

ENGAGING WITH TRAUMA FROM A LIBERATORY PERSPECTIVE

Afuape, T (2011) **Power, resistance and liberation in therapy with survivors of trauma: To have our hearts broken**. London & New York: Routledge. ISBN 978-0-415-61189-3 pbk. Pages xii + 247.

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The author of this engaging text, Taiwo Afuape, indicates that the book represents an attempt to convey something of her own journey as a psychotherapist specialising in working with oppression in its various forms. The journey has entailed not only integration of her personal life history, experiences and positions, but also the integration of a range of theoretical perspectives ranging from Buddhism to Liberation Psychology. She also acknowledges the input of past teachers and supervisors in influencing her thinking and the importance of the learning she has gained from working with clients, patients or users of the mental health system in the United Kingdom. The richness of the book lies primarily in this integration of a wide range of knowledge and clinical experience and Afuape's observation that working with complementary frameworks for intervention assists in compensating for gaps in any one particular approach, while simultaneously challenging the potential rigidification, or even reification, that often accompanies subscription to a single perspective, even if this is what might be considered a "progressive" perspective. Although Afuape is clearly respectful of a range of viewpoints, for her it is important that there are no holy cows. This actively critical stance is one of the strengths of the text.

Writing for a broad audience including "anyone in the mental health fields of therapy, counselling, social work or critical psychology" (cover page), Afuape seeks to share with the reader her integrative approach to working with survivors of trauma and/or what she terms "people who experience complex psycho-social difficulties" (p15). The integrative approach she adopts explicitly includes the following theoretical perspectives and approaches: narrative therapy, co-ordinated management of meaning (CMM), and liberation psychology. While many psychologists will be familiar with narrative therapy and liberation psychology, CMM is probably less well known. CMM is defined as "a social constructionist theory of communication developed by Cronen and Pearce (1985) which explores how meanings and actions emerge in context" (Afuape, 2011: 84). If I have grasped this correctly, while Afuape understands narrative therapy approaches also to be social constructionist in nature, she views them as more limited in their exploration of what contextual features shape how particular kinds of

constructions operate or are derived. Thus she views CMM as bringing a stronger psychosocial focus to therapeutic work. For example, CMM explicitly focuses on the contributions of different levels and kinds of social forces, including the political, spiritual, cultural, familial and interpersonal, in exploring how clients come to understand their current difficulties. From narrative therapy Afuape emphasizes the egalitarian nature of the therapeutic relationship, the importance of language and how issues are framed, and the possibility of transformation through embracing different kinds of understandings of difficulties. Liberation psychology is conveyed as providing a lens through which to appreciate relations of dominance and submission, both structural and ideological, as well as the multiple forms that resistance to oppression can take. Afuape makes strong associations to resistance as associated with creativity, and reminiscent of some of the early anti-psychiatry writing by people such as Laing and Cooper, she insists on taking the meaningfulness of client's communications seriously and on recognising their (albeit often limited) agency in engaging with the mental health system, professionals and those who oppress them in various ways. In addition to the three perspectives that form the central pillars of her integrated approach, it is apparent that Afuape also draws upon feminist, black consciousness, Marxist and Buddhist ideas, amongst others. She is clearly a well read and very thoughtful person who seeks to live out a deeply committed ethico-political position in her every-day and professional practice. Reading the text one is convinced of her passion in this regard and this is part of what makes the book engaging.

Given her radical commitment to egalitarianism in counselling and psychotherapy and her emphasis on reflexivity and co-construction, Afuape offers a fair amount of personal commentary in her book. She indicates that she is a heterosexual, black woman, of Nigerian African descent, who grew up in a poor neighbourhood in the United Kingdom and trained as a clinical psychologist. She makes reference to historical and familial relationships and to the influence that her parents and other mentors have had on her thinking and practice. In this respect she aims to model the kind of self-reflexivity that she values in therapeutic work in her writing. At times this can be somewhat disconcerting, as in the very lengthy and personal dedications that preface the text, in juxtaposition with conventional expectations about how a "theoretical" text should be structured. While valuing the intention behind the practice, I felt that this fusion of personal disclosure and theoretical exposition did not always sit easily together in the text. Afuape has worked for the Medical Foundation in London, whose client base includes refugees and torture survivors, as well as in the various branches and trusts of the UK National Health System (NHS), where she was employed at the time that the book was published. Her professional experience is extensive and offers a valuable base from which to generate insights and illustrative case material. Particularly in the later part of the book devoted more explicitly to the implementation of her approach in practice, the case material is useful in highlighting the application of theory. Some cases are tracked through the text, although this approach is not true of most cases.

For mental health practitioners invested in adopting a critical stance in their work this is an inspiring text in many respects. Not only does it introduce a range of frameworks for thinking about intervention and suggestions about how to put these into practice (for example, through embracing irony), but there is also an implicit encouragement for the reader to perhaps develop his/her own take on the material presented. The book offers insights in the spirit of sharing something discovered and open to transformation. In this

sense is not prescriptive and there is scope to think about how the subject matter might require some modification in application to different contexts.

Having indicated that the integration of theory and ideas is one of the key strengths I also felt that this represented something of an Achilles heel in reading the book. In the attempt to integrate across such a wide range not only of theoretical paradigms but also of different levels of explanation, I felt that the text became rather scattered and incoherent at times. The structuring of arguments and the links between sections are not always well sign-posted and there is some inconsistency in the coverage of theory. For example, some theorists within a particular approach are given much greater emphasis than others and some theoretical models are more clearly elaborated than others, without a clear justification for this unevenness. Although parts II and III of the book are ostensibly devoted to theory and practice respectively, the content belies this kind of division, in that, for example, new aspects of theory are introduced in the practice section. The text is also overly repetitive at points. For me, the book could have done with more coherent and rigorous structuring in order not to lose or frustrate the reader at points.

A further critical reflection concerns the manner in which “trauma” is interpreted in the book. The title suggests that the main focus of the text will be on “survivors of trauma”. Despite myself having written critically on more narrow psychiatric and medico-legal framings of traumatic stress, I felt that the title was somewhat misleading in that the book seems to not only address a much broader patient population than those affected by “trauma”, but also where it is explicitly focused on trauma survivors, to limit this to a relatively confined grouping. A lot of the case examples in the book concern immigrant populations struggling with adjustment difficulties in addition to what would more classically be understood as trauma exposure. In addition, there is a fair amount of coverage of the experiences of psychotic and in-patient clients, used to explicitly flesh out understandings of trauma. While I accept that institutionalization and associated practices may prove enormously stressful and even perhaps “traumatizing” to individuals I think the case needs to be better made, and also that it is somewhat peculiar to use this kind of material as a cardinal illustration of traumatic stress. A fairly wide range of trauma related stressors such as combat, criminal victimization, motor vehicle and other accidents, and even rape, are not addressed in any great detail within the text. Rather the trauma populations that are focused upon are victims of war and organized violence. Without suggesting that these populations are anything but significant in engaging with trauma, I think it is important to signal to potential readers that the focus of the text is primarily on survivors of organized repression and oppression, even if this is non-deliberate oppression in the form of the kind of institutional power laid bare by Foucault.

One further observation that may be of concern to potential readers is whether any empirical validation of Afuape’s approach is offered. Given her allegiance to social constructionism Afuape herself is critical of the expectation that intervention approaches can only be validated by means of control based and qualitative evaluative studies and against these kinds of makers the approach remains unproven. However, the argumentation and illustrative case material are compelling. As an inspiring and thought provoking read, with some of the provisos mentioned above, I would recommend the book to a range of progressive mental health practitioners. In

conclusion I believe it is instructive to offer a fairly lengthy quotation of the author's own summary of her intentions in writing the book:

"The book has focused mainly on restorative justice – restoring what was invalidated – rather than justice in the form of redress, which addresses more directly the structural or macro levels of oppression, such as in radical community psychology and political activism. This does not take away from the importance of fully integrating a liberatory ethic into therapeutic practice ... This means framing our theories and practice in terms of power, hegemony, colonialism, resistance, emancipation, oppression, deprivation, structural violence and privilege. Such a focus is more likely to lead us towards a concerted effort to change the causes of distress than towards a focus on evidence-based practice and technological approaches to treating the effects of trauma. My hope is that liberation will not become another empty discourse in the 'psy' literature, but rather a belief system, an attitude and a relational and political stance." (p190)