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A duoethnographic exploration of relational psychotraumatology: Research, training and practice considerations

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Abstract

Introduction: Using a duoethnographical approach, supported by relational trauma theories, this paper synthesises idiosyncratic formulations and perspectives of working with relational trauma.

Aim: Initially, focus is centred on reflecting on the authors' research with different and diverse groups. These include in-reach rehabilitation and recovery services for people with profound and enduring mental health needs, as well as experiences of trauma, loss, grief and post-traumatic growth of sanctuary seekers.

Method: Duoethnography, which is a collaborative research methodology that promotes introspection and critical reflexivity in researchers, was followed for over a year, and this provided rich data, which were analysed.

Results: Duoethnographical dialogue offered rich data, which was conceptualised into four themes, which are presented and elaborated on: (i) the importance of the therapists acknowledging and witnessing meaning-making with those who present with relational trauma and engaging with the evolving process of remembering, repeating and working through their trauma; (ii) the importance of therapists clarifying the aim or function of therapy from their modality; (iii) the importance of the idiosyncratic experiencing and processing of relational trauma; and (iv) the importance of the dynamic process and diversity of possible stages in working through relational trauma.

Discussion: These themes support an argument for a praxis of relational trauma and exploration of different approaches that may be helpful in therapeutic practice, training and psychotraumatology research.

Conclusions: The paper concludes with reflections on how a human rights trauma-informed approach entails facilitating hope in trauma work and offers recommendations for psychotraumatology therapeutic practice and trauma-informed training.

KEYWORDS

duoethnography, psychotraumatology, relational trauma, therapeutic practice, trauma-informed training

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1 | INTRODUCTION

This article arises from our desire to explore and elaborate our understanding of relational trauma (see Smith & Charura, 2024) as well as to illuminate the diversity of perspectives that psychotherapists often have in their approaches to working with trauma (see also Finlay, 2016; Rothschild, 2017; van der Kolk, 2014; Warner, 2013). We engaged in a duoethnography process to explore our approach to research, training and therapeutic practice with regard to relational trauma. Given that therapeutic practice and research need to engage critically with ideas about therapists' ontology, we start this article by outlining our positionality and differences as these inform how we have evolved and conceptualised our understanding and approach to relational trauma. As authors, we are a Black British man of African heritage (DC) and a White British woman (PS) located in West Yorkshire, United Kingdom (UK). We are also psychotherapists and chartered psychologists who have worked with individuals who have experienced relational trauma. We are both academics facilitating counselling, psychotherapy and psychology training, and we have also engaged in our own long-term personal therapy. As researchers, we have a shared interest in psychotraumatology, social justice and qualitative research methodologies, including duoethnography.

First described by Norris and Sawyer (2004), duoethnography is a collaborative research methodology that promotes introspection and critical reflexivity in researchers (Norris & Sawyer, 2012) and the coming together of 'elements of autoethnography, autobiography, self-study, life history and more' (Charura & Bushell, 2023, p. 30). Through a meaningful self-study in the presence of another through a shared dialogue of narration, stories and examples, researchers present their lived experiences in juxtaposition of each other (Burleigh & Burm, 2022). Our duoethnographic discussions have taken place over the past year in meetings each month, and more recently, this paper was synthesised during the Qualitative Research in Mental Health (QRMH9) conference in Budapest, after presenting some of our joint research at the conference (Smith & Charura, 2024). Our experience of engaging in a duoethnography process highlighted the potency of this method in valuing our different narratives and experiences as equally contributing.

In this article, whilst reflecting on our relational encounters with each other, as well as with other researchers from homogenous fields who shared their interests, values and beliefs with us, we explore the similarities and differences of our lived experiences, cultures and the impact on our personal sense-making process and individual therapeutic practice. We begin by outlining the importance of paying attention to the evolving nature of language and then we move onto elaborating on our duoethnographical approach, our process and positionalities. From the data drawn from our dialogue, materials we have shared and our writing over the last year, we have engaged in a process that included the following: (1) engaging with personal early memories of connecting with trauma; (2) immersion in duoethnographic process and theoretical critique of contemporary trauma perspectives and research; and (3) reflections on what we

Implications for practice and policy

- The need for compassionate and trauma-informed approaches to understanding psychological distress and the manifestation of relational trauma across the lifespan in different clients.
- Advocating for trauma-informed approaches to psychotherapy research, training and policies.
- The need to refocus on relational trauma as a conceptual framework for understanding psychological distress, and de-pathologising the field of psychotraumatology research and therapeutic practice.
- Advocating for the importance of engaging in ways that demonstrate an attitudinal positioning of the therapist's self-awareness and taking a position of 'power with' rather than 'power over' those presenting with relational trauma.

found is important to focus on in psychotraumatology practice. We also previously completed other research in relation to trauma and recovery, referenced in the following two papers: Smith et al. (2021) and Taylor et al. (2020), that were further analysed and reviewed in the chapter 'Working Through Relational Trauma: An Exploration of Narratives of Lived Experiences of Trauma and Recovery' (Smith & Charura, 2024).

Collectively, our engagement with these data through a duoethnographic process enabled us to conceptualise the following four themes:

- (i) The importance of the therapists acknowledging and witnessing meaning-making and engaging with the evolving process of remembering, repeating and working through the trauma (see also Freud, 1914);
- (ii) The importance of therapists clarifying the aim or function of therapy from their modality/integrated modalities of practice (see also Roth et al., 2009);
- (iii) The importance of the idiosyncratic experiencing and processing of relational trauma (See also Charura & Smith, 2023); and
- (iv) The importance of the dynamic process and diversity of stages in working through relational trauma (see also Smith & Charura, 2024).

We end the paper with reflections on how a human rights trauma-informed approach entails and illuminates the importance of facilitating hope in trauma work.

1.1 | Clarification and critique of terms

Given the complexities and impact of relational trauma, it is vital to attend to its bio-psycho-social-sexual-spiritual and existential

implications on the lives of those impacted (Charura & Smith, 2023; Kalayjian, 2002). It is also important that we acknowledge the evolving nature of language and concepts relating to relational trauma. We conceptualise *relational trauma* to include "the experience of the severing, fragmenting and/or violating of a significant relationship(s)" (Smith & Charura, 2024, pp. 100-101). Furthermore, it is also vital to acknowledge that those who are impacted by relational trauma are not a homogenous group and that there are a wide range of people from different ethnicities, cultures and backgrounds whose conceptualisations of relational trauma differ (Lago, 2011; Smith & Charura, 2024). As psychological practitioners (counsellors, psychotherapists, psychologists, mental health professionals, etc.), our use and ownership of language is paramount as language can be and has been used to oppress, other and discriminate individuals and groups experiencing psychological dis-ease. We thus assert the importance of using language with respect and in ways that demonstrate awareness of the differences and diversity of experiences.

In our duoethnography dialogue over the last year, we have, for example, discussed at length the evolving and challenging nature of words or concepts relating to psychotraumatology—the study of psychological trauma. This has included critiquing words such as *recovery*, *post-traumatic growth*, *post-traumatic joy*, *soul wound*, *core pain*, *embodied trauma*, *mental illness*, *mental ill/health* and *psychological distress*. In this paper, we have also used the terms *service user*, *refugee*, *asylum seeker* and *sanctuary seeker*. We note these terms here as terminology we have come across in both practice and literature in relation to discussing the spectrum of psychological responses to traumatic experiences. We align ourselves with the position that what is important is how the individual presenting with trauma conceptualises and languages their experiences. The language we use in this paper fits with our own experiences and understanding and appreciates the dynamic and evolving nature of terminology in different contexts and times. Through this, we demonstrate that our chosen terminology and duoethnography process conveys a reflective depth, cultural humility and respect. This exemplifies both our similarities and our diversity whilst also using language sensitively and appropriately to avoid repetition of othering.

1.2 | Theoretical reflections and critique of our research underpinning this duoethnography process

In our duoethnography dialogue, we explored contemporary research and literature themes relating to relationship trauma. This, for example, included concepts relating to the quality of the therapeutic relationship as being an important factor for success when working with complex or relational trauma (Charura & Smith, 2023; Cooper, 2007; Finlay, 2016; Paul & Charura, 2014; Smith & Charura, 2024; van der Kolk, 2014); the critique of the international diagnostic systems for their failure to account for diverse clinical presentations of trauma which manifest in adulthood (Cloitre et al., 2009; Farina et al., 2019; van der Kolk, 1996); and the familial relational aspect of trauma and how psychological distress and some psychological

disorders can be the result of traumatisation and adverse childhood experiences in early years of life. This has been conceptualised as *attachment trauma* (Farina et al., 2019; Isobel et al., 2019). These concepts have been discussed further elsewhere focussing on working with relational trauma (Smith & Charura, 2024). Furthermore, we returned to reflecting on our separate experiences in the context of research we have been engaged with in the content of service users' experiences of a novel in-reach rehabilitation and recovery service for people with profound and enduring mental health needs, as well as another study on loss, grief and post-traumatic growth of sanctuary seekers.

1.2.1 | Relational trauma in service users

Individuals presenting with severe mental health challenges are likely to have experienced interpersonal trauma and trauma-related disorders such as complex post-traumatic stress disorder (PTSD), emotional abuse and neglect, physical neglect and dissociative disorders (Charura & Smith, 2023; Mauritz et al., 2013). Smith et al. (2021), in one of the studies focussed on in this paper, acknowledges the impact of relational and/or previous trauma faced by service users presenting with psychotic disorders. These include complex health issues, disconnection from self and others, difficulties in maintaining positive relationships and susceptibility to multiple vulnerabilities. This adds to the list of complications offered by Gilbert et al. (2008), who highlight isolation, a lack of trust and feeling unsafe as barriers to developing future positive relationships. A further complication for those accessing support/care services for psychological distress is that they often experience feeling disempowered, especially regarding having to conform (Bacha et al., 2019; Smith et al., 2021) and where their rights to be involved in their own treatment and care are often compromised (Rush, 2004). Moreover, service users often report not being listened to by mental health professionals (Sandhu et al., 2013; Thompson et al., 2008). As a result, these individuals require an approach that facilitates a 'power with' rather than 'power over' attitude (Natiello, 1987; Proctor, 2017; Smith & Charura, 2024) and gives space to considering 'what has happened to you' rather than 'what is wrong with you' (Sweeney et al., 2018). Given the range of different ways relational trauma can present and the impact it has on different individuals, it is important that professionals appreciate and understand the diversity of experience and the value of reparative human connection (Charura & Smith, 2023).

1.2.2 | Relational trauma in sanctuary seekers

The second study we make reference to in this paper (Taylor et al., 2020) highlighted the loss, grief and trauma that sanctuary seekers go through. The findings aligned with other research that noted that many sanctuary seekers in the United States or Europe often arrive having experienced or witnessed torture, war, sexual violence, stress, trauma, and multiple complex losses, including dislocation

from social networks, or families (Burnett & Peel, 2001; Satinsky et al., 2019). Furthermore, many have experienced post-traumatic stress, generalised anxiety, depression, destitution and have urgent need for advocacy and legal representation (Burnett & Peel, 2001; Jackson, 2015; O'Brien & Charura, 2023; Satinsky et al., 2019). A recent systematic literature review by de Silva et al. (2021) reported the prevalence of complex post traumatic stress disorder (cPTSD), which often follows such complex traumas. The review highlighted the experiences of direct exposure to multiple types of complex traumatic experiences, which include sexual violence, torture, being imprisoned, enforced isolation, physical assault and witnessing the murder of loved ones. These traumas are often in addition to premigration factors (i.e., the early age of the first relational trauma; Barbieri et al., 2023), as well during the journeys to places of sanctuary and then through postmigration stressors (i.e., experiences in the host country), thereby all cumulating in psychological distress (de Silva et al., 2021). Given the poly-traumatisation that sanctuary seekers experience, if professionals are to offer effective support, it is important to understand how trauma impacts this group of people who are often in serious need of culturally sensitive approaches.

1.3 | Engaging with a duoethnographical process and stating our positionalities

The material for this article arose from discussions that have taken place between us over the past year whilst writing a chapter on relational trauma (Smith & Charura, 2024) and, more recently, during the QRMH9 conference in Budapest where we presented the book chapter. Following the conference, we shared reflections whilst developing our understanding of each other, our similarities as well as our differences, and how we view and work with relational trauma. We analysed our dialogue for themes and co-constructed our remembered narratives into a coherent discussion for this article. As highlighted by Sawyer and Norris (2012), we found that more data emerged from the writing process itself and we were able to weave the theoretical literature into our reflections. We have included our individual quotes to demonstrate our juxtaposed personal views and process. Ethics approval for this duoethnography research was granted on 12 September 2023 by York St John University.

As researchers, the way we position ourselves informs how we 'acquire, interpret and generate knowledge' (Frost, 2016, p. 34). During the process, DC shared:

DC: As a black British man, who is from a large extended family, of African heritage, I have synthesised and interweaved through my upbringing aspects of my Afrocentric values thereby enabling me to value both the Afrocentric and Eurocentric perspectives. These include respect for others, respect for diversity, and the importance of interdependence. Through my own experiences of trauma, racism, and being othered I am drawn to descriptions of diversity which incorporate age, gender, ethnicity, class, culture, neurodiversity, sexuality, and ability/disability (Moodley, 2005;

Oulanova et al., 2023). I am also influenced by what was modelled for me by my parents and extended family about dealing with trauma and narratives of transgenerational trauma, and that is by working through experiences of trauma in relationship and community. Furthermore, there is an acknowledgment that there are many ways to work through trauma, including, for example, through professional relationships which value culturally appropriate interventions, spirituality, and other healing practices. This is all drawn from the African philosophy of Ubuntu which implies that, as human beings, we are all unique and, in contrast to the Cartesian dictum that 'I am because I think', it maintains that 'I am because I belong' (Holdstock, 2011; Ramose, 1999). Thus, my approach and positionality in relation to trauma is one of an openness to tenets of dialectics in being able to hold and reconcile two positions, accepting the "both/and" rather than "either/or" positions, thereby allowing me to value a diversity of perspectives and various viewpoints of psychotraumatology from professional colleagues as well as experiences of those who access therapeutic support for trauma (Charura & Lago, 2021).

PS: Divine, as I reflect on your approach and positionality in relation to trauma, I find myself thinking back to a version of me that was pre-counselling training/pre-therapy where I occupied a firm position of self-sufficiency. My early encounters with bereavement and trauma were mainly experienced in isolation which left me with complex feelings of loss and around connectiveness (see also van der Kolk, 2014). Underpinning this, however, has always been a desire to reach out to others and find mutuality through relationship. I am therefore drawn to the dance between my need for individualism as well as interconnectedness in my relationships. I also recognise in myself that I regularly occupy two positions of observer and participant. As an observer of life's challenges, I am drawn to understanding the meanings individuals place on their experiences and as a participant, I enjoy being immersed in and being emotionally involved with others. Through research, counselling training, and personal therapy I have developed an appreciation of what differences mean in the context of how relational patterns, trauma, and internal resources are all influenced by our individual and collective experiences. I have also developed an understanding that trauma can be experienced in people differently and therefore my trauma-informed approach appreciates the reparative value of diverse relationships (Charura & Smith, 2023; Smith & Charura, 2024). For some, these relationships include family and community, whilst for others this could be friends, therapists, supervisors etc. This then has meant my evolving journey is a dynamic process of holding the tensions between being fiercely independent and self-sufficient, whilst at the same time recognising the importance and struggle of relational processes.

Having engaged in dialogue about our positionalities, biographical and cultural influences, our process moved us towards discussing our therapeutic approaches to working with trauma. For both of us, this is informed by an understanding of the importance of the developmental

process of formative years and consequent experiences through life stages. As we both work with trauma long term in our therapeutic work, we often work through not only the traumatic event but also the influence of the individual's relational patterns arising from early phenomenological experiences. In the section that follows, we both share excerpts of some of our early memories connecting to our own experiences.

1.4 | Early memories connecting with experiences of individuation, separation and existential angst

We have reflected on how we conceptualised the experiences that follow in this section. Our discussion led us to note these as a process of beginning to acknowledge what we later were able to name as the accumulating layers of experiences, which may have contributed to what consequently was included as part of our narratives of trauma. We are both clear, however, that at the time of experiencing these events, we did not conceptualise these as traumatic, but what we had was a phenomenological and embodied sense of an experience at the edge of our awareness, which, at the time, had not yet been processed and articulated into an assigned meaning (Gendlin, 1997).

PS: There's a memory that comes to mind where I am walking through the local city centre with my mum, and I notice a woman coming towards me. She is in her mid-twenties and clearly distressed. Her face is wet with tears that are still flowing and the sight of her has made me stop still. I can still feel the embodied emotion and the strong pull to reach out to touch her arm. In that moment I felt connected to her somehow. It was like I saw myself in her even though I had no understanding of what she was experiencing or the reason for her distress. As she passed by me, I found myself turning to watch her walk away. I felt guilty that I did not say something and that I had left her alone with her pain. However, I was just a child who also felt alone, and I was in pain too.

DC: In hearing your experience Penn, I have gone back to a moment in which I am standing at the top of a long corridor, my parents having just left me on my first day at boarding school. I remember hearing a deep wail from another boy whose parents had also just left... "please don't leave me, please don't leave me" he cried. The rest of what he was screaming became a muffled noise to me as I connected to the depth of the pain of separation from my parents, family, and an awareness of which I can only describe through these words within my internal dialogue (*I am now alone and must somehow make it*). What helped me was knowing that I was deeply loved and now can also see that I had internal resources born from a solid relational connection with my parents and family and through this was able to make it. A part of me also understood, even at that young age, the social, cultural context of the discriminatory challenges faced by some young black children if they were not afforded educational opportunities at the

time. I understood that my parents were giving me the optimum opportunity for academic and life success.

As psychological practitioners, it was important for us to work through some of our own early-life experiences, facilitated by an in-depth awareness of self-in-process through personal therapy, engaging in supportive relationships, a diversity of self-care practices (meditation/spirituality) and supervision (Finlay, 2022; Posluns & Gall, 2020). The section that follows shifts from our personal narratives as noted above into a theoretical evaluation of perspectives and themes relating to relational trauma in different contexts.

2 | DISCUSSION OF CONCEPTUALISED THEMES

Arising from our continued duoethnographic process and from our research, we now present four conceptualised themes. These are, in working with relational trauma, the importance of (i) acknowledging and witnessing of the relational trauma; (ii) therapists clarifying the aim or function of therapy from their modality; (iii) the idiosyncratic experiencing and processing of relational trauma; and (iv) the dynamic process and diversity of stages in working through relational trauma.

2.1 | The importance of the therapists acknowledging and witnessing meaning-making and evolving process of remembering, repeating and working through the trauma

Following a traumatic experience(s), individuals, couples and families who make the decision to engage in therapy present in different ways. These can include seeking therapy for the actual traumatic experience or seeking to work through physical, psychological, social, sexual, spiritual and existential challenges they may be facing, thus the bio-psycho-social-sexual-spiritual-existential (Charura & Smith, 2023).

PS: I believe that, to be able to work with trauma, we must have a capacity for self-reflection and a willingness to do the work ourselves. For example, in my experience of long-term personal therapy, I have found having space to find and test out language and retell experiences of bereavement and trauma across the lifespan has been invaluable (see also Herman, 1998; van der Kolk, 2014). This process over time has included a dance of moving towards and away from embodied experiencing. A relational therapeutic approach of this nature has enabled me as a client to work in a way that honours my process and experience 'power with' my therapist rather than feel like I am engaging in a mechanistic intervention that feels like a process that has 'power over' me. When working with clients, I appreciate and value therapeutic engagement in which their narrative may be repeated in the process of re-remembering. Engaging in a 'power with' process means I convey an attitude in which I value that their defences may be serving the

client well; thus, the client can lead the therapeutic dance and, as therapist, I follow moment by moment.

DC: Thank you Penn, and in response to you, I am reminded of Carl Rogers' assertion, "... it is the *client* who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried. It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely upon the client for the direction of movement in the process" (Rogers, 1961, pp. 11-12). Thus, for example, in my psychotraumatology work with clients from ethnically diverse communities, I have learnt through my therapeutic relationships with them the centrality of my role as a therapist as someone whose role is not to dogmatically offer psychological interventions but is to pay acute attention moment by moment to what they will be sharing. Often, I witness, hold, and contain the most extreme experiences of human suffering. These include working through relationship with these clients' experiences of torture, sexual abuse, psychological abuse, bereavement, and tragic losses. In this work, I therefore believe that one of the essence gifts of therapy is our capacity as therapists to acknowledge, witness, and contain the trauma.

2.2 | The importance of therapists clarifying the aim or function of therapy from their modality

The therapeutic relationship is an important and key aspect for success when working with individuals experiencing relational trauma (Charura & Smith, 2023; Finlay, 2016; Paul & Charura, 2014; Smith & Charura, 2024). However, the therapeutic relationship is composed of a diversity of facets, which include the importance of authenticity, respect for client autonomy and confidentiality, and holding and containment of the therapeutic frame. In addition, we assert it also includes openness on the therapist's part of their chosen modality of practice, therapeutic approach and respect for the clients' right to choose or clarify the process at any point in the therapeutic journey.

DC: In our dialogue over the year, I have been deeply appreciative Penn of the opportunity to reflect on my therapy journey as a client, as well as my trauma work with clients as a practitioner psychologist. It appears to me now, that in my own journey in first going to therapy it took a long time to be able to clarify for myself how exactly therapy could have helped me. Some of the questions related to what an alien process to me of speaking to a stranger (the therapist) was when first meeting them, the alien concepts to me of the unconscious, the layered psyche, psychological defences, attachment patterns, compulsion to repeat trauma, and conception of recovery and healing through a therapeutic relationship. What was instrumental in my working through process was the patience, presence, holding, and containment of the psychotherapy that I have engaged with over the years. Furthermore, the analysts were able to state and clarify for me the aim and function of the therapy as a process in

which I would work through my life experiences; understand my relational patterns; and gain deeper awareness of my unconscious, recurrent, emotional and behavioral patterns. Over time, this enabled me to address the root causes of my psychological challenges and make meaning of my journey and experiences of trauma. In my practice as a therapist now what I value from the very start of the therapeutic relationship is not making assumptions, including that the client knows what the concept of relational trauma means or how the therapy may unfold. Rather, I focus on the quality of the therapeutic relationship and encounter to facilitate trust and transformation.

PS: Divine, as you know I found our time discussing relational trauma and its impact over the past year and our ongoing dialogue in Budapest to be enlightening on multiple levels. I have also valued the opportunity to explore our differences and similarities; for example, we both agree that the preciousness of the therapeutic encounter is based on collaboration, mutuality of respect, and honouring each other's presence, difference, and agency to engage (Rogers, 1961; Schmid, 2001). In response to this, in my approach, I am transparent, congruent, and clear about the potential benefits as well as limitations of my therapeutic approach. I believe this offers the client agency in deciding whether my therapeutic approach could fit for them and whether I am the right person to begin their journey of working through trauma with. Being also a therapist educator, I impress upon our students the importance of learning how to describe their own individual approach and offer opportunities through discussion and a variety of assessment approaches to tease this out so that they gain a sense of what is important to them, how they communicate, and how this translates into their unique individual approach to practice.

2.3 | The importance of the idiosyncratic experiencing and processing of relational trauma

Our aforementioned definition of relational trauma specifically stipulates it as the experience of 'the severing, fragmenting, and/or violating of a significant relationship(s)' (Smith & Charura, 2024). We acknowledge that such impactful process is experienced and can feel different across cultures, communities and between individuals. Drawing from a bio-psycho-social-sexual-spiritual-existential lens, we see that this idiosyncratic manifestation is also dependent on different factors including, for example, the nature of the trauma, the age of the individual, the severity of the impact across their lifespan, the cultural conceptualisation and meaning-making of the event. This is also dependent on the support system available, their belief in what can be helpful or unhelpful and their ability to engage in the support depending on the nature of the internal (emotional) and external (services) resources available to them.

DC: I have never ceased to be amazed in my work with individuals, couples, and families, that even when a traumatic event has been experienced or witnessed simultaneously, individuals can

experience it differently. This includes, for example, siblings describing their experience of a traumatic childhood or couples describing traumatic grief and loss of a child. It has therefore been important for me as a therapist to tentatively listen to the different lived experiences without presuming similarity even in cases where it may appear that experiences are shared. Paradoxically, this is also true of the therapeutic process in that clients may experience the therapeutic process differently even where they may be presenting with a similar diagnosis (PTSD/cPTSD) or experience of relational trauma. This is why it is important for me to be aware and committed to working with difference and diversity. For example, drawing from my own cultural heritage, I integrate into my psychotherapy practice and research too, Ubuntu African Philosophy, which centres on respect, valuing the humanity of other, and relationship. Furthermore, its essence is viewing each human being as engaged in an existential and dynamic process of being-becoming and this encapsulates the importance of idiosyncratic experiencing and processing of relational trauma.

PS: In my experience of working with those who have experienced early trauma, there are a multiplicity of factors that interplay and impact on the process and outcomes of therapy. These are important to note as they can have an impact on the therapeutic relationship. For example, I have noticed when working with clients who have experienced early trauma including neglect, sexual abuse, and psychological abuse that their ability to process and regulate emotions is often restricted because of limited engagement with containing and holding relationships with significant others/caregivers. I have found that in such cases being curious about and encountering the client's process and lived experience rather than my own facilitates deeper encounters. However, from these encounters I have recognised that this depth arises from being 'curious with' as opposed to an individualistic curiosity from my own perspective and therapeutic enquiry. This arises from embodying an authentically curious, non-presumptuous position that acknowledges cultural differences and values our diversity of experiences (Lago, 2011).

2.4 | The importance of the dynamic process and diversity of stages in working through relational trauma

Whilst in Budapest, we had the privilege to visit the '1956 Revolution Memorial' and the 'Shoes on the Danube Bank' memorial. Our reflections here mirrored discussions we have been having over the last year through the research we have been engaged with. Namely, this has been to do with us asking the question of the sufficiency of psychotherapy for working through complex relational trauma. In the case of the work we have done with service users who have faced relational traumas, or sanctuary seekers who have been displaced and present with multiple layers of trauma, or to the student protesters and Hungarian civilians wounded and killed at the Hungarian Parliament Building in Budapest in 1956, or those of Jewish heritage honoured through the symbol of the shoes at the bank of the river

Danube, we ask the question, what can therapy offer? Furthermore, what might a therapeutic journey to work through such trauma and existential experiences look like?

PS: I believe it is good practice to continually evaluate and question our values, beliefs, theoretical orientations, and approach to working with relational trauma. Personally, I often ask of myself the question, what can therapy offer and can it ever be enough? Can the deep soul wounds caused by relational trauma to our core self ever be truly healed and does what we offer as therapists align with clients' expectations? In asking these questions in my own therapeutic journey, I was recently introduced to Buddha's teaching on suffering; "The first arrow is the objective pain felt when encountering an adverse event, such as a trauma or loss. The second arrow is the extent to which the pain is exacerbated by the needs and responses that increase suffering—especially those involving nonacceptance" (Thanissaro Bhikkhu, 1997, cited in Briere & Scott, 2014, p. 226). Here, complex trauma is viewed as the reaction to the pain, and it is suggested that by gaining insight into maladaptive reactions and learning to accept the pain, clients will suffer less (Briere & Scott, 2014; Freese, 2023). I agree in part and believe what therapy has to offer is space where a safe, ethical, and professional relationship serves as a microcosm from which working through trauma, questioning of experiences, and engagement in the embodied self can facilitate greater insight and understanding. However, the severing of our core self by the deep wounds inflicted by relational trauma cannot be easily accepted and can last a lifetime. The aim of trauma therapy, therefore, is not to 'accept', 'heal', or 'recover' but to have someone 'witness', 'connect', and 'care' for the client whilst they acknowledge the permanence of their trauma wound and explore how they might work towards a shift in being and relating. However, given the challenging and often messy nature of working through trauma in such a process it is also important to notice that ruptures between client and therapist, defences, enactments, and projections are also dynamics to be contained and worked through.

DC: In my psychotraumatology work, I integrate different theories, philosophies, and perspectives. I believe part of what is important in helping the client to work through their trauma is the therapist's capacity to stay with whatever material the client may be bringing, regardless of how challenging, complex, painful, or denied to conscious awareness. At times, narratives of trauma may also include horrific detail of the client's lived experience and, in such moments, "the art of the therapist is to hold the poison, know it and yet not use it to harm the other, but instead to see the health in the venom by recognizing it as a manifestation of psychic energy..." (Charura & Bushell, 2022, p. 39), as well as valuing what the client may be bringing, struggling with, defending or repressing as a person-in-process, moment-by-moment part in their journey. Therefore, in relation to the importance of the dynamic process and diversity of stages in working through relational trauma, I view each person I work with as engaging in a dynamic orientation towards a self-actualising tendency;

be-ing-becoming; re-remembering, repeating, and working through their trauma (Cavell, 2006; Freud, 1914) in an ethical professional relationship which facilitates hope, love, change, and post-traumatic shifts (Schmid, 2019; Sweeney et al., 2021).

3 | CONCLUSION AND RECOMMENDATIONS

Recommendations aimed at psychological practitioners (counsellors, psychotherapists, psychologists, mental health professionals/educators, etc.), drawing from the themes conceptualised in this paper, include the importance of:

- (i) Offering relational therapeutic process that allows for the acknowledging and witnessing of the relational trauma and the time that this may require;
- (ii) Therapists having a clear understanding of their approach to psychotraumatology and being able to convey in accessible language the process and potential challenges of the therapeutic journey;
- (iii) Understanding and responding to the unique presentations and diversity of stages in the processing of relational trauma by each individual, couple, family or community;
- (iv) Acknowledging the impact that trauma has on past, current and future relationships, including the therapeutic relationship, and how this impact can be perpetuated through ongoing discrimination, psychological distress and trauma; and
- (v) Understanding that working with/researching trauma can be challenging and complex as well as impactful for the therapist/researcher and, therefore, competency and trauma-informed supervision is essential.

Further recommendations relating to research and practice when working with relational trauma include Smith and Charura (2024) and Sweeney et al. (2021).

We conclude here with Gupta's conceptualisation of a human rights approach, which we apply to trauma-informed research, training and therapeutic practice as including Truth, Freedom, Love, Hope, and exploration of Power discourses (Cosgrove & Shaughnessy, 2020; Gupta, 2022; Tribe & Charura, 2023), as exemplified in our research and duoethnography process. This translates to us as Truth: referring to valuing the individual's truth about their experience; Freedom: to choose what may be helpful or unhelpful in any given moment; and Love: which relates to care, belonging and connection as the individual conceptualises it. In relation to Hope, this does not mean 'sugar-coating situations by looking at the bright side' (Gupta, 2022), neither is it an assertion that there should come a point of acceptance, but rather it is about the openness to the potentiality of whatever may emerge in the next moment (Schmid, 2019). It could also be born from the acknowledgment of the lifelong impact of the trauma, thus leading to an awareness of the personal Power that comes with agency, autonomy and capacity to engage in relationships anew.

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