- A pattern of social organization structuring power relationships
- A social construct-thus based on unspoken social agreements, ever-changing
- A phenomenon that frequently informs the experience of trauma

# Essentialism/Constructivism

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- Essentialist assumptions:
  - Gender (or race, or other characteristics) is inherent, resident within the person
  - Gender as collection of fundamental, sex-linked attributes, thus isomorphic with sex
- Constructivist assumptions:
  - Gender not inherent, but a construct that emerges in social exchanges
  - Behaviors are gendered by social convention assigned to them, not by sex of the actor
  - Power in the role genders the behavior-the more powerless, the more “feminine”

# Gender as problematic default interpretation

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- Defaulting to gendered assumptions about behavior can lead to misdiagnosis- a behavior can be assigned to the category of gender membership rather than of dysfunction
- In traumatized people, effects of trauma may be denied or invisible due to apparently “normal” gendered behaviors
  - Or, if gender non-conforming, may be problematized too quickly, blamed on victim

# And It's Important to Think Critically About Gender Because?

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- Gender is such a powerful organizing variable for self that people frequently self-objectify and shame or denigrate self for ways in which one "fails" as woman or man
- If therapist thinks critically about gender (and other social locations), can offer hypotheses about this to clients
- Thinking critically about gender/social location is central to feminist perspectives on working with trauma, since trauma is often a gendered experience, and a biopsychosocial one as well involving sex-linked body systems as well as gendered behaviors

# Power

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- Broadly defined
  - Access to/control of resources
  - Control of others
  - Knowledge of self
    - Feelings
    - Thoughts
    - Capacities and competencies
    - History and heritage
    - Body
  - Interpersonal impact

# My Latest Definition of Power

- A powerful person knows what s/he thinks and is able to think critically about her/his own thoughts and those of others. Powerful people know what they feel as they are feeling it and can use their feelings as a useful source of information; they are not numb, their current feelings are about current, not past or possible future experience, and they are able to soothe themselves and contain their feelings in ways that are not harmful to themselves or others. Powerful people are able to have effective impact on others, being able to be flexible and influential without regular negative consequences. Powerful people are in contact with their bodies and able to accept those bodies as they are rather than be focused on making the body or some part of it larger or smaller, nor do powerful people intentionally engage in behaviors that hurt the body; powerful people are able to know their sexual desires and act on them in ways that lead to pleasurable outcomes consistent with their values without unusual difficulties. Powerful people have systems of meaning-making that assist them in responding to the existential challenges of life, and that give them a sense of comfort and well-being (Brown, in press).

# Notice..

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- How much the antithesis of this definition of a powerful person defines the parameters of CPTS?
  - E.g., feelings not about current events, unable to know what thinks, to relate effectively, etc
  - An ultimate goal of feminist tx with CPTS is thus empowerment in these very specific ways

# Social Location

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Age, Disability, Religion, Phenotype (aka "race"), Ethnicity, Spirituality, Immigrant/Not, Disability, Size, Mental health, Experiences of oppression, Colonization, Attractiveness, Authority...

Not an inclusive list-but identification of experiences that lend to power or powerlessness in cultural and relational contexts

Each or any of these can create both risk and resilience in the face of trauma, or interweave with the trauma

All of them also co-locate, leading to multiple and overlapping identities



# The Egalitarian Relationship

Core to Feminist Practice  
Essential with Trauma

# What is an Egalitarian Relationship in Therapy?

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- Equal value to both parties in the exchange
- Recognition of political meaning of therapy process
- Deconstruction of process to interrogate and expose deep structures inimical to equality
- And yet-recognizing that it's a relationship of imbalance-not equal, always asymmetrical
- The relationship institutionalizes strategies for increasing client power

# Egalitarian Relationship in Trauma Treatment

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- When people have been traumatized, one component of the trauma has been the stripping of power
  - Even previously very powerful people lose control during trauma; in fact, may experience event as *more* traumatic than those who begin with experience of less power
- Trauma treatment must always have client empowerment as a goal

# Not An Equal Relationship

- Which means not genuinely mutual
- Not a “real” relationship for either party
- Therapist always maintains certain power, including responsibility for boundary maintenance
- Client autonomy is assigned higher value than in most ethical decision-making systems- but not entirely trumped by beneficence or non-maleficence
- Social justice, however, is an ethic of this relationship paradigm in therapy

# Power Dynamics in Highly Hierarchical Cultural Contexts

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- While US/Western cultures are informally and implicitly hierarchical, what about cultures strongly influenced by explicit norms about hierarchy and authority?
- What might challenges of egalitarianism look like in those contexts, as versus in US or Europe?
- Feminist practice requires understanding how power is denoted in the cultural context in which one practices.

# So Let's Reverse-Engineer This

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- How is therapy-as-usual not egalitarian?  
How is it
  - Hierarchical
  - Disempowering to clients
  - Hint-even Person-centered therapies have these elements

# Creating Egalitarian Relationship

- Having a nuanced epistemology of power and its dynamics
- Power to transform, move, witness, relate to self and other are forms most inherent in psychotherapy process
- But therapist must also yield up power without becoming powerless
  - The paradigm of the relationship=inviting our clients to the dance
- Think about your personal cultural metaphors of the relationship between care-giver and one cared for
  - Example from Yom Kippur liturgy-shepherd/sheep, parent/child, vineyard/keeper-notice the theme?

# Personal Sense of Power(lessness)

- Therapist must be aware of her/his own shifting sense of powerful/lessness particularly in regards to trauma
  - Own experiences of oppression or violation
  - Own experiences of trauma
  - Real-world power differentials with clients
  - Marginal status of psychotherapy in cultures where we practice
  - Trance of powerlessness with CPTS—clients here are moving slowly, we may experience ourselves as ineffective (which is a risk factor for getting authoritarian in a caring way.)

# Revisioning Power As..

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- Nurturance
- Compassion
- Presence
- Capacity to listen for the sake of listening- essential for trauma treatment
- Critical thought
- Notice how you, as therapist (and person) have these forms of power

# To Give is to Have

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- In choosing to yield power by creating the space into which client can move, therapist is simultaneously punctuating her/his power
- How?
  - The choice to yield or not- choice = power
- Beyond purely relational components of power are structural ones
  - Fees, place and time of meeting, modes of address
  - Separating power (we all have some) from privilege (unearned benefits of some kinds of power)

# Client's Power

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- Inherent assumption in a competency based model- that client has inter and intra-personal powers, even if s/he doesn't have current access to those capacities
- FT requires openness to being transformed by the client- acknowledging clients' power with us
- The power of dependency
- The power of giving trust
- Powers of "helplessness"-common in CPTS

# Client's Power

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- Attention to client's real-world competencies
  - What has s/he already done to attempt to solve life's problems?
  - Where are her/his talents?
    - A preview-symptoms as resistance/attempts to solve problem/empower self in face of traumatic disempowerment

# A “Two-Experts” Model

- Feminist Therapy paradigm
  - Therapist is expert on creating conditions conducive to personal empowerment and transformation
  - Client is the expert and authority on own life, values, meanings
  - Client may come unaware of own power, particularly if history of interpersonal trauma; therapist’s job is not to supplant with own meanings and values, but to use power to assist client to uncover and own that which was always present

# Shifts in Power Are Diagnostic

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- Shifts in power are markers of change
  - In client
  - In cultural context affecting therapy
  - In therapy process
- Therapy ultimately should lead to greater degrees of equality as client becomes more able to create conditions for own empowerment and change, less dependent on therapist.

# Egalitarianism and Empowerment as Ethic and Politic

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- If power differentials are inherent in virtually all forms of practice, how can feminist practitioner behave ethically in regards to power imbalance?
- Question to continuously ask-how will this action of mine empower or disempower my client? Ethical = as empowering as possible
- Particular challenge with trauma survivors, who may evoke rescue instincts (and sometimes need real rescuing)

# Feminist Perspectives on Trauma Treatment

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“The intended consequences of institutionalized forms of discrimination such as sexism, racism, classism, heterosexism, anti-Semitism” (Brown, 2004).

Trauma, particularly interpersonal, analyzed as component of patriarchal systems used to control oppressed groups and persons

- Analysis also applied to traumata arising from injustice, e.g., environmental racism, classism and its effects

# Trauma-How Do We Define It?

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- DSM-IV Definition: "A person experienced, witnessed, or confronted event(s) involving actual or threatened death or serious injury or threat to the physical integrity of self or others" AND response involved intense fear, helplessness, or horror"

# Some background on this definition

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- Trauma came into the DSM III via efforts of
  - Therapists treating combat veterans
  - Therapists working with survivors of interpersonal violence-mostly feminists like Judith Lewis Herman, Florence Rush, Anne Burgess, Lenore Walker

# The First Criterion A

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- “An event outside the range of usual human experience that would be frightening or threatening to almost anyone.”
- Feminists (including me) critiqued this definition as
  - Episode rather than process oriented
  - Reflective more of combat or natural disaster than gendered traumas
  - Unrealistic; trauma was not “outside the range.”

# Trauma- Not Outside the Range

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- Sexual assault occurs in lives of 1/3 of women
- Sexual and physical abuse and/or neglect occur in lives of 1/3 of children
- Domestic violence occurs in lives of 1/3-1/2 of women
- War, genocide, and/or recent family histories of these are common world-wide

# Feminist Definitions of Trauma

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- Expanded view of what constitutes a traumatic stressor
  - Interpersonal betrayal
  - Abuse of power
  - Insidious trauma, “micro-aggressions”
- Expanded view of range of post-traumatic injuries beyond PTSD to CPTS, dissociative responses

# Insidious Trauma (Root, 1990)

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- Uses lives of target group members as basis for paradigm
- Daily experience is replete with sub-threshold traumatic stressors
- Includes “ordinary oppression”, daily life experiences of exclusion or low-level maltreatment
- Leads to increased vulnerability over time

# Insidious Trauma

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- Requires continuous development of coping strategies
- When major trauma occurs
  - Previous coping strategies may rigidify, leading to worse outcome
  - But may also lend some resilience
  - Feminist view of trauma survivor as potentially resilient emerges from this model

# The “Criterion A” of Insidious Trauma

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- What constitutes a traumatic stressor may be a sub-threshold event that *represents* threat to safety, or one thing triggering a chain of responses to many similar events
  - E.g., being called derogatory name may open cascade of associations
  - Risk is of person being seen as “personality disordered” or “over-sensitive” rather than insidiously traumatized

# "Isms" As Trauma

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- Within this definition, various forms of oppression-racism, classism, sexism, heterosexism, etc are defined as traumatic
  - Directly, via hate crimes or discrimination
  - Indirectly, via microaggressions and everyday oppression woven into fabric of society

# Betrayal Trauma (Freyd, 1996)

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- The effects of the violation of human bonds and the effects of loss of important human connections conceptualized as trauma
- Occurs in relational contexts where a person violates role expectations of care and protection

# Criterion A?

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- BT frequently is located in acts that are often not painful or life-threatening and frequently do not immediately evoke fear or helplessness, thus failing to meet *DSM* criteria for a traumatic stressor
  - Sexual abuse of child not involving force or threat, exploitation by clergy or therapist

# How This is Trauma

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- Betrayal traumas are interpersonal events that may be initially experienced as confusing or distressing, but not as traumatic
- What is experienced as threatening to safety is the willingness of the care-giving person to violate their role and betray role, relationship, and victims themselves
- The awareness of the betrayal and threat may come long after the events have occurred
- Cognitive reappraisal of event (see Koss on acquaintance rape) leads to perception of betrayal and trauma

# What Do These Feminist Models Have in Common?

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- Loss of safety-relational, physical, spiritual
- Betrayal of trust
- Existential challenges-what is the meaning of life if trauma has occurred
- Subjective experience: May not be visible to the outside world
- Not necessarily a sudden blow or one-time event, often a process in relational context

# Feminist Concept of Trauma

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- What is traumatizing to a person is not simply the experience of threat to life or safety
- What will be symbolically evoked by the experience, and the manner in which the social context responds to the person who has been traumatized, helps define what is traumatic and what is not

# The Traumagenic Culture

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- Feminist models of trauma treatment posit that one obstacle to healing is traumagenic culture
- Individual change is impeded or difficult when societal and environmental changes do not also occur
- Understanding the continuing effects of a traumagenic environment on the trauma recovery process will be a crucial component of feminist trauma treatment

# Not just human design...

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- The DSM suggests that traumas of human origin are more traumatizing (due to assumptions of neglect or malice)
- Feminist theory argues that the traumagenic potential of these and similar acts is heightened, not simply, as the *DSM* would suggest, because the trauma is of human design, but also because repeated prior life experiences have lent added stigmatizing meaning to becoming the victim of this type of trauma (e.g., rape)
- Traumagenic culture is upheld by myths about trauma

# Feminist Diagnostic Concepts

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- Herman-Complex PTSD
  - Impaired self-reference
  - Impaired relational capacities
  - Damage to meaning-making systems
  - Impaired self-care strategies
- Brown-Oppression artifact disorder
  - Internalized representations of external bias
  - Self-hate, shame, blame

# Myths About Trauma

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- Myths about trauma response are pervasive and often shared by mental health professionals
- Myths are insidious: We may not know that we subscribe to them, but our responses to traumatized people will reveal the myths
- Myths undermine a feminist model of treatment

# Myths About Trauma

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- People will have less symptoms from a trauma if they just “put it out of their mind”
- People who seem calm and functional at the time of a trauma are “handling it” well—the “hero” model of trauma response
- Strong emotions in response to a trauma are “hysterics” or “overreaction”
- People enjoy playing the role of victim and are getting unjust gains from that role

# Myths About Trauma

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- The highly functional trauma survivor (e.g., Elie Weisel, Primo Levi, Nelson Mandela) is:
  - The norm for how a trauma survivor should be (transcendent, forgiving, philosophical)
  - Symptom-free (not)
- Forgiveness of oppressors/perpetrators is good for trauma survivors, or necessary for healing

# A Template for Conceptualizing Trauma Response

- Trauma response is multifaceted and multiphasic
- Trauma survivors may show some or all of the range of responses concurrently or phasically
- While a full PTSD picture may not always be present, evidence of trauma response will always be present in body, mind, psyche, spirit
- There is no “real” trauma survivor-each person presents at their point in the process

# The Range of Trauma Response

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- Trauma responses include:
- Numbing responses
- Intrusive images
- Hyperarousal
- Dissociative states
- Alterations in self-view
- Alterations in world-view
- Behavior patterns in response to or support of above-problematic self-care

# Case Consult

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- Passivity is a common behavior in people with severe CPTS
- Think-how is this a form of personal power?

# Passivity

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- Passivity can be a particular challenge to feminist practice due to egalitarian assumptions
  - Client is seen as expert on own life and needs
  - How to address unwillingness to own that expertise?

# Case Example

- Mid-thirties Euro-American upper middle class woman, highly educated, bright, presents as psychologically minded
- History of CPTS, neglect by mother figure, sexual abuse by father figure
  - As therapy progresses it becomes clear that she uses intellectualization as a defense
    - “I have OCD/ADHD/Phobias”, so I can’t\_\_\_\_\_
  - Goes from crisis to crisis
  - “Tell me what to do!”

# Where Would Pitfalls Be for Feminist Therapist?

- Assumption of client agency
  - Appeared bright and functional at first, so I assumed her ability to collaborate with me actively
- Thus, unable to actually meet client where she was
  - I failed to think critically about the meaning of her passivity and kept trying to force her to be agentic!
- Challenge for me-stay in my model while acknowledging client's phenomenology of passivity
- What might you do and still stay in feminist framework?
- How to conceptualize this as part of CPTS survival strategy?

# Keeping The Frame, Tossing the Picture

- We mistake the framework (egalitarian, empowering) for specific picture of how it might look
- With this client, challenge was to keep frame while letting go of my pre-existing picture of how to implement the frame
- Starting point-I have to accept her passivity, not undermine it—if I render her powerless her only choice is to amp up her powerlessness 😊
- Willingness to go with gravity of her passivity, see it as an action, not an absence of same.

# Passivity as Power

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- My job
  - Reframe her passivity as power without denying her phenomenology
    - Her experience: “I’m helpless/clueless”
    - My challenge: Accept her experience, respond to it differently than had others in past
    - Hint- treating her as helpless conveyed meta-message that she was
    - Her self-presentation was powerful self-protection, given history of trauma
    - Recognizing parallel process
      - Therapist’s own feelings of helplessness