Experiencing Trauma and the Arc of Recovery

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"Character cannot be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, ambition inspired, and success achieved." Helen Keller (1880-1968), blind and deaf educator

A traumatic experience can be the beginning of a difficult period in anyone's life. Trauma can leave the sufferer plagued with any variety of disabling affective disturbances. Phobias, seemingly irrational fears, aversions, implicitly-driven prejudices, and what we call personality disorders are some of the aftereffects that can disrupt a person's life well beyond the time of the experience (Tedeschi & Calhoun, 2004). Trauma comes in many different forms. It can be a trauma to the person, such as an assault; mortal danger, such as a plane or car accident; sexual invasion; witnessing violence done to another; and other such direct affronts to the individual. It can be from loss: the death of a loved one, spouse, or child; relationship breakdown and separation; changes in political or social support systems; and other such indirect affronts to the individual. A different type of personal stressful experience can come in the form of insecure attachment experiences; psychobiological deficits and disabilities; and other such challenges imposed on an individual by misfortune of family or genetics. Each of these forms of trauma brings different challenges.

Traumas can test our sense of safety; our belief in capacity; our view of reality; our sense of what is fair; our assumptions about the world, its stability, and the fragility of our mortality within it. Finding some meaning in a traumatic event can help us find growth out of tragedy, but this can be very difficult. Research has confirmed that for someone who has lost a child, especially through a sudden and unexpected cause, where the event seems so out of the expected natural order that some type of positive meaning is rarely found (Lehman, Wortman, & Williams, 1987; Murphy, Johnson, & Lohan, 2003). Loss of spouse at a later age, however, can more often lead to positive changes. Many believe they grew stronger as they learnt how to manage their lives without a partner, albeit men seem to find it more difficult than women (Wortman, Silver, & Kessler, 1993; Lieberman, 1996). Many cancer patients find they gain psychological growth (Cordova, Cunningham, Carlson, & Andrykowski, 2001). People who have an unexpected close call with death also mostly find psychological growth, whereas if the near-death experience was only witnessed, rather than experienced, the post-traumatic psychological growth may be much less (McMillan, 1997).

Adaptation to life experience is a natural aspect of being human. Brain plasticity is dependent on experience to determine what changes will be made to the neuronal architecture (Grossman et al., 2002). Positive adaptation is both experientially preferred and biologically rewarded as can be seen in beneficial responses in our immune system (Segerstrom & Sephton, 2010), calming of stress systems, and engagement of social systems (Carter, 1998). Trauma, on the other hand, can be isolating and disconnecting within self and from others, as well as leaving a more easily dysregulated stress system. At its best, it inspires engagement with others and insight into meaning and purpose. Growth in response to experience is a natural process, although not the only adaptation possible.

The term "post-traumatic growth" was first presented in the literature by Tedeschi and Calhoun (1995; 1996) in the mid 1990's, although they and others had been discussing the possibility of benefits following traumatic experiences for some years before. Most notable was the work of Victor Frankl, who survived

the Nazi concentration camps to write the seminal work, *Man's Search for Meaning* (1959), which was first published in 1946 under the title (English translation) *From Death-Camp to Existentialism*. The philosophical comment "What does not kill me, makes me stronger" came from Nietzsche (1990) in 1888. Tales of the hero arising from struggle, trauma, and challenge can be seen in mythological stories as ancient as the tales of Hercules from Greece more than 2,500 years ago. Some trauma practitioners divide the concepts of PTG from post-traumatic adaptive change, but for the purposes of this article, I will include both concepts as part of a broader scope, which we will call "creating beneficial change."

Although it may seem impossible to find any redeeming factor in the experience and the aftereffects of trauma, it can be highly beneficial to try to do so. Once an event has occurred, it can never be erased from a person's life, although some experiences are not remembered and have no lasting impact on personal growth and development. The likelihood of an event being encoded for the long term explicitly and/or implicitly is often directly proportional to the emotional impact at the time (Cahill & McGaugh, 1995). It is, therefore, likely that most traumatic events remain in some form of memory somewhere in the brain and the body. How can we harness something that seems to be tragic to create strength, build resilience, and find new capacities for coping? Post-traumatic growth (PTG) and the broader scope of creating beneficial change is an attempt to address that question.

The concept of PTG is that it can be these very challenges to our foundational elements that provide an opportunity to discover a new view of the world and the possibility that this new view can lead to positive development.

PTG and positive adaptive change are evident in anecdote and folklore throughout many cultures and are something that nearly everyone has either witnessed in others or experienced themselves to some degree. Stories of people who suffer great difficulty and trauma and then rise from it with new strength, greater resolve, and deepened humanity pervade literature, both fiction and non-fiction. Tedeschi and Cameron (2004) open their paper with just such stories: a cancer patient, the survivor of a plane crash, and an athlete who each found a new awareness of the joys of life in relationships with family and friends, the richness of nature, and elevated belief in what he or she was capable of doing and being.

As wonderful and encouraging as these stories are, it is necessary to remember the balancing stories of people who suffer debilitation and diminishment as a result of traumatic experience. Sometimes the damaging effects can slowly be reversed, but sometimes not. Suicide is, unfortunately, a final outcome for many trauma survivors. In England in 2000, 27% of female suicides were victims of childhood sexual abuse (Meltzer et al., 2000). It is reasonable to imagine that many of these women suffered PTSD, which remained unresolved. That said, I am acquainted with a sufferer of childhood sexual abuse who has become a vigorous campaigner for justice and actively helps others overcome their feeling of low self-esteem and self-disgust. She has created strength and purpose, and has found some meaning for this experience in her life. Having said that, she continues to be in our concerns as at risk of suicide, although not at a high risk.

The concept of PTG is that it can be these very challenges to our foundational elements that provide an opportunity to discover a new view of the world and the possibility that this new view can lead to positive development. It is not suggested that post-traumatic experiences are all one way or the other. Tedeschi and Calhoun (2004) make it clear that most people exhibit a combination of responses following trauma, but the more growth that is engendered, the better it will be for the individual. In light of this positive possibility, it can be helpful to see how others have found some benefit emerging out of the disturbances of trauma.

From Trauma to Life Skill

The idea for this article began to emerge on hearing the story of JP (name disguised for privacy) who suffered sexual abuse as a child from an older relative. Sadly, abuse by someone who is known and trusted is all too common in sexual abuse (Finkelhor, 1994). In the case of JP, the abuse took place in the

relative's home and one of the distinctive features he remembers was how untidy and disordered this home was. JP found that in his own life he became very fastidious with orderliness and tidiness. He recalls how this was bordering on obsessive-compulsive disorder (OCD) and certainly may have become something very debilitating in his life.

Fortunately, the abuse became known and great efforts were made to help JP find resolution and regain his self-confidence and trust. This interpersonal support may have been a strong influence on what happened next. What JP found interesting was that even though he was recovering well from the damage of the traumatic events, his preference for order and tidiness continued. Instead of becoming a debilitating post-traumatic problem like OCD, it became a part of his personality and became attached to his temperament, rather than his fears.

JP found that this "quality" began to express itself in his professional life. Rather than a burden from the past, his preference for order led to the development of the valuable skills of being able to not only see *dis*order, but to create order. As a teacher, his classes were always well structured, following a clear line that gave his students a positive advantage. He began to write and found that he could see the structure and layout of his ideas before he had even written a word. He describes writing as merely filling in the information between the heading and subheading that he sees so clearly in his mind's eye.

It's not that JP was "grateful" for the sexual abuse. He may well have developed his sense of order from other much less painful stimuli, but the fact is that he did suffer the abuse and it is from this experience that he was able to generate a positive way of living. We must remember that our biology responds to experience and creates itself accordingly, strongly influenced by whatever interpersonal support we may have. It is from experience that we create character and competence and the biology that both supports and sustains those "personal" developments (Erikson, 1968). How he was able to allow his aversion to disorder to emerge as a strength can be seen as post-traumatic growth. It may well be different for each person, but is there an underlying principle that can be adapted for generalised use? Let us consider some more examples.

The exact truth of horror writer Stephen King's childhood experiences is difficult to know, but he openly admits in interviews to being afraid as a child and continues to hold seemingly irrational fears about the safety of his children. He is also known to have witnessed the death of a childhood playmate in a train accident when he was 4 years old. In his seminal story of young boys growing up, *The Body* (King, 1983), which was later made into a film, *Stand By Me* (Reiner, 1986), he included no less than three accidents involving trains (Terr, 1989). These portrayals of train accidents might be considered, on one hand, to be his post-traumatic stress being expressed through his writing, or, on the other hand, the utilisation of life experience to bring truth and reality to his story. When asked by Leslie Stahl (1997) on *60 Minutes* whether he has ever seen a psychiatrist about his fears, he replied, " (you go to a psychiatrist to) … get rid of your fears, whereas if I write 'em down … people pay me – it's good."

Scilla Elsworthy, creator of Peace Direct, has a special mantra – "my fear grows fat on the energy I feed it" (2012). Stephen King does not feed his fear, but dissipates it into the external space of the written page. It is then something that can be managed and even utilised to advantage. King shifts his initial concerns into his own imaginative creativity. It is this creative state that transforms an inner trauma into something that can be more expansive. The issue for an individual is whether the expansion is beneficial or amplifies the detrimental effects of the trauma. Here we see one of the fundamental differences between post-traumatic growth and post-traumatic stress and, perhaps, the fine line on which they are balanced.

The comedian, Robin Williams, is an example of someone who has experienced the trauma of insecure attachment. We now know that, although avoidant attachment may not be a specific or terrifying trauma, it can offer serious impediments to neural integration, which then influences later happiness and how we form relationships with others (Cassidy & Shaver, 2008). His relationship with his mother may well be described as classic insecure-avoidant attachment where the child was often left alone to fend for himself. Parents sometimes do this in order to build strength and independence, not realizing the injury to the child from not being seen, known, and valued. In Robin Williams' case, he found himself alone much of the time in a very large house and so created imaginary friends to keep him company. The family was reasonably wealthy and he admits himself that his childhood was not unhappy, but the tell-tale signs of an insecure attachment can be seen in his own comments, such as how he would use comedy to try and get a reaction or response from his mother (Lipton, 2001). Later, in his TV show, *Mork and Mindy* (Storm, 1981), he appeared as himself and expressed publicly that he had intimacy and engagement issues in his childhood. In an example of finding some benefit in difficulty, Williams says, "So then I got to the point where I realised that my characters could say and do things that I was afraid to do myself and, after a little while – here I am."

The Transformative Impact of Trauma

That which does not kill *can* make us stronger, although, as we have seen, not necessarily. It can also leave us chronically more vulnerable, stressed, and unsafe. Either change may be considered a transformation. Trying to push for the correctness of one case over the other seems to create an argument in academic literature. Perhaps the question should not be about the value of positive or negative changes, but rather the possibility, and even the likelihood, of a combination of effects. The best approach is to try and find how this combination can be beneficial, rather than how it might set off a spiral into suffering and even self-destruction.

It is important to note that the theory underlying PTG does not try to suggest that there is no suffering as wisdom builds, but rather that growth occurs within the context of pain and loss. It can be that a significant experience of distress may even be necessary for growth to occur. This may well be the catch-22 of the process of PTG: just how much distress is necessary to stimulate change, and when does this stimulus exceed a level that may impair the sufferer and render him or her unable to engage in the growth process (Butler et al., 2005)?

There are numerous contradictions in the research on growth after trauma, which can cloud the issue. It is probably reasonable to suggest that there is a general appreciation that we are, innately, a meaning-making species that responds to new experiences with a natural inclination to find meaning or purpose in order to be able to move on with a wiser and more consciously capable disposition (Marsen, 2008). When new meaning is incorporated into the person's life, then the event ceases to be the central focus and the new meaning initiates a fresh set of conditions upon which to engage with the future. On the other hand, when it is hard to find meaning, then the event can become fixed in time and, therefore, persist in present experience. It is, in part, this fixation on the trauma, regardless of the passage of time that creates the ongoing presence of psychological barriers, stumbling blocks, and distressed recall that we often describe as post-traumatic stress disorder (PTSD).

As with everything related to trauma and recovery, there is also some contradictory evidence about meaning making. When Davis, Wortman, Lehman, and Silver (2008) investigated the impact of making meaning after the loss of a loved one, they were surprised by the result. People who had made no attempt

to find any meaning for the loss reported fewer ongoing symptoms, a higher sense of well-being, and rated themselves as more recovered from the loss than those who had searched for meaning. This is supported by other research that shows that minimising the event or avoiding processing the loss resulted in fewer grief symptoms (Wortman, 2004). It is, however, difficult to know if this is an example of denial, followed at a later date by different symptoms, as the grief that is natural with loss emerges, or if this is a long-term workable adaptation for some. This conundrum shows us that the ways people process a traumatic event are not as straightforward and universal as might be expected.

The Individual Nature of Trauma

"Growth, however, does not occur as a direct result of trauma. It is the individual's struggle with the new reality in the aftermath of the trauma that is crucial in determining the extent to which post-traumatic growth occurs." (Tedeschi & Calhoun, 2004, p. 5)

Calhoun and Tedeschi (2006), having pioneered the concept of Post-Traumatic Growth (PTG), offer a guide to the processes of positive psychological change that can occur as the result of the personal struggle that follows challenging, stressful, and traumatic events. They highlight five areas within their PTG framework: relating to others, where a new sense of connection and engagement is experienced; new possibilities, where people find that the traumatic event pushed them forward in what they do; personal strength or feeling personally stronger, which is felt in a greater sense of self-efficacy and heightened resilience; spiritual change, where people feel more closely connected to a God figure or being more connected spiritually; and a deeper appreciation of life, which is often stimulated by radical changes in prior assumptions about life (Tedeschi & Calhoun, 2004).

Erickson took a surprising stance by telling the woman that the most expert person in the room in surviving and managing trauma was not him, but her. He praised her extraordinary capacity to be sitting in his room as a survivor.

This variety of possible sources of growth highlights the individual nature of response to trauma. The best approach to helping a trauma victim is to be open and responsive to his or her individual needs and capacities. This is very much in line with the Ericksonian practice of utilisation (Erickson & Rossi, 1979). Rather than following a prescribed or manualized form of therapy, utilisation is the practice of following indicators from the client as to the best therapy to implement at any given time. It is a more creative and responsive approach to therapy and does require the therapist to have wide knowledge and experience, but it is much more inclusive of the individual nature of the client and what emerges from moment to moment.

Milton Erickson was approached by a client suffering from post-traumatic stress. Over the course of the interview, the client was desperate and truly hoped that Erickson, as one of the great therapists of the time, would be able to help and show her how to manage. Erickson took a surprising stance by telling the woman that the most expert person in the room in surviving and managing trauma was not him, but her. He praised her extraordinary capacity to be sitting in his room as a survivor. Clearly she had utilised some excellent techniques to help herself manage. Erickson asked her to teach him how she did it and, together, they would work out how to do it better (Gilligan, 2011).

This level of utilisation goes deeply into the principle that therapy is a process that occurs both within and in response to a relationship – an interpersonal experience. Personal growth is certainly to do with changes within a person, but an essential aspect of personal growth is the way it changes and enhances how we relate to and with others. Post-traumatic stress often includes feelings of shame, loss of self-worth, loss of belief in personal capacity, and the resultant feeling of being a burden on others. On the other hand, PTSD can also be expressed in an excessive concern for and connection with others. Personal boundaries may become blurred and people can live their lives vicariously through others. Both ends of this pendulum swing, however, are concerned with the interpersonal, and the therapeutic relationship is a place of possibly re-establishing a sense of safety and goodness in our contact with others.

As has already been stated, PTG can be a very individual process because of the many variables that make up both the trauma and the subsequent disruptions to the world as it was before and after the trauma. The last section in this article will discuss a novel approach, developed by the author, which incorporates both the intra- and inter-personal worlds and embraces most of the five areas of PTG highlighted by Tedeschi and Calhoun (2004). Rather than a therapy, this is a perspective, an approach – a curiosity-oriented approach. In the same vein as a strengths-based or solution-oriented approach, the curiosity approach is not a definitive therapy, but a perspective or viewpoint that can be applied within any therapeutic paradigm.

A Curiosity Approach

The fear and pain around trauma or lost attachment interfere with the expansive qualities of curiosity or seeking. It is important to support and hold our clients in acknowledgement and respect for the truth of their experience. In the process of comforting and helping clients to regulate the activity of the amygdala and automatic striatal processes, it is possible to interweave the concept of a curiosity approach to productively engage the processes of brain plasticity and positive integration. Curiosity, by its very nature, is concerned with sensations of wonder about what lies ahead. It shifts us out of the difficulties of the present and turns our mind away from the past. The ideas that are now suggested are given in the context of the client always being held in comfort and safety, as together the therapist and client utilise the strength of their relationship to safely engage in creating beneficial change.

When Barbara Fredrickson published her research on what she called the Broaden and Build Theory (2001), she reported the benefits of positive emotion, not only in the context of Positive Psychology (Seligman & Csikszentmihalyi, 2000; Linley et al., 2006), but also the nature of a positive focus of attention in general. Rather than eliciting specific behaviours, positive emotions were more ambiguous and interactive leading to a broadening of the mental state towards a constructive state that might also be described as a creative state. I suggest that this state of creative broadening opens a set of neurological processes and interactions in which post-traumatic growth is enabled or, at the very least, brought closer to possibility. Generating this creative broadening and building state of mind is what the curiosity approach seeks to enhance and amplify (Hill, 2006).

Fredrickson refers to the importance of play and wonder as triggers of a Broaden and Build mindset. She incorporates the work of Jaak Panksepp (1998) and other play researchers. Ernest Rossi, one of Milton Erickson's primary protégés, also professes the importance of an expansive mental state. Among other things, he sees wonder, amazement, and a sense of the tremendous beyond the limitations of oneself as a key factor in brain plasticity and positive creativity (Rossi, 2004). All of these states – play, wonder, and expansiveness – arise as we feel safe and connected (Panksepp, 1998; Porges, 2007), so the interpersonal context of the therapeutic relationship is a natural container in which these states might be explored and supported.

Common threads in the works of these researchers and theorists are the benefit of looking toward future possibilities rather than ruminating on past events; of seeing oneself as the central reference point of one's life, but within the context of a much larger, inter-related experience; and of seeking to creatively participate in personal growth. The curiosity approach harnesses these concepts and suggests three principle approaches to therapeutic practice. As this is an approach or a lens through which to approach a client, it is not a therapy in itself and so can be used in conjunction with any therapy. These approaches are intended to give the client, and also the relationship between the client and practitioner, the greatest opportunity to engender a creative, broadening and building mindset that will be inclined toward growth.

1. Priming the brain toward future possibility – wonder, interest, curiosity.

The brain operates within patterns that become predictable over time. The more a neuron, or a pathway of neurons, is activated, or "fires," the stronger the connection becomes and the more likely that group of neurons or neuronal pathway will activate in the future. This was expressed famously by psychologist, Donald Hebb (1949), who said that, neurons that fire together, wire together, and is commonly known as Hebb's Law. Essentially, if we have thought and felt in a particular way and we continue to regularly think

and feel that way, then we are most likely to continue to think and feel that way in the future. Personal growth and change is only possible when the established pathways in the brain are given the opportunity to "fire" in different ways and "wire" different connections to create new pathways, and even to modify the implicit pathways laid down in the body at the time of the trauma (Ecker, Ticic, Hulley, & Neimeyer, 2012).

This is the process that is now known as "brain plasticity" (Arden, 2010; Doidge, 2007), which is one of the major discoveries in neuroscience of the past two decades. It overrides the old thinking that brains become fixed sometime in the teenage years and no major change or development is possible after that. We now know that we are all capable of learning, making changes, and even growing new neurons in one region of the brain for our entire lives. In order to take maximum advantage of this capacity for neuroplasticity, it is best to have our mind interested in creating new pathways and connections. The opposite of focusing on the past and pre-existing thoughts and feelings is to be curious about as yet unknown experiences. The best way to trigger that state of mind is to be creatively interested in what is happening to you and around you in the present moment.

Being interested is more than just a mindful acceptance of the present moment. Interested and curious is the mindset of openness to what might come next. Curiosity is about what we do not know, what might be discovered, what is novel, and what elicits change or development. That can be very difficult for people sometimes because we have the catch-22 of having a preference for stability and predictability. Curiosity and an interest in novel possibility require a number of developmental steps that are too much to expand on here, but are certainly possible with the appropriate therapeutic processes and support. Assuming it has been possible to engender a curious and interested intention, the next step of the curiosity-oriented approach is to investigate below the surface of the problem, behaviour, or struggle.

2. Opening the mind to investigation and discovery – looking for implicit messages in explicit problems.

What we are able to see on the surface has often been stimulated by something more complex from our inner self. To give a benign example, there are dozens of psychobiological processes that occur regularly every day at particular times, which eventually come into our conscious awareness as the very simplistic message, "I'm hungry." We take a series of actions in response to that message, but we certainly have no conscious awareness of whether it is just because of circadian habits, issues with digestion and stomach integrity (Houpt, 1982), insulin resistance (Elliott, Keim, Stern, Teff, & Havel 2002), leptin receptors (Dubuc, Phinney, Stern, & Havel, 1998), excess of endocannabinoids (Pertwee, 2006), or a host of other specifics. Over evolutionary time, it has been sufficient for us to eat what is available and, more often than not, we survive.

In a similar way, our behaviours and moods may not tell the whole story, and may even be distracting from the real story that the body is trying to communicate. When someone tells us that they cannot do something, it is often seen as a problem that requires us to help them learn to do or overcome the barriers

in doing this particular thing. It may also be that, in reality, they are not able to undertake that action. The fruitless effort to solve the problem is distracting them from doing the things they *can* do. In the area of trauma, it is not uncommon for people to lament that they cannot get over the trauma and move on. Although that concern needs to be considered sensitively, the message might be that it is *not* possible to "get over" and "move on" from the trauma. In fact, very little can be done about the trauma itself - the trauma has happened and that cannot be changed. What may be needed is processing how the trauma has changed their world, what these changes now mean, and what are the alternatives available. The problem of being stuck with the trauma may actually a message that the person is seeking a way to change direction and focus.

The final piece in the process of the curiosity approach is to discover what to do with the interest and the message.

3. Engaging creative expansion - broadening and building.

Curiosity sets up the intention of seeking something new. Amongst other things that might emerge from the therapeutic process, finding some hidden messages in the problem provides new information and/or new perspectives. The final stage is to engage with the new information and ask, "What can I create with this?" When we bring disparate elements together, it is most likely that something new will emerge that will be different, a change, a fresh start. Again, using a simple example, if we were to see on a table a black cup of coffee, a cream-colored cup of coffee, and a half-empty milk jug, what might you deduce?

Without taxing the brain too much, it would be reasonable to assume that milk had been added to one of the cups to create the creamy coffee. That means that at some stage there were two cups of black coffee and a full jug of milk on the table. Somehow, most likely through the intervention of a person, the milk was added to the black coffee and a change ensued, creating the scene of one black and one creamy coffee. No matter how much intention, discussion, desire, potential, possibility, or time is taken, if the milk is not added to the black coffee, there will be no change. If the black coffee is the problem, the message is that there is a lack of engagement with the new possibilities that the milk presents. Rigidity survives when there is a lack of curiosity, and curiosity is curtailed when there is a lack of safety and support.

The frustration of creating something new in our lives is that it is very difficult to predict whether what we create will be what we want, whether it will succeed or fail, whether it will make things better or worse. It is not a totally unreasonable argument to stay in an unpleasant state rather than risk change, which might make it worse. Rigidity, however, leads to a slow decay and is not productive for a positive life experience. If we can create the creamy cup of coffee, then we have already proven that change is possible. If the change we acquire is not desirable, then it is a matter of spurring the curiosity again and asking the questions: "What is the message in this problem of the creamy coffee and what can I create with that?" Curiosity leaves the door always open, even if just a little. Rigidity closes the doors and often boards them up, making change, growth, and renewal harder and harder to achieve.

Conclusion

The concept of post-traumatic growth is not new and may well stretch back to the dawn of humankind or even before. The modern discussion of PTG shows that it is not a cut-and-dried process. It is neither a guaranteed outcome to trauma, nor is it the same for every case. Human beings will always struggle in life to some degree. Finding points of growth out of trauma must not be a measure of a person's success or failure. Each of us has our personal journey. Some have a harder road than others. I would think that most

people would hope that through life we enhance our strengths and capacities to not only cope, but thrive. It may be that modern society itself is part of the problem and part of the rigidity.

If nothing else, the concept of post-traumatic growth encourages us to imagine the possibility that life gets better. Theories like Broaden and Build; concepts like the Curiosity-Oriented Approach; therapeutic developments like Positive Psychology and Strengths-Based Practice are all examples of what is possible. Every person who suffers trauma, high levels of stress, or even just the struggles of day-to-day life warrants our care and attention. As a profession of therapists, social workers, and counsellors, we are well advised to guide who we can toward growth and hold to our hearts those who struggle, as best we can and for as long as we can.

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Until we stop ourselves or, more often, have been stopped, we hope to put certain of life's events "behind us" and get on with our living. After we stop we see that certain of life's issues will be with us for as long as we live. We will pass through them again and again, each time with a new story, each time with a greater understanding, until they become indistinguishable from our blessings and our wisdom. It's the way life teaches us how to live.

-Rachel Naomi Remen

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