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## Editorial: Special Issue: Relational trauma and family therapy

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## Editorial

### Special Issue: Relational Trauma

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Biopsychosocial responses to adverse and traumatic events such as intimate partner violence and child abuse and neglect, impact an individual's or family system's ability to adapt to stress, having long-term consequences to overall health and wellbeing. In this, couple and family therapists have a unique perspective – they have long understood that both symptoms and individual functioning are maintained in the interaction between family members. These interactions can undermine or enhance more adaptive responses to these overwhelming stressors, given the reciprocity inherent in the mutually regulatory mechanisms of primary relationships that “shape vulnerability to future emotional and behavioural problems” (Ha & Granger, 2016, p. 10).

Nevertheless, it is challenging for family therapists to assess where to focus attention given any association between traumatic sequelae, current or recent family stressors, and the relational isomorphic may not be immediately obvious (James & MacKinnon, 2012). What is clear is that the ability to self-regulate in response to any stressor, is inextricably related to the experience of coregulation, which is the ability of a caregiver to sensitively respond to an infant who is either stressed or agitated or playful or content (Feldman, 2007). These care system relationships, including those of non-human primates, not only function to increase emotional regulation, but also elicit care and an “intersubjective perspective-taking” that is bidirectional (de Waal, 2007, p. 49; Laurent, 2014). What this means is that coregulation functions to mutually direct physiological stress responses in both the infant *and* the caregiver (Feldman, 2007). This bidirectionality has consequences for caregivers who are responsible for providing care to children and young people, particularly those who have been exposed to significant child maltreatment including those children in out-of-home (OOHC) care. These children often fail to achieve stable and long term OOHC placements due to the challenges they present to their non-kinship carers. In turn, non-kinship parents fail to engage in more nurturing and appropriately responsive engagement in the presence of this

extremely challenging behaviour which triggers a heightened dysregulated state that compromises a carer's capacity to act in a more "cohesive rather than disruptive" way in the face of the child's externalising behaviours (Bowen, 1978).

For clinicians who work with these and similarly challenged families, this special issue of the ANZJFT brings together some of the most outstanding figures in the field of child development and relational trauma who have generously shared their research efforts to provide theoretical and practice models of intervention. In many respects, all the papers in this edition are *practice* papers, as they outline the constitution of this relational trauma work with family members, although the first three do not specifically use case studies to demonstrate their clinical application.

The first article, 'The Caregiver-Infant Dyad as a Buffer or Transducer of Resource Enhancing or Depleting Factors that Shape Psychobiological Development' is by Ed Tronick. Prof Tronick, is most well-known for his groundbreaking Still-Face Paradigm experiment (Tronick, Als, Adamson, Wise, & Brazelton, 1978). Fifty years on, Prof Tronick outlines how the mutual coregulation capacities of the infant and caregiver are indicative of a "messiness" or "dyssynchrony" that does not necessarily indicate a failure of the coregulatory capacities of either participant or impaired biopsychosocial development even in the face of challenging and even traumatic stimuli. Tronick challenges family therapists to be able to tolerate this mismatch without premature intervention, to be curious about how other family members contribute to the coregulatory capacities of either the child or the parent, and to allow for reparative attempts to emerge, being mindful that self-regulatory capacities are evoked in tolerating the messiness of human interaction well as in the achievement of harmony or synchrony.

In 'Somatic Resources: Sensorimotor Psychotherapy Approach to Stabilizing Arousal in Child and Family Treatment' Drs Rochelle Sharpe Lohrasbe and Pat Ogden illustrate how *Ogden's Modulation Model*, with its focus on privileging embodied experiences, provides a scaffolded approach to increasing emotional regulation in abused and neglected children and their caregivers, who due to dysregulated nervous systems, also struggle to respond appropriately to safety and developmental requirements of traumatised children. The authors describe how concentrating on the child and carer's somatic resources such as their breath or movement of the upper body, defuses symptoms associated

with a hyper aroused state (for example, accelerated heart rate, sense of foreboding), reducing overwhelm and increasing mastery of otherwise frightening and intolerable physical and emotional states and their associated cognitions.

The third paper is by Dan Papero, who for decades has been a leading proponent of Bowen family systems theory. His paper, 'Trauma and the Family: A Systems-Oriented Approach' focuses on understanding how chronic anxiety (Bowen, 1978), can function to mediate a family system's response to adverse life events, and mediate the chronicity of symptoms in the more challenged and traumatised family member. Dr Papero describes how the clinician's systems lens can reduce both the family's sense of helplessness and their associated outsourcing of responsibility for improvement to outside professionals, thereby functioning to promote patterns of responsiveness that enhance a family's resiliency in the face of crisis.

There are five papers in the In-Practice section of the journal. The first of these papers is by Dan Hughes, whose paper 'Dyadic Developmental Psychotherapy (DDP): An Attachment-Focused Family Treatment for Developmental Trauma' outlines the stages by which caregivers can facilitate increased coregulatory capacity of the emotional states of traumatised children, increasing attachment security and creating a shame-free and coherent narrative through the therapeutic intersubjective stance of PACE: playfulness, acceptance, curiosity, and empathy. Dr Hughes takes the reader on a poignant journey of healing and recovery with Jenny, a child in OOHC who eventually is able to experience meaningful connection with her foster parents as well as a heightened capacity for affective coregulation.

The second paper of this series is by Jonathan Baylin. His paper, 'Social Buffering and Compassionate Stories: The Neuroscience of Trust Building with Children in Care' integrates neuroscientific research to facilitate an increase in the caregiver's ability to build a trusting relationship with a child whose experience of maltreatment and mistrust of others would otherwise sustain a barrier to care and empathic connection. Dr Baylin writes about assisting carers to embrace the child's embodiment of both trust and mistrust, of both the capacity and wish for acceptance and unconscious moves to invite rejection, through another case vignette, that of Carol. The therapist demonstrates how work with Carol and her adoptive mother can successfully restory earlier damaging experiences to reciprocally enhance the social

buffering that is integral to creating a safe, secure, joyful and mutually rewarding parent/child relationship.

Arianna Struik's paper, 'The Trauma Healing Story: Healing chronically traumatised children through their families/whanau' is the third paper of this practice section. Dr Struik describes the way in which her unique *Sleeping Dogs* method works to create connections between chronically traumatised and often difficult to engage children and their birth and foster families. In this intervention, the child's narrative of their maltreatment history and reason for removal is illustrated through drawings and the creation of a new *Trauma Healing Story*, which is actively cocreated step by step, with birth and foster parents to remove responsibility for the abuse or neglect from the child and maintain long-term healing connection with family members over time.

The fourth paper by Simon Faulkner, 'Rhythm 2 Recovery: A Model of Practice combining Rhythmic Music with Cognitive Reflection for Social and Emotional Health within Trauma Recovery' provides an exciting foray into the power of music and healing traditions such as drumming to engage with clients who are not easily drawn to traditional talk therapy. Power dynamics are made transparent, but then can be more effectively reduced through the facilitator's sensitive application of this intervention which has demonstrated effectiveness with multiple and diverse populations and as a family therapy intervention that enhances respectful connection between family members and increases physical and emotional regulation.

Authored by myself, the final paper in this practice section, 'Differentiation of Self: Enhancing Therapist Resilience when Working with Relational Trauma' uses a Bowen theory lens to understand the factors that can combat vulnerability to vicarious traumatisation, secondary traumatic stress, and burnout. Using a case vignette, this paper outlines how gaining clarity on the limits of therapeutic responsibility and acting from these limits through accessing more emotionally mature responses function to enhance therapist resiliency in the complexity of otherwise overwhelming and unrelenting trauma-focused work.

The final section of this special edition is devoted to two interviews undertaken by Monica Masero and Rebecca Codrington, relationship therapists based in Sydney who attended the 2016 Congress on Attachment, Trauma,

Relationships and Compassion in Rome. The first interview, 'The Wisdom of the Body and Couple Therapy – A Sensorimotor Psychotherapy Perspective: An interview with Pat Ogden, PhD' by Monica Masero, brings to life Pat Ogden's thinking and application of the bottom-up/top-down components of her sensorimotor approach, and how these can function to enhance physiological, cognitive, and emotional wellbeing in couple work with clients impacted by trauma. The latter interview, 'Trauma, Dissociation and Chronic Shame - Reflections for Couple and Family Practice: An Interview with Kathy Steele' by Rebecca Codrington, highlights the ways in which a relationship therapist can identify and intervene in the ubiquitous dissociative and shame-based features of relational trauma-oriented couple work.

It has been an absolute privilege to collaborate with so many excellent theorists and practitioners committed to ensuring the best possible outcomes in trauma-focused couple and family work. I encourage all readers of this Special Issue to observe, research and contribute their own practice and theoretical knowledges to continue the field of family therapy's outstanding contribution to facilitating not only more meaningful relationships, but enhanced regulation *in* people and *between* people impacted by relational trauma.

#### References

de Waal, F. B. M. (2007). The 'Russian doll' model of empathy and imitation. In S. Bråten (Ed.), *Advances in consciousness research: Vol. 68. On being moved: From mirror neurons to empathy* (pp. 49-69).

<http://dx.doi.org/10.1075/aicr.68.06waa>

Feldman, R. (2007). Parent–infant synchrony and the construction of shared timing; physiological precursors, developmental outcomes, and risk conditions. *Journal of Child Psychology and Psychiatry*, 48(3-4), 329-354. doi:10.1111/j.1469-7610.2006.01701.x

Ha, T., & Granger, D. A. (2016). Family relations, stress, and vulnerability: Biobehavioral implications for prevention and practice. *Family Relations*, 65(1), 9-23. doi:10.1111/fare.12173

James, K., & MacKinnon, L. (2012). Integrating a trauma lens into a family therapy framework: Ten principles for family therapists. *ANZJFT*, 33(3), 189-209. doi:10.1017/aft.2012.25

Laurent, H. K. (2014). Clarifying the contours of emotion regulation: Insights from Parent–Child stress research. *Child Development Perspectives*, 8(1), 30-35. doi:10.1111/cdep.12058

Sheinberg, M., & True, F. (2008). Treating family relational trauma: A recursive process using a decision dialogue. *Family Process*, 47(2), 173-195. doi:10.1111/j.1545-5300.2008.00247.x

Tronick, E., Als, H., Adamson, L., Wise, S., & Brazelton, T. B. (1979). The infant's response to entrapment between contradictory messages in face-to-face interaction. *Journal of the American Academy of Child Psychiatry*, 17, 1–13. doi:10.1016/S0002-7138(09)62273-1