



Innovations in Counseling: Working with Minority Populations- Part 3 Trauma Counseling: Helping Clients Cope With War and Natural Disaster—Part 2: Building Emotional Resilience

Webinar Follow-up Question and Answer Session with Shahnaz Khawaja

Question from Heather Zeng

When we see cultures like Syria or Afghanistan where war has been so long and ongoing- does trauma become part of the collective unconscious of the culture? That is, do some of these effects become normative due to such long experience of the traumas over time?

Answer from Presenter

I do believe collective shared traumatic experiences such as war in Syria and Afghanistan become part of a collective unconscious. I would not consider them to become normative however, in that healthy adaptation occurs to integrate the experiences into the cohesive self. The experiences form the new normal as in “war” is the new normal state of existence from which there is no reprieve and people will develop new routines around an unavoidable circumstance. Normative would indicate that the individual adapts in a healthy way to the new circumstances to the point that they cease to pose a problem and integration occurs. However, repeated or continuing traumatic experiences will result in states of hyper arousal and create wear and tear on the body resulting in cumulative effects of allostatic load. There may be individual differences from person to person in terms of coping and adapting and there are indeed cases of individuals surviving and thriving based on personal coping and emotional resilience. The goal of therapy would be to maximize that healthy integration. Just the presence of war alone for extended periods of time would not make it a normative and adaptive experience.

Question from Virginia Asher

When you talk about the fragmentation that can happen from trauma, what makes one person's outcome result in something like dissociative identity disorder as opposed to difficult but healthy growth?

Answer from Presenter

Past history of traumatic exposure and coping style are good indicators. Dissociation is a psychological coping response to an event that surpasses the individual’s range of cognitive/emotional tolerance. The amplitude of the experience is greater than the amplitude of tolerance so to speak and the experience results in the shutdown or breakaway from present awareness. Someone with a history of dissociative experience may be more likely to be triggered into a dissociative state during trauma recall if successful integration has not occurred. Individuals with low tolerance of negative emotions who have not developed skills to manage overwhelming emotions and experience them more intensely without skills to self-regulate have a higher risk for fragmentation and/or dissociation. High negative emotion tolerance and self-regulation skills with enhanced ability to integrate emotional experiences into a cohesive self, will posit for lower tendency to fragment/dissociate. The DES (Dissociative Experiences Scale) is an excellent assessment tool.

Question from Arona Roshal

Please explain a bit more of how you introduce and explain the repeating question to a client.

Answer from Presenter

I would state something like, “Would you like to try an exercise to explore this (whatever the context of the question is) concept. I am going to ask you a question and I would like for you to express your immediate unfiltered thoughts. Do not spend too much time thinking about the question and simply say what comes up for you. If nothing comes up, simply say ‘pass’. I will not respond to your statements and will continue to repeat the question and thank you after each response. Do you understand? Do you have any questions?”

Question from Karen Thompson

How long would you continue the "repeated question" intervention?

Answer from Presenter

I would continue for about 60-90 seconds (or more if there are more responses coming) or until the person has exhausted responses and has said ‘pass’ for three or four consecutive times.

Question from Yolanda Wilson

What role does cognitive dissonance play in patients who insist that repression is the only way to cope?

Answer from Presenter

The short answer- Repression may occur due to many reasons and cognitive dissonance may be one of those reasons, but may not be the only reason.

Exploring attitudes and beliefs about the item being repressed and using that information may help to shed light on what is causing repression. Identifying and neutralizing shame is also important when dealing with repression. Care should be taken prior to bringing up repressed memories. It is imperative that the client has been stabilized and emotion regulation skills are in place. Repression was used as a ‘coping’ mechanism and while maladaptive, it has been serving a purpose- to keep overwhelming traumatic emotional experience at bay. Best practice would entail having adaptive, healthier responses and self-regulation skills in place before the maladaptive repression response is dismantled. This way the client will be effectively equipped to handle the emotional outfall once the maladaptive repression is dismantled.

Question from Ida Duplechin

How would a client with a new acquired disability be treated? Physical disability/ blindness, paralysis, amputation, etc.?

Answer from Presenter



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This is a classic example of ‘stacking up’ of allostatic load. In addition to the original trauma and losses incurred as a result of war/disaster there is the additional trauma of ‘loss of self’ physically since there is a new ‘self’ to come to terms with. The client will probably clue you in to what is most distressing. I would recommend you treat the most distressing aspect first and stabilize a strong ‘sense of self’ and acceptance around that first. Emotional resilience will need grounding in a well-integrated and solid sense of self.

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