

**An Evaluation of Narrative Therapy & Mindfulness-Based CBT for Female Witnesses of
IPV in Childhood**

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Introduction

Female Witnesses of IPV in Childhood

As a new trainee in practicum, I cannot help but notice how many of my female clients with depression, anxiety, and/or PTSD have one thing in common: they grew up in households where intimate partner violence and/or child abuse were common. Though their symptoms as adult women manifest in different ways, they all struggle with mental health issues and difficulty forming secure relationships with people in general and men in particular. This striking phenomenon has led me to base this research paper on techniques that can help these women, years after witnessing the violence from their childhood, reach their full potential and move past their childhood traumas so that they can find peace and forge meaningful relationships. When researching this topic, two theoretical treatment modalities stood out to me as being uniquely effective in working with women who witnessed IPV in childhood: Narrative Therapy and Mindfulness-based CBT. This paper will explore the possibilities of using these theoretical orientations to help adult women pursue change and growth in their lives.

Background

According to research from the U.S. Department of Justice, over the past year, 60% of American children were exposed to violence, crime, or abuse in their homes, schools, and communities (DOJ, 2020). Our country's children are more likely to be exposed to violence and crime than adults. Almost 1 in 10 American children saw one family member assault another family member, and more than 25% have been exposed to family violence during their life (Finkelhor, Turner, et al., 2009).

Research has shown that children who witness domestic violence or are victims of abuse themselves are at serious risk for long-term physical and mental health problems. These children often grow up to lead lives where they are the victims or perpetrators of physical violence in their intimate relationships. Children can grow up to develop complex PTSD as a result of repeated, long-term, ongoing exposure to violence in their homes (Gilbert, Breiding, et al., 2015). The PTSD that a child who witnesses IPV may develop can result in permanent changes to their personality and their ability to interact effectively in society as an adult. Research on the topic confirms the association between witnessing IPV and PTSD with accompanying neurobiological changes (Tsavoussis, Stawicki, et al., 2014). Early identification and intervention are vital in helping children who live in a house with IPV. Interventions before the age of seven years old result in the best outcomes for adults who grew up with IPV. Delaying intervention just a few years can be too late; research shows that interventions are not as effective for teenagers as they are during childhood (Tsavoussis, Stawicki, et al.; 2014).

However, the reality of our world today is that most children do not receive the early, aggressive, professional interventions they need during their elementary years. Therefore, as clinicians, we find ourselves with clients in their 20s, 30s, and beyond, trying to understand why they are consistently anxious, depressed, and cannot form meaningful relationships with friends or partners. Luckily change is always possible at any age and stage of life. The following paper below discusses two treatment modality options for female survivors of IPV in childhood: Narrative Therapy and Mindfulness-based CBT.

Narrative Therapy in Working with Adult Female Survivors of Childhood IPV

Narrative therapy explores the way people create stories about themselves and their lived experiences and therefore explores the way people make meaning of their unique experiences.

Control of lived stories starts and ends with the client. Clients are understood to be the experts in their own lives.

In working within a Narrative Therapy framework, a clinician can begin by first helping the client externalize “the problem.” The client can create a little distance between themselves and the problems by externalizing the issues. When they are no longer one and the same as the problem, the client can appreciate that the issue is simply one strand in a long-woven narrative of their life. As White & Epston, the thought leaders behind Narrative Theory, suggest: “The problem is the problem, the person is not the problem” (White & Epston, 1990). When applying this concept to survivors of childhood IPV, externalizing the issue of violence helps liberate the client from the oppression that comes from seeing themselves as intertwined with the violence. “Externalizing is an approach to therapy that encourages persons to objectify and, at times, to personify the problems that they experience as oppressive. In this process, the problem becomes a separate entity and thus external to the person or relationship that was ascribed as the problem” (White & Epston, 1990, p. 38).

With the newly gained distance from the problem, the clinician can then work with the client to see the old narrative they have constructed through a new lens, one in which they are the editor of their life story. The idea of reality as a subjective interpretation can be new to clients who often cling to dichotomous black or white thinking, right or wrong, good and bad. Specifically, clients will learn to appreciate the nuances of every person's reality. Clients will explore the ways in which reality is socially constructed and that there is no objective reality or absolute truth that exists in the world. Every interaction and dialogue with other people in the client's life impacts the way they experience reality. Therefore, reality is influenced by and defined through the limits of the language we possess. Even something the client may believe to

be true today can shift for them at a future point in time or took on a different significance in their history (Miller, Cardona, et al., 2007). According to Miller, Cardona, et al. (2007), “it is essential to give voice to the internal struggles that have been originated as a result of such abuse. The process of giving voice to such struggles is essential in the grieving process that follows such experience.”

A particular type of Narrative Therapy that has shown to be effective with adult survivors of childhood family violence is Life-Design Counseling. In this most-modern approach, counselors work individually with clients within a narrative framework to help them develop a vision for their professional and career goals. The underlying assumption in this theory is that when a client can be successful in one key aspect of their life, i.e., career, they will gain a sense of achievement and fulfillment which will carry into other areas of their life. In the study conducted by Venter & Maree (2020), life-design counseling allowed clients who were survivors of childhood violence in the family the opportunity to “express their feelings, discuss their past traumatic experiences, gain better insight into their behavior, and achieve a higher sense of emotional awareness and introspection.” The authors note how this insight enabled clients to begin building new and healthier self-identities, which ultimately helped them achieve their career goals.

Participants in the study originally presented with behaviors such as stress, anxiety, depression, difficulty with emotional regulation, lack of adaptability, and conduct problems. In addition to helping them reach goals and break through old patterns of thought, the counseling allowed participants to separate themselves from their issues and realize the impact exposure to family violence had and continues to have on their behavior towards others and their relationships with friends and family. Ultimately this narrative-based life counseling work

enabled clients to grow and succeed despite disruptions in their careers and supported clients in finding a new “self” that is more capable of navigating the ups and downs of life’s events (Pouyad, Cohen-Scali, et al., 2017).

The research conducted by Venter & Maree (2020) was able to show that clients increased their baseline scores on sense of mastery (optimism, self-efficacy and adaptability) and sense of relatedness (trust, support, comfort and tolerance), which indicates that the life-design-related intervention had a substantial effect on enhancing these vital personality characteristics.

Mindfulness-Based CBT in Working with Adult Female Survivors of Childhood IPV

Mindfulness-based CBT is a well-established therapeutic framework to help clients work through and ultimately come to terms with traumas experienced in their lives. In working with female survivors of childhood IPV, mindfulness-based CBT helps women focus on the present while facilitating awareness of emotions and while simultaneously helping clients reconnect to their bodies. The goal of the technique is to create self-acceptance, facilitate heightened awareness, and cultivate a sense of empowerment—all critical components of trauma recovery (Kane, 2006).

A key component of mindfulness-based CBT is the act of meditation. Research has focused on two forms of meditation, particularly when working with survivors of trauma: concentration meditation and mindfulness meditation. In concentration meditation, the client’s thoughts are directed toward something in particular, such as an object, word, image, or sound, the breath, or an emotion. When the client finds their mind wandering from the focus of their meditation, they are directed to gently return their attention back to their chosen focal point. By contrast, mindfulness meditation does not promote the focus of attention on a single point; instead, awareness follows thoughts, feelings, and sensations as they arise, flowing freely from

one to another. Although the approach to practice varies, the common thread running through all forms of meditation is the gentle directing back of the mind's attention when the client finds it wandering away from the meditation (Kane, 2006). As the name suggests, mindfulness-based CBT embraces mindfulness meditative techniques, allowing clients to follow their thoughts, feelings, and sensations and register them with gentle acknowledgment and awareness.

How does mindfulness-based meditation help bring about change in a client's life, especially when much of the damage was done years and years ago in childhood by a parent figure? Meditation helps clients achieve a metacognitive perspective on their lives and lived experiences. Going beyond simple cognitive awareness, meditation's goal isn't to change a person's thoughts but instead to help the client raise their level of awareness so that their thoughts can be viewed from some distance, with some perspective. Within this space, clients can view their thoughts more objectively as an outsider looking into their mind's repeating patterns, common themes, and reoccurring distress. They accept the feelings and cognitions as they appear, with no intention or burden to change what is. Instead, they gently accept, knowing the past cannot be changed. Intentions are then set for where they want to go from here and now. The themes of loving-kindness and acceptance are central to mindfulness-based meditation therapy; kindness and acceptance of ourselves, our thoughts, our worries, our friends and family, and even our adversaries, with the understanding that we are all trying our best and that this is enough.

According to the research by Kane (2004) with female survivors of IPV, meditation is credited with decreasing trauma symptomatology, increasing self-acceptance, increasing self-awareness, increasing cognitive control, strengthening a connection with the self, and facilitating disidentification from abuse. The research indicates that an integrative approach that combines

meditative practice with psychotherapy is more effective at healing trauma than was either intervention alone. In the study, all of the women felt “noticeably different” on days when they participated in meditation compared to the days when they did not meditate. They reported feeling calmer, more focused and centered, and more energized on the days that began with meditation (Kane, 2004). After six weeks of regular, daily meditation, the women reported less emotional reactivity to daily life stressors, more patience and tolerance with distress, and a generally more positive perspective on their life.

Conclusion

In our world today, the large majority of children, especially female children, are exposed to violence. As they grow up and face the consequences of their traumas, these women will present to therapists and psychologists with issues ranging from depression, anxiety, eating disorders, BPD, PTSD, and many other forms of mental struggles. As clinicians, we can help serve these women through a Narrative Therapy lens and a Mindfulness-Based CBT lens. Research has shown that a typical CBT framework alone is not as effective as using specialized approaches such as Life-Design Counseling (a modality of Narrative Therapy) and/or CBT combined with a meditative/mindfulness approach. By expanding our usual techniques and incorporating adjunct techniques to the mainstream theories, clinicians can help their clients achieve greater growth and reach their greater potential.

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