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# **TRAUMA, TRANSFORMATIVE LEARNING, AND POSTTRAUMATIC GROWTH: APPLYING THE HOLISTIC MODEL OF RELEVANCE**

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Sarasota, Florida, 2007

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# WELCOME TO OUR PRESENTATION!

## OBJECTIVES:

- Present the Holistic Relevance Model (HRM)
- Show which areas of relevance within the individual psyche are affected by trauma and how to address them
- Apply the model to the case of Janet.
- Apply the model to a trauma of your choice.
- Describe the dynamics of posttraumatic growth (PTG) and transformative learning (TL).
- Apply the model to identify interventions most conducive to PTG and TL

# THE HOLISTIC MODEL OF RELEVANCE

## ● PYRAMID OF RELEVANCE:

● Based on 5 elements of Greek philosophy (earth, water, air, fire, aether/spirit)

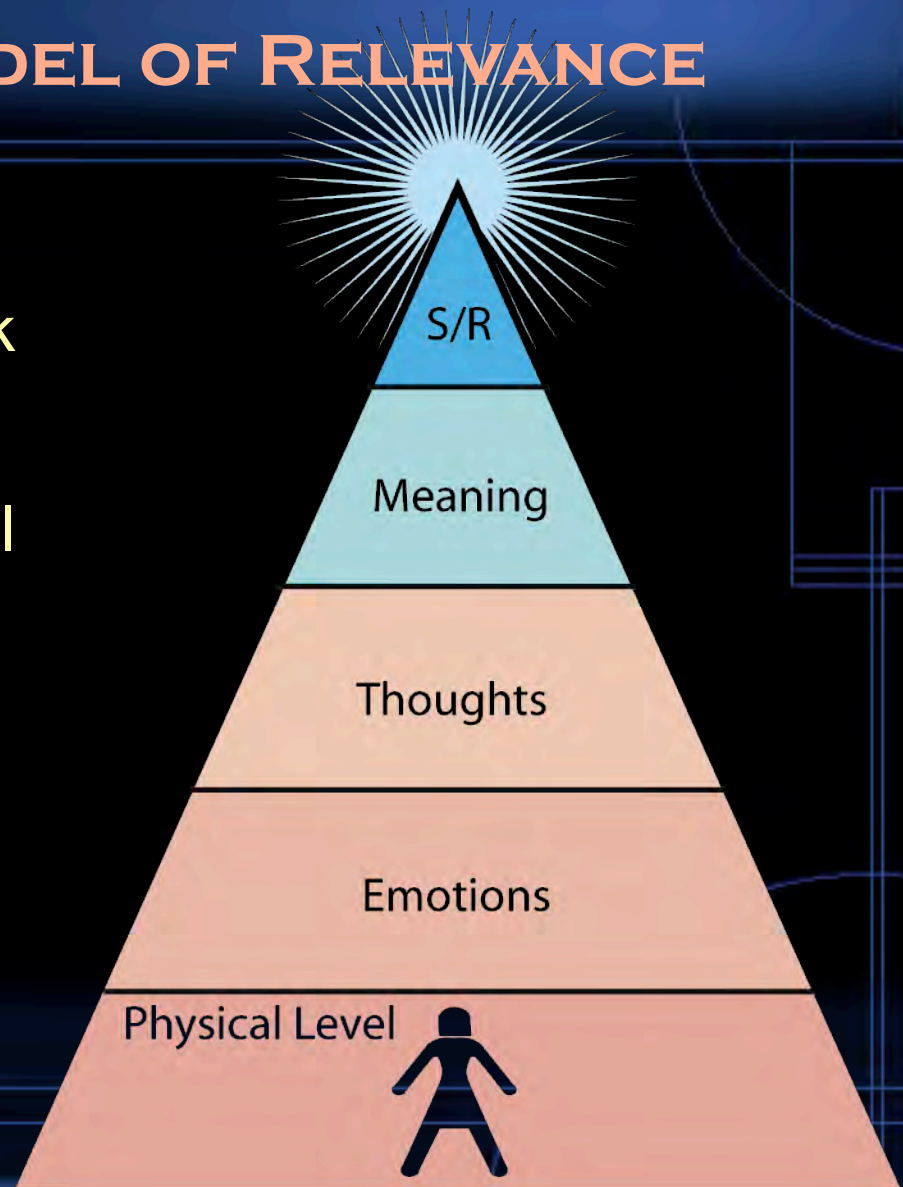
● Defines 5 areas of experiential relevance

● Mind level comprises 3 hierarchical levels

● Shows levels impacted by trauma, helps to choose appropriate interventions.

● Levels range from most concrete to most abstract

(for Greek element theory and Hippocratic humors see Jung, 1967;1953/1968; Benson, 2004; Huffman, 2005; Kersey & Bates, 1984).





# HOLISTIC MODEL OF RELEVANCE

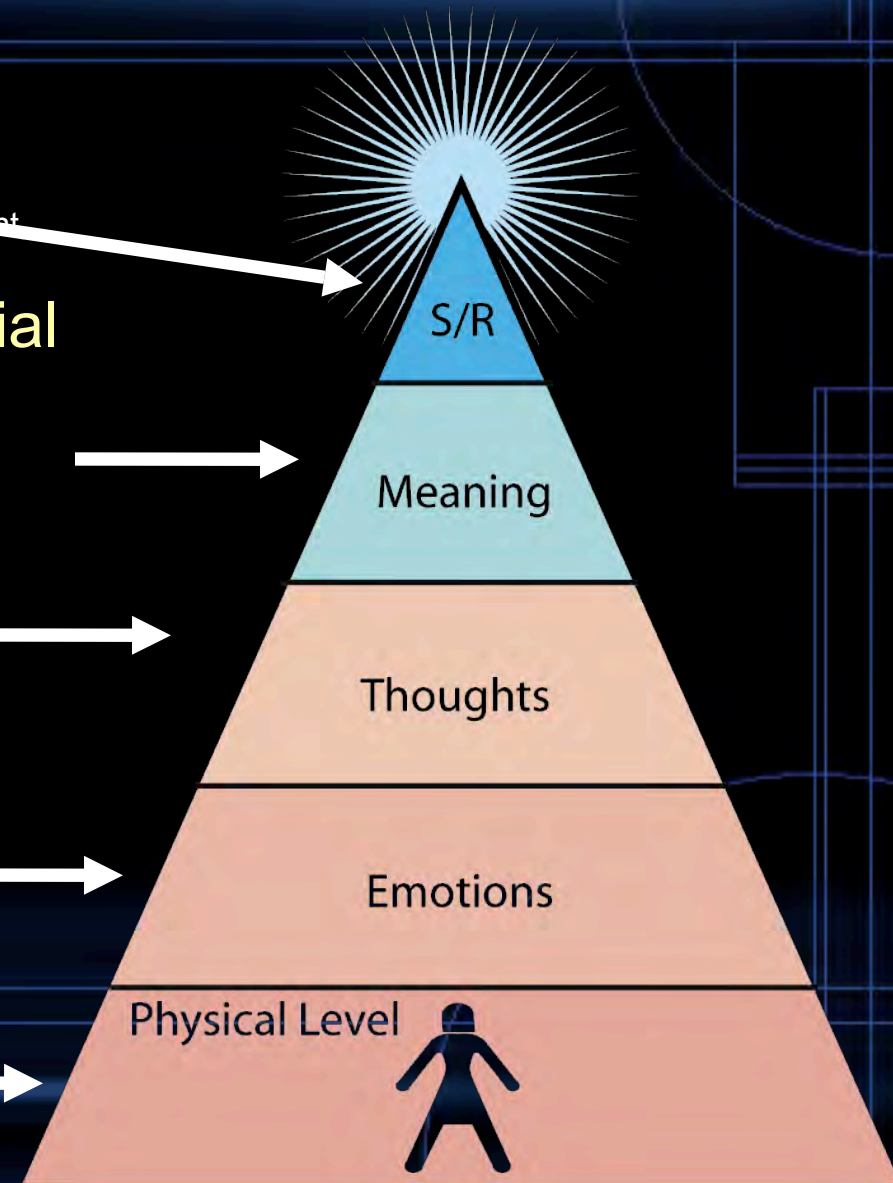
- Level 5: Abstract mind, spiritual/religious orienting system. (Pargament, Desai & McConnell, 2006).

- Level 4 : abstract mind, existential meaning perspectives, belief systems, world views, assumptions, how we know.

- Level 3: The concrete mind, cognitive processes, thoughts, beliefs, knowledge, what we know.

- Level 2, water: Feelings, emotions, relationships, love, sexuality.

- Level 1, earth: Physical body, home, job, money, car, physical environment and BEHAVIOR.



# THE 5 LEVELS INTERACT TO PROVIDE WHOLENESS TO INDIVIDUAL CONSCIOUSNESS

From the top  
down:

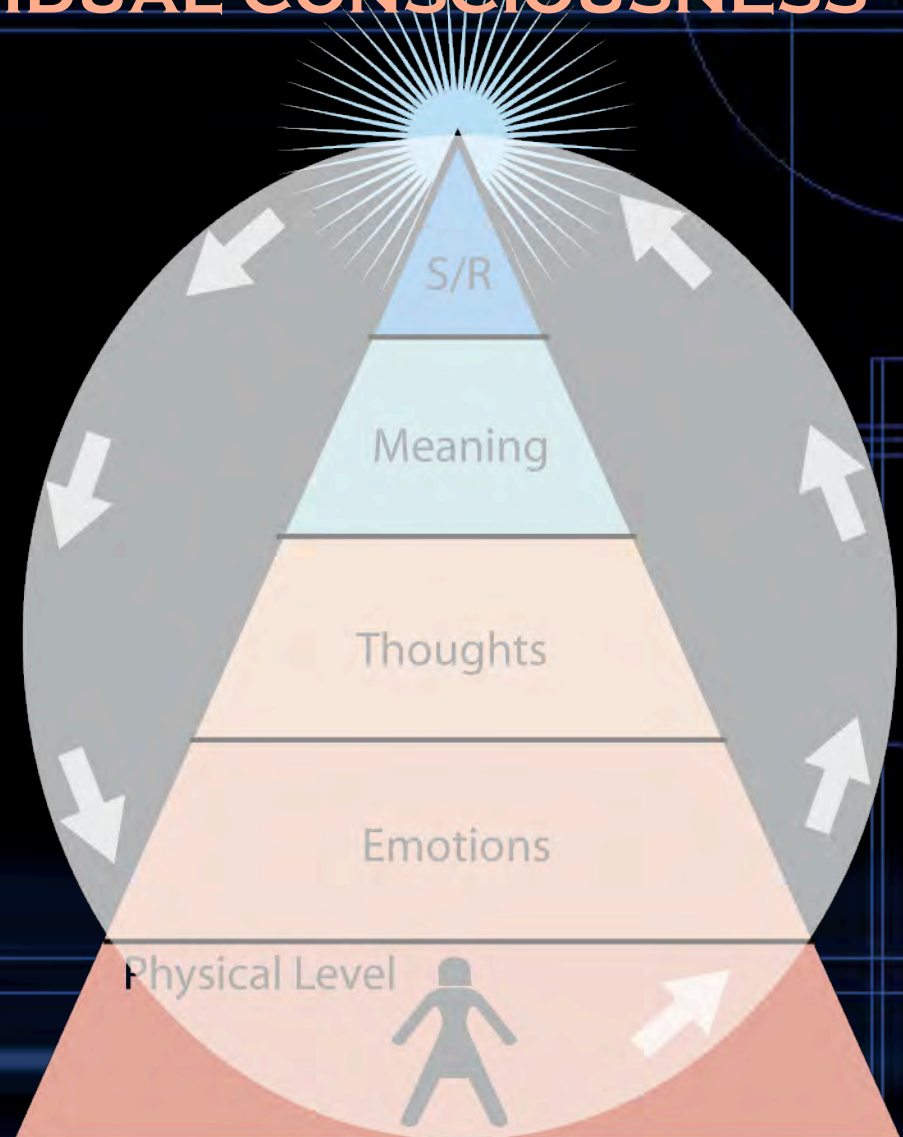
Level 5: spiritual orienting system, influences -

Level 4: worldview, assumptions about the world, meaning we attribute to experiences, influences -

Level 3: our thoughts, which influence -

Level 2: how we feel, how we relate, which direct -

Level 1: how we act



# THE 5 LEVELS INTERACT TO PROVIDE WHOLENESS TO INDIVIDUAL CONSCIOUSNESS

## From the bottom up:

Level 1: What happens on the physical level, our body, genetics

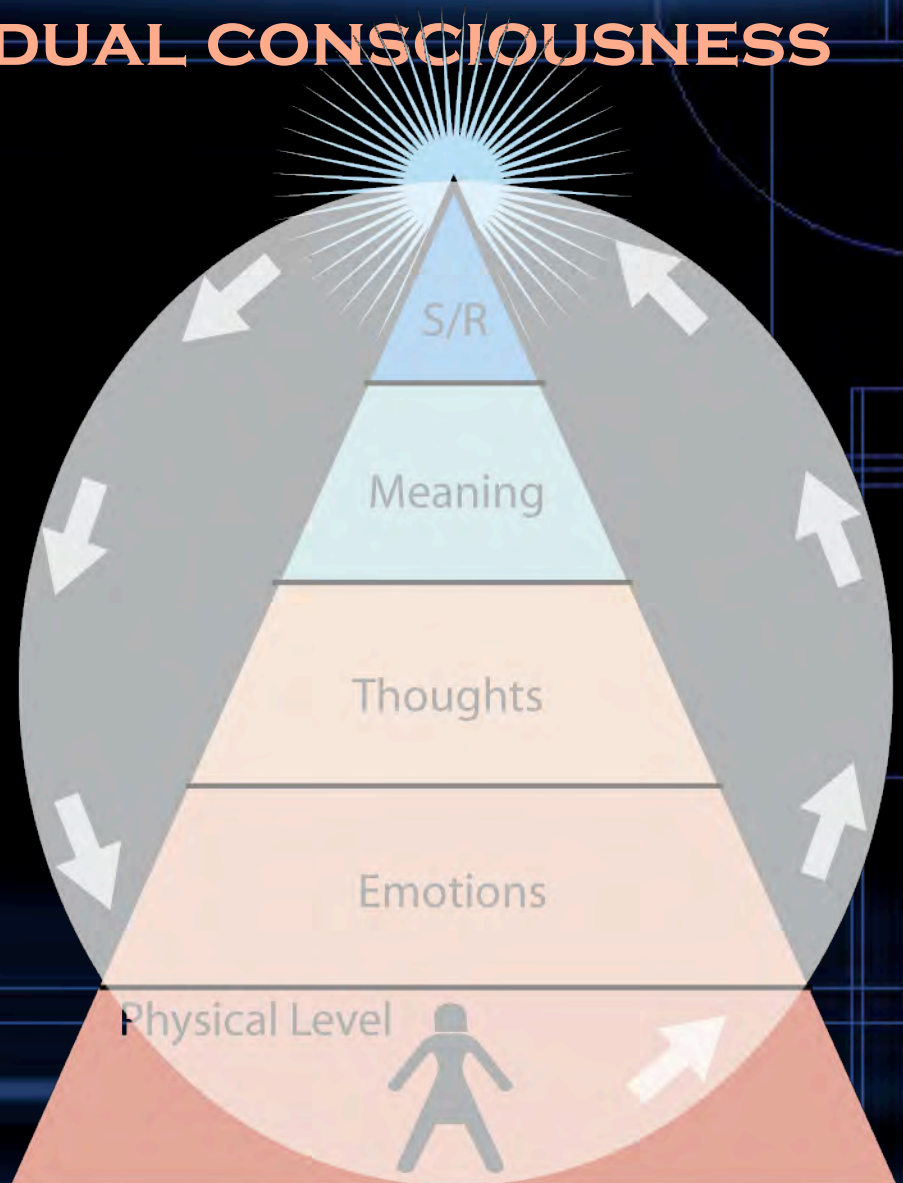
affect our reality,

Level 2: influence our emotions,

Level 3: our thoughts,

Level 4: the way we make sense of the world and

Level 5: feeds back into our spiritual/religious orienting system



# WHAT IS TRAUMA?

- DSM-IV-TR (APA, 2000) qualifies a traumatic event as a diagnostic criterion for posttraumatic stress disorder (PTSD) if both of the following conditions are met:
  - 1. “A person experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury or a threat to the physical integrity to self or others”.
  - 2. “The person’s response involved intense fear, helplessness or horror” (DSM-IV-TR, 2000 p. 467).



# TRAUMA STATISTICS:

(BASED ON DSM-IV-TR CRITERIA, [APA, 2000])

- **Lifetime trauma prevalence in the United States is estimated at above 75%** (Based on DSM-IV-TR criteria [APA, 2000], Monson & Freidman, 2006).
- **94 % of trauma victims experience some PTSD symptoms** (Monson & Freidman, 2006).
- **25 % of traumatized individuals develop full blown PTSD** (Keane, Weathers & Foa, 2000).
- **Life threatening vehicular accidents: 20 %** (Blanchard & Hickling, cited in Briere & Scott, 2006).

# ACTUAL TRAUMA PREVALENCE MAY BE MUCH HIGHER THAN ESTIMATES INDICATE:

- Thousands of traumatic events that don't conform to DSM-IV-TR categories, such as **betrayal**, are not included into available statistics.
- Victims too **afraid, ignorant, or ashamed to report** their traumas, suffer alone, isolated, and in silence (Briere & Scott, 2006).

# THE HRM APPLIES WELL TO NON-DSM-IV-TR TRAUMAS

- Some traumas may not fit well into DSM-IV-TR categories because there is no immediate visible threat to life or physical integrity, no physical clue.
- These traumas are often the most difficult to heal since the cause is not immediately apparent.
- The HRM is helpful to conceptualize psychological traumas with invisible damage:
  - betrayal,
  - verbal abuse,
  - sexual molestations
  - neglect by caregivers
  - Such as soldiers returning home from the war and finding much of the nation opposed to a cause they risked their lives to win.

# APPLYING THE MODEL TO A TRAUMA OF YOUR CHOICE:

- 1. Think of a trauma experienced by someone you know. You may base your selection on the previously described DSM-IV-TR criteria.
- 2. Or you may choose a trauma that doesn't exactly conform with current DSM-IV-TR criteria.
- 3. Choose a trauma that is difficult to "get over" or where the person still has PTSD.
- 4. Describe this trauma on the worksheet included in of your handout.



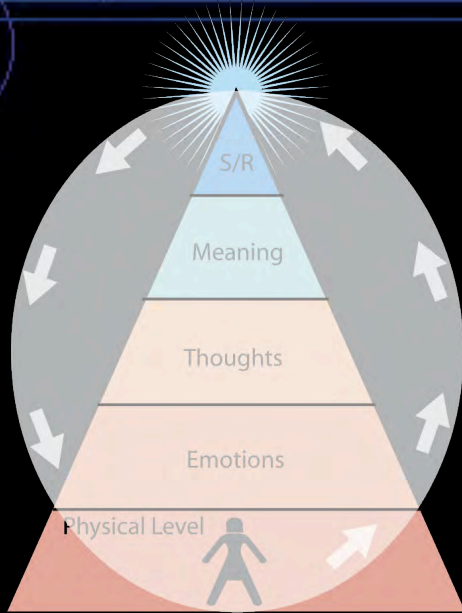
# THE CASE OF JANET'S CAR CRASH:

- Janet, is a white female, single mother, 45 years old.
- Husband Joe died in car crash 8 years ago after son Joey was born. Janet adjusted, enjoys independence, is going back to college.
- Driving home from class at night, Janet's car is totaled by a drunk driver. ER report shows no serious injuries, is fitted with a neck brace.
- Sister Julie, a conservative, born again Christian, is closest living relative. Blames her for being careless on the road, for driving to classes so late, and for not marrying a man to take care of her.

# JANET'S CAR CRASH CONTINUED

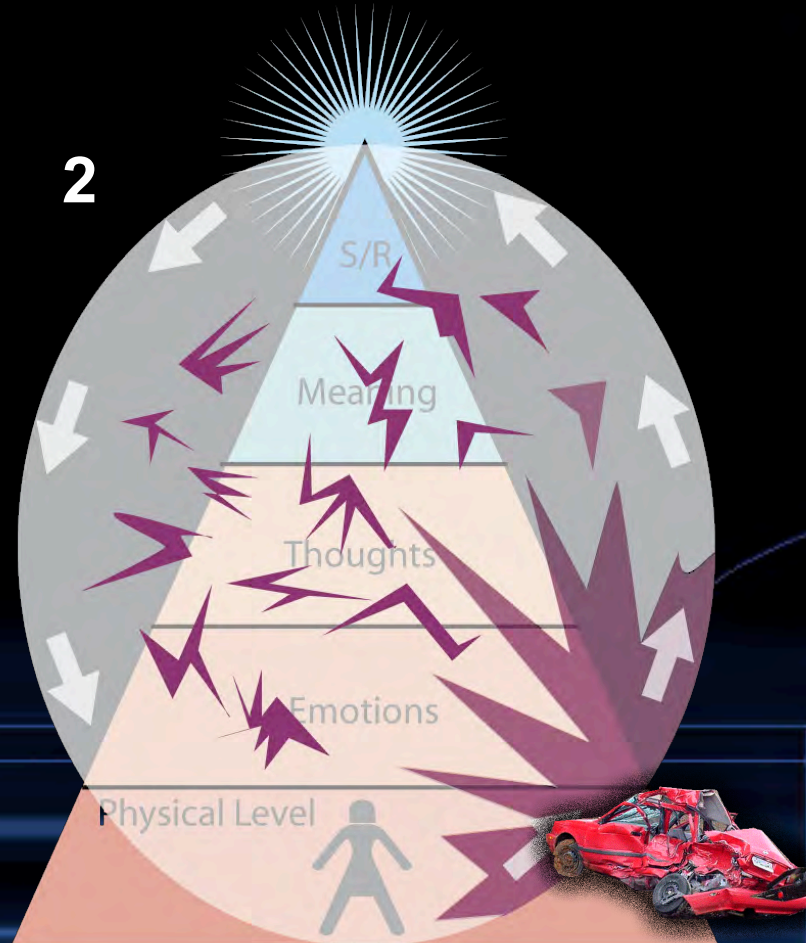
- Months later:
- Janet suffers from lack of concentration , crying, confusion, insomnia, nightmares, severe headaches. Refuses to drive; is about to loose her job. No physical causes for her distress are found.
- Family doctor prescribes medications, suggests counseling.
- Janet is diagnosed with PTSD, starts cognitive-behavioral therapy. Janet now drives short distances; all other symptoms persist.

1



# HOW TRAUMA AFFECTS THE 5 LEVELS OF RELEVANCE, DISTURBING COGNITIVE FLOW AND MEANING MAKING

2



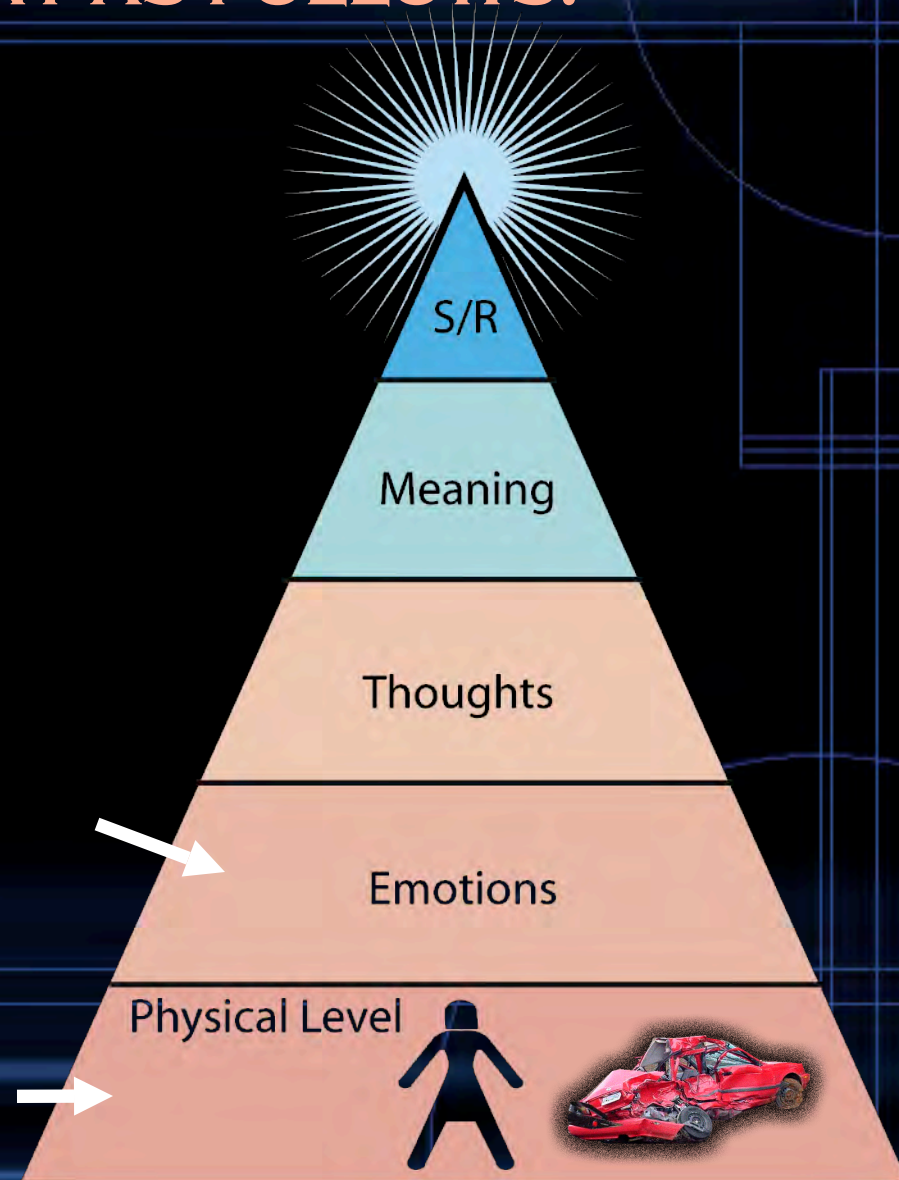
# JANET'S LEVEL 1 AND 2 ARE AFFECTED BY THE CAR ACCIDENT AS FOLLOWS:

## 2. Emotional level:

- Fear of cars, driving, fear her son could be orphaned, shock, guilt, isolation, inadequacy.

- She wonders why her sister's presence doesn't seem to make her feel better the way it usually does

- 1. Physical level:, financial, legal, insurance, medical, and transportation issues.





# THE CAR CRASH AFFECTS JANET'S LEVEL 3

- 3. Mental, concrete thought level:

Disbelief, confusion, intrusive and irrational thoughts.

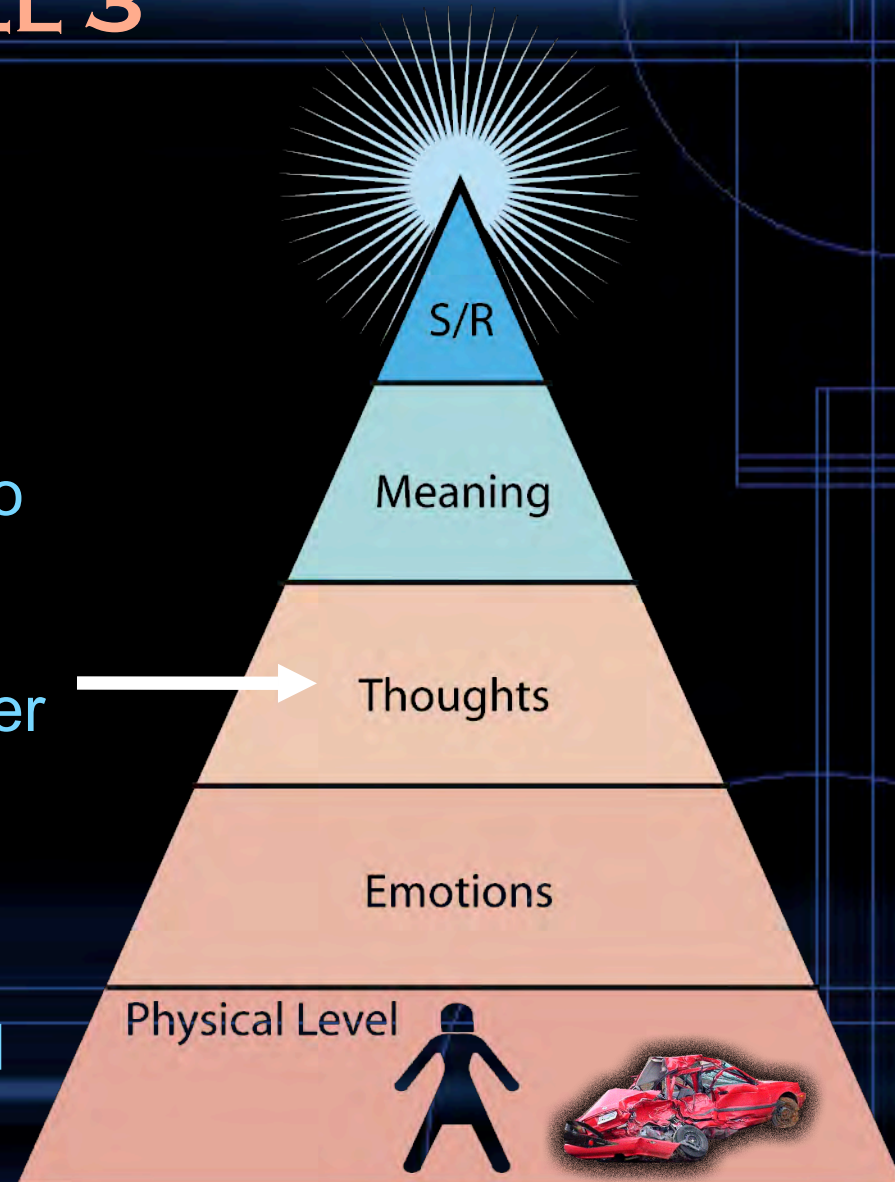
“How could this have happened to me?”

“What did I do wrong?”

“Should I have gotten married after Joe died like my sister wanted me to?”

Was going back to school a bad decision?”

“Driving is so dangerous, I should never drive again.”



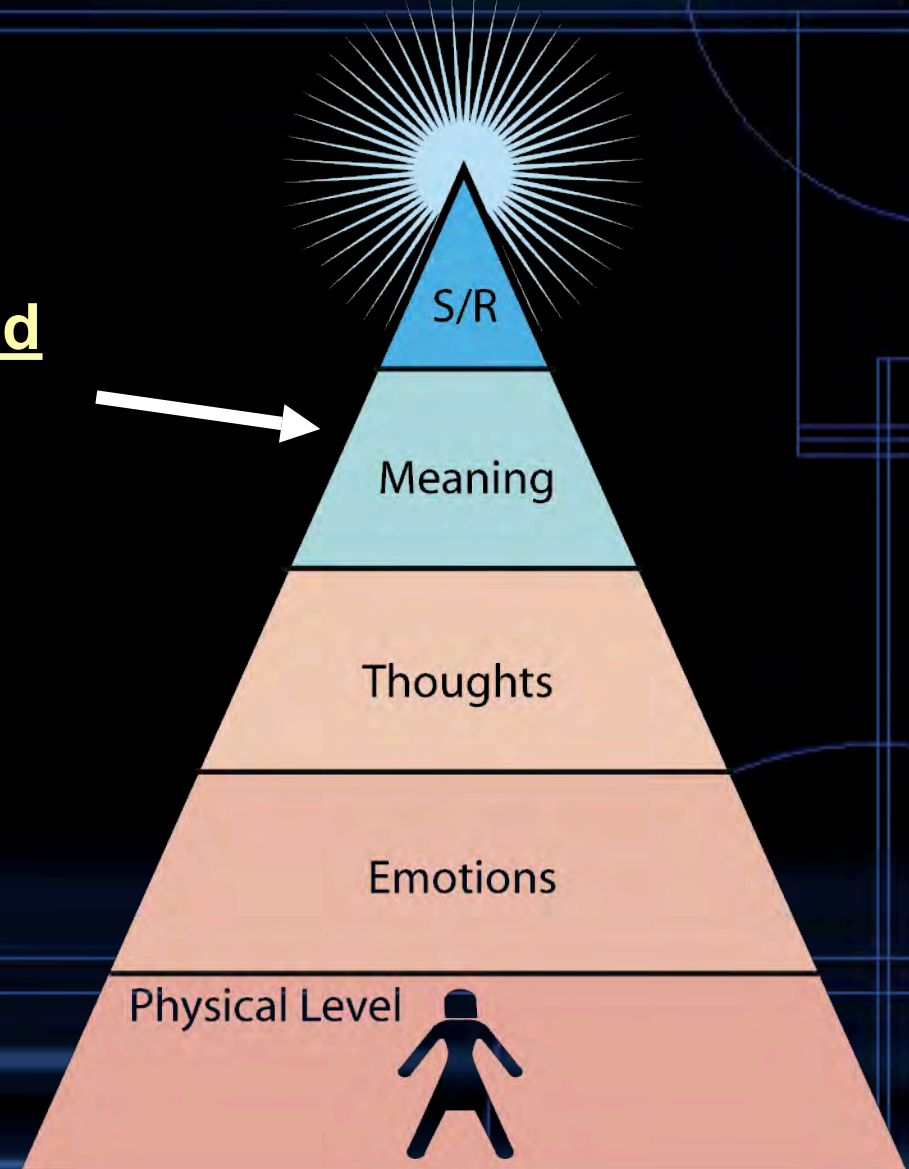
# APPLY THE MODEL TO THE TRAUMA YOU CHOSE :

- Briefly answer the following questions on the worksheet :
- 1. How did this trauma affect the person on the physical level - body, health, finances, job, behavior etc..?
- 2. How did this trauma affect that person's emotional/feelings and relationship level?
- 3. How did this trauma affect the mind and thoughts of this person?

# JANET'S 4<sup>TH</sup> LEVEL OF RELEVANCE IS AFFECTED WHEN HER ASSUMPTIVE WORLD IS CHALLENGED

## 4. Abstract mental level: meaning perspectives and the assumptive world:

“...a conceptual system,  
developed over time, that  
provides us with  
expectations about the  
world and ourselves.” (Janoff-  
Bulmann, as cited in Corr, 2002, p. 130)



# WHAT IS THE ASSUMPTIVE WORLD?

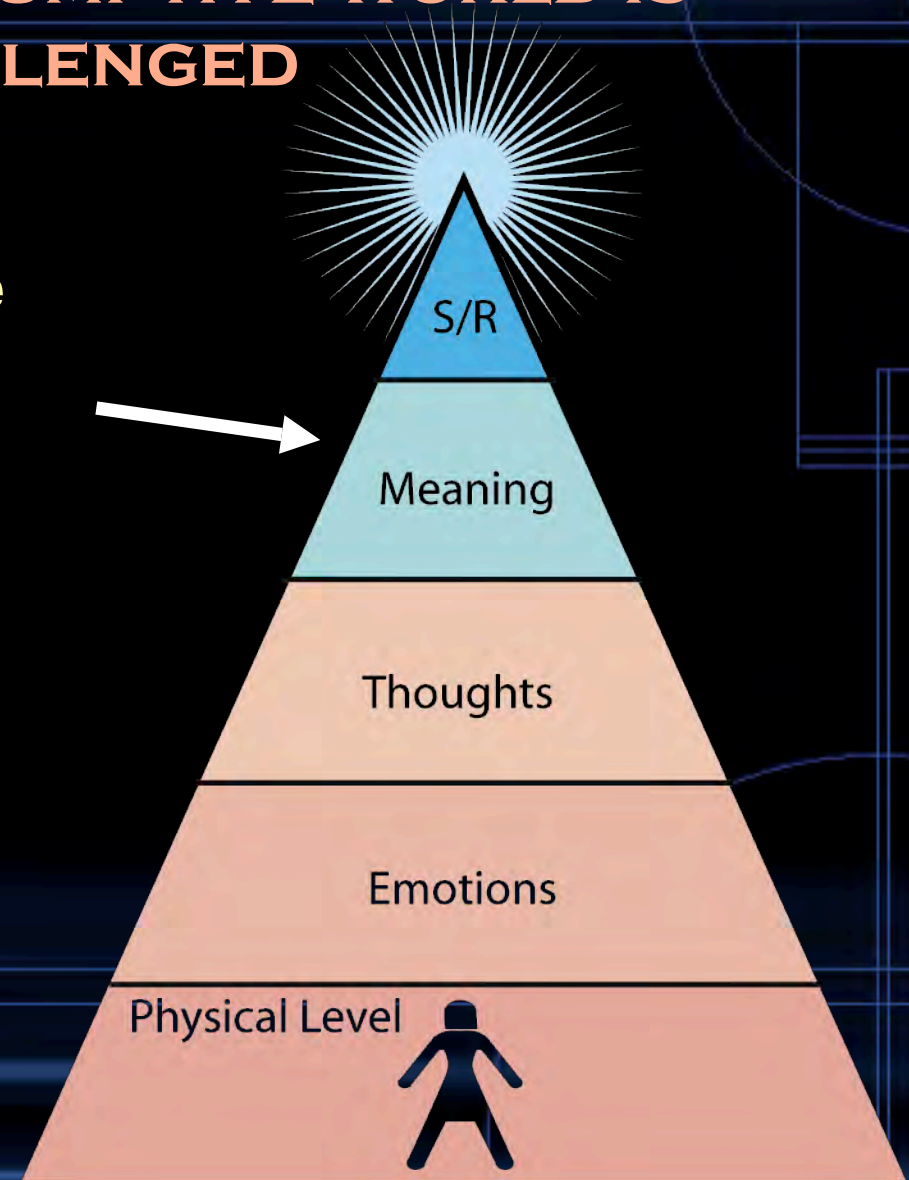
- **“...our most fundamental assumptions... are those that are most abstract and general as well as most pervasive in their applicability.”** (Janoff-Bulmann, as cited in Corr, 2002, p. 130).
- Our fundamental assumptions about the world are the building blocks of our worldview. They are the “bedrock of our conceptual system...we are least aware of and least likely to challenge” (Janoff-Bulmann, as cited in Corr, 2002, p. 130).



# JANET'S 4<sup>TH</sup> LEVEL IS AFFECTED WHEN HER ASSUMPTIVE WORLD IS CHALLENGED

- **4. Abstract mental level:**  
**Most individuals hold the following assumptions about the world:**

- A. The world is safe; people are benevolent.
- B. Life is meaningful, events make sense because there is justice and I have control.
- C. I am worthy, good, capable, and moral (Janoff-Bulmann, 2002, 2006; Kaufman, 2002; Hillman, 2002).



## JANET'S BASIC ASSUMPTIONS ABOUT THE WORLD ARE SHATTERED:

- **The world no longer feels predictable and safe**
  - **She is no longer sure all people are benevolent.**
- “I am terrified and confused all the time. I no longer know what to expect, whom to trust, and what to believe...”
- **Life no longer seems fair, Janet no longer feels in control. Her personal vulnerability is exposed.**
  - **Janet no longer feels as capable, or even worthy or moral as before:**

“I thought that people would act reasonably toward me if I was responsible, careful, and good to them. Now I am afraid that people and events are unpredictable, random, chaotic. I thought that as long as I drove responsibly I would be safe from danger. Now I am afraid that I have no control at all!”

# TERROR MANAGEMENT THEORY (TMT)

- States that:
- “the juxtaposition of a biological inclination toward self-preservation common to all life forms with the uniquely human awareness that this desire will be ultimately thwarted, and could be at any time, gives rise to potentially debilitating terror.”
- “This terror is managed by the construction and maintenance of cultural worldviews” (Solomon, Greenberg & Pyszczynsky, 2004).
- Cultural worldviews usually include a preferred religious/spiritual tradition.

## BLAMING THE VICTIM TO PRESERVE ONE'S ASSUMPTIVE WORLD IS COMMON

- **Janet had automatically partially blamed Joe for his accident.**
- **Family, friends, or the public at large may at times instinctively engage in blaming the victim for somehow “causing” the trauma in order to avoid a challenge to their own assumptive world** (Janoff - Bulman, 1992; Hillman, 2002, DePrince & Freyd, 2002)



# EXISTENTIAL DESPAIR AND IRRATIONAL THOUGHTS

- **One shattered assumption may generate many “irrational thoughts”** : “I feel as if something horrible will happen anytime. I don’t want to risk driving at all”.
- **Janet may fall into existential despair**: “I am not sure I want to continue living in such an unpredictable and dangerous world where life can be taken away from me at any time.
- **Existential despair may trigger suicidal ideation**. “I don’t know ho to handle this world anymore. I’d rather be dead”.

# SHATTERED LEVEL 4 ASSUMPTIONS NEED MEANING RECONSTRUCTION

**The conscious evaluation of a traumatic event often uncovers core illusions and flaws in the assumptive world** (Corr, 2002).

- **Shattered assumptions about the world need meaning reconstruction**
- **Meaning reconstruction often results in changed self-perception** (From Janoff- Bulman, 2002, 2006, Kauffman, 2002; Harvey, 2002).

## LEVEL 4 EXISTENTIAL ISSUES THAT MAY EMERGE AFTER TRAUMA:

- Existential issues triggered by trauma (Cooper, 2005); examples according to Yalom (1980) include:
  - Life and death, fear of death,
  - Freedom and responsibility, control and loss of control
  - Decision making and choices,
  - Facing existential anxiety about difficult choices
  - Facing existential loneliness and isolation
  - Disruption of Meaning, ultimate meaninglessness of life etc...

# YOUR CHOSEN TRAUMA AND THE MODEL'S LEVEL 4

- Has this trauma challenged or even shattered this person's pre-trauma assumptions such as:
  - A. The world is safe; people are benevolent.
  - B. Life is meaningful, events make sense (there is justice and I have control).
  - C. I am worthy, good, capable, and moral (Janoff-Bulmann, 2002, 2006; Kaufman, 2002; Hillman,
- How so?
- Has this trauma brought up existential issues for the client? Why, how so?
- Describe this in the space provided on your worksheet.



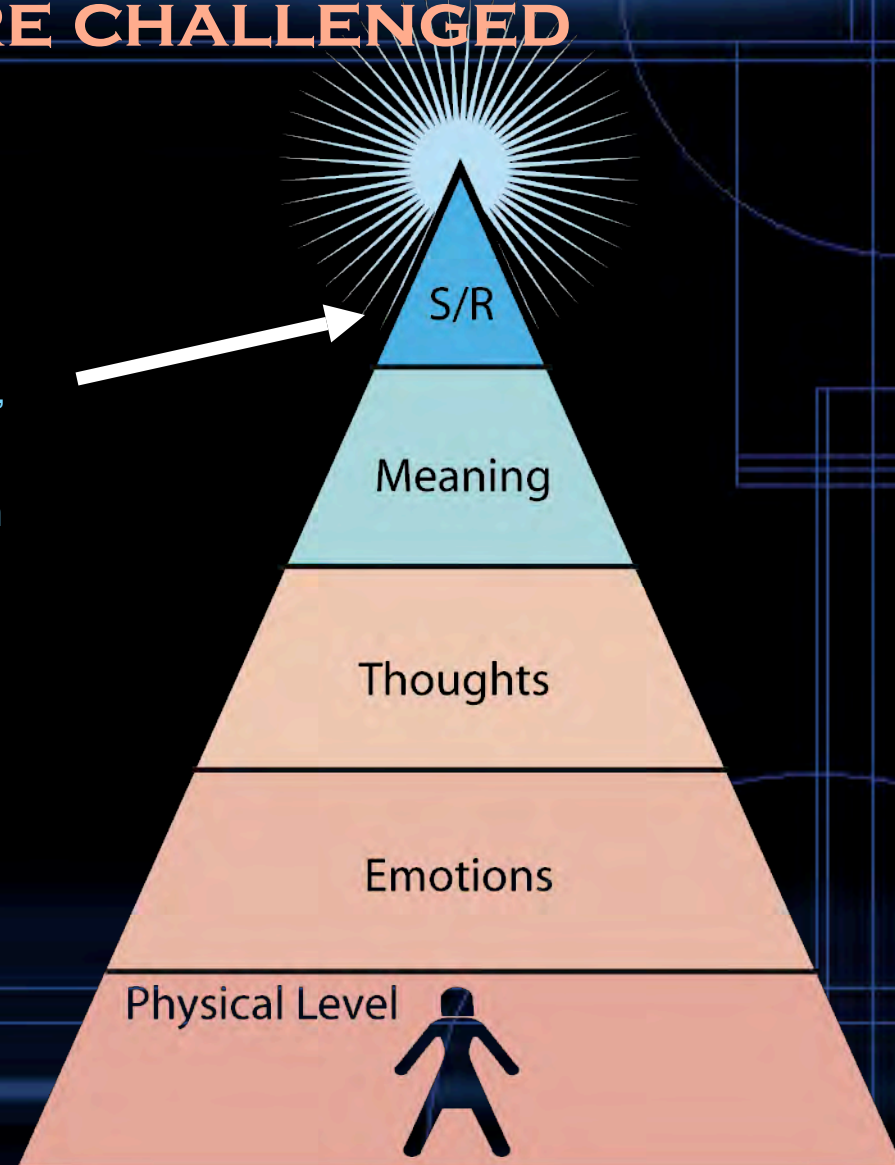
# JANET'S LEVEL 5 SPIRITUAL / RELIGIOUS ASSUMPTIONS ARE CHALLENGED

## 5. Spiritual meaning level:

- **Janet is confused and distressed about important issues not addressed in her CBT** (Elliott et al. 2005):

- “Where was God when that irresponsible driver ran the light and hit my car? If He is so almighty, why did he not prevent that driver from drinking and driving?”
- “I could have died and my son would have been orphaned. What kind of God would want this fate for an innocent child like Joey?”
- “Is this the same God I though I had built a relationship with all these years?”
- “Does He even exist?”
- “I thought that as long as we followed God’s rules he would watch out for us, that accidents only happen to those that deserve them. Because I was a good, moral, practicing Christian I did not deserve this”.
- “I no longer know what to believe!”

- **Janet experiences an existential and spiritual crisis. She questions her faith, her understanding of God, and religious rules of conduct** (Doka, 2002; Neimeyer, 2006; Calhoun & Tedeshi, 2006).



# WHEN SPIRITUAL MEANING IS CHALLENGED OR SHATTERED:

- When trauma challenges the spiritual/religious orienting system, a thorough reevaluation is needed (Doka, 2002).
- Depending on individual circumstances, family, friends, and congregation may not always be helpful at this point.
- To protect their own spiritual orienting system from challenge, people may fiercely defend their beliefs and blame victims for bringing the trauma upon themselves (Janoff - Bulman, 1992; Hillman, 2002, DePrince & Freyd, 2002) as was the case with Janet's sister.

# SOME TRAUMAS DON'T CHALLENGE THE SPIRITUAL/RELIGIOUS ORIENTING SYSTEM

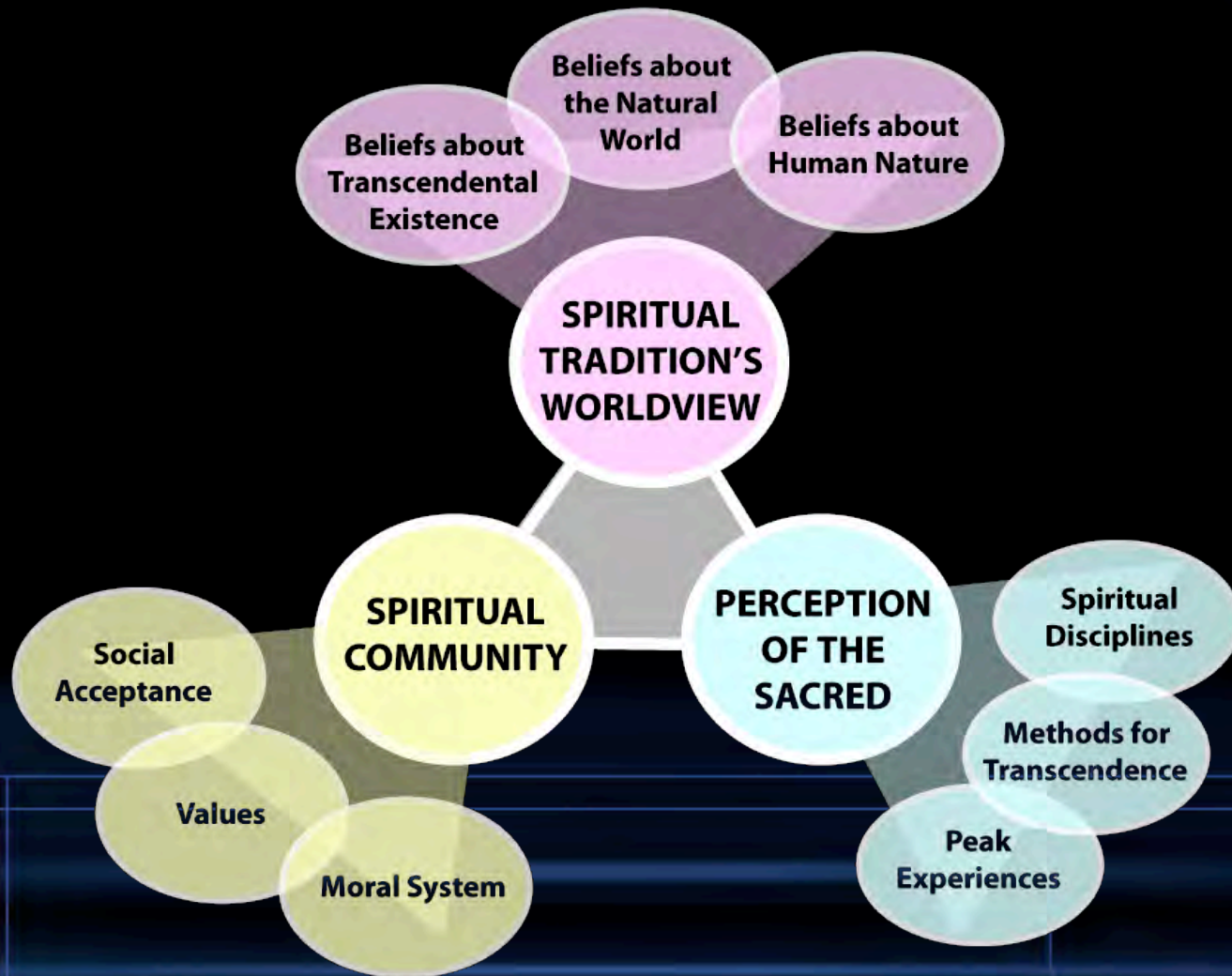
- Trauma doesn't challenge level 5 assumptions if it falls within a person's existing spiritual/religious expectations (Doka, 2002).
- For example, the death of a beloved grandparent may be a painful loss, yet fail to disrupt spiritual meaning structures - death at old age is considered a normal part of the life-span.

# COUNSELING SUGGESTIONS FOR DISRUPTED SPIRITUAL/RELIGIOUS MEANING:

- Timing is very important. Spiritual beliefs should not be challenged indiscriminately. They need to be addressed when the client seems ready to address them or the result may do more harm than good (Doka, 2002).
- If the client appears ready, counselors may guide clients through the 5 levels of the model and explain how spiritual beliefs and existential questions may influence their thoughts, feelings and actions or even block progress if left unexamined.
- Counselors may then proceed to ask clients directly how the traumatic event and its after effects are affecting the client's spiritual/religious meaning perspectives and assumptions and help the client work through these issues (Doka, 2002).



# DIMENSIONS OF SPIRITUALITY TO BE ADDRESSED IN THERAPY



# SPIRITUALITY IN AMERICA

AUGUST 29, 2005



- 79% of Americans describe themselves as spiritual
- 79% believe people of other faiths can also attain salvation
- 40% prefer to pray alone
- 24% describe themselves as spiritual but not religious

# CLIENTS, COUNSELORS, AND THE SPIRITUAL ORIENTING SYSTEM

- Psychology has a history of atheism/ agnosticism due to its affiliation with the scientific paradigm.
- Famous figures in psychology were atheists or actively against religion, such as Freud and Ellis.
- Vast majority of US citizens are religious or believe in God. The number of agnostic or atheist therapists is much higher than the in the population at large.
- Some therapists may hold fundamental religious views.
- Therapist can help clients best with level 5 issues if they work with the client's worldview. Attempting to re-educate them toward fundamentalist religious beliefs, or hoping to elevate them above the need for using religion or spirituality as a “crutch” or pathological illusion would be harmful.

# POSSIBLE OUTCOMES OF A VICTIM'S SPIRITUAL MEANING RECONSTRUCTION:

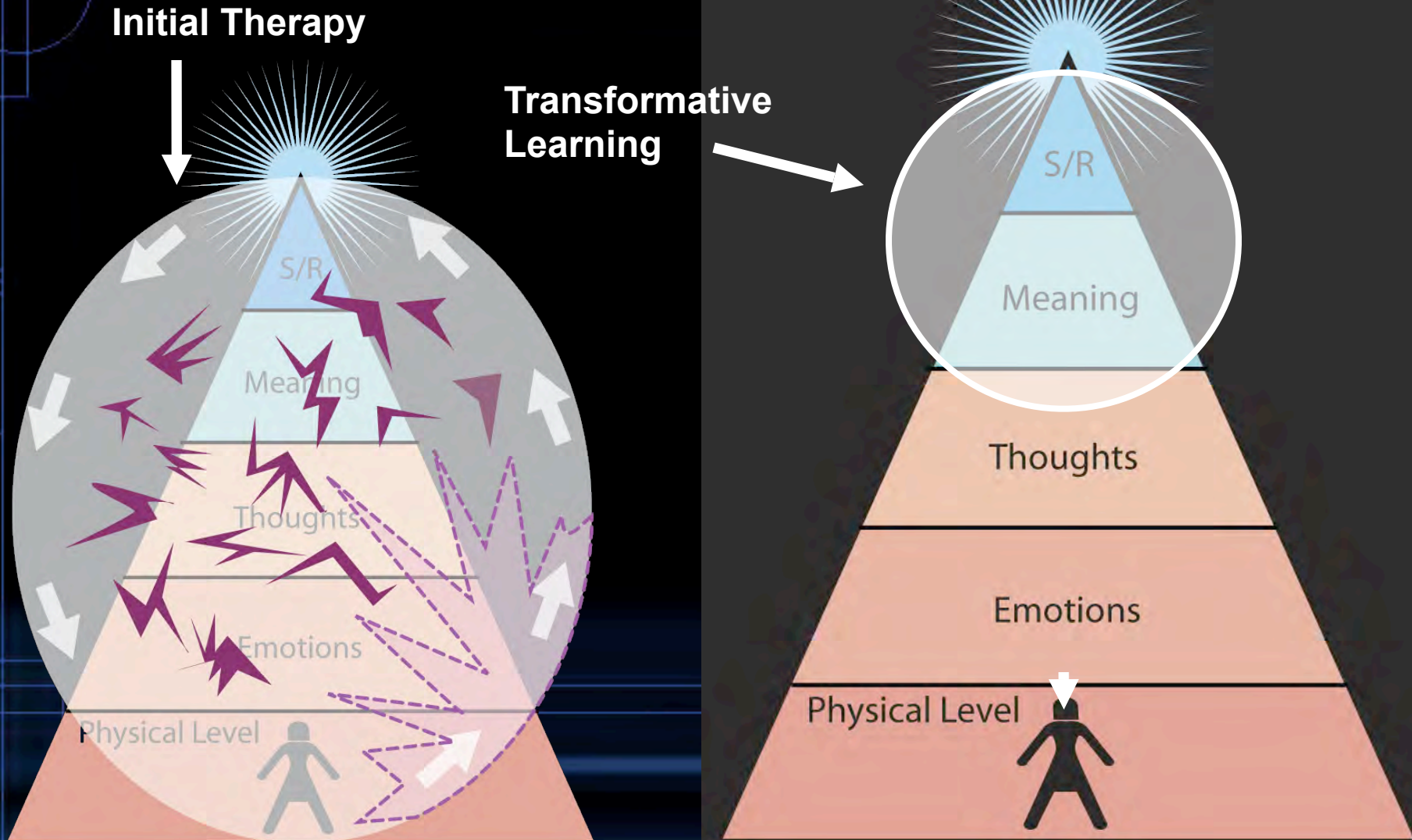
- 1. Conclusion that the existing spiritual meaning structures and beliefs are still valid.
- 2. Change and/or deepening of the spiritual meaning structures within existing affiliation or faith.
- 3. Extensive revision of religious/spiritual beliefs, even a change of affiliation, such as from Christianity to Buddhism or from organized religion to individual spirituality.
- 4. The realization that the person's existing spiritual meaning structures are inadequate to integrate this event, but no other alternatives seem viable at the moment. Person remains in pain.
- 5. Development of a more enduring and resilient spirituality which allows for some areas of mystery that may never have answers, yet integrates the seeming unfairness of life, and includes a revised image of the Higher Power (Doka, 2002; Clahoun & Tedeshi, 2006; Greenberg, Koole & Pyszczynski, 2004).



# YOUR CHOSEN TRAUMA AND LEVEL 5 OF THE HRM:

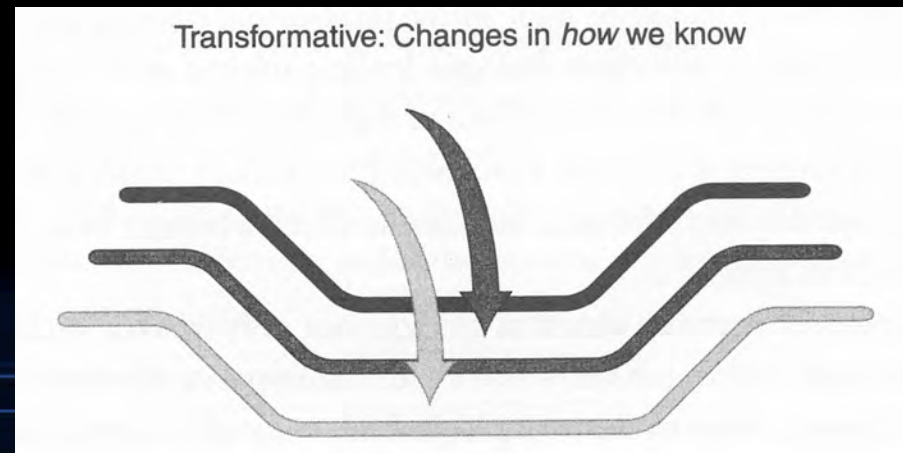
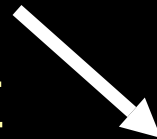
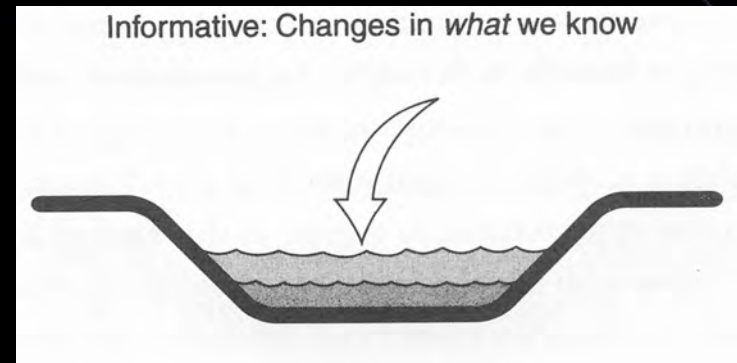
- 1. Has this trauma challenged any of the person's pre-trauma religious or spiritual beliefs or assumptions?
- If so, describe in you worksheet how, why, which aspects may have been challenged.

# POSITIVE POSTTRAUMATIC OUTCOMES MAY NEED TRANSFORMATIVE LEARNING:



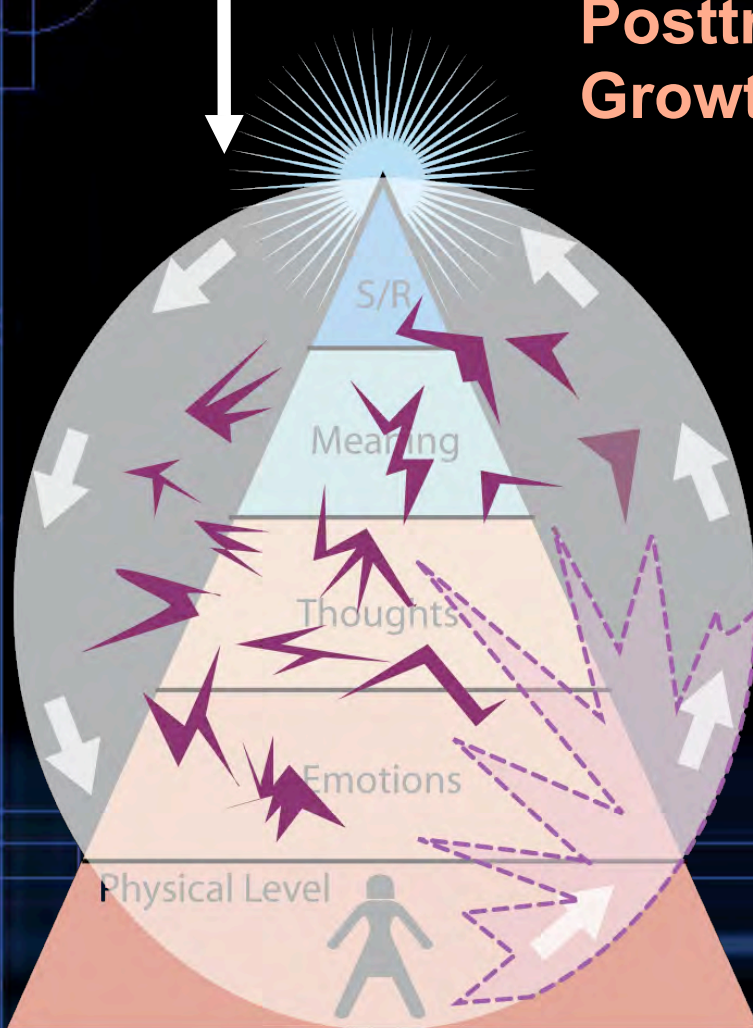
# INFORMATIVE VERSUS TRANSFORMATIVE LEARNING:

- INFORMATIVE learning changes what we know
- TRANSFORMATIVE learning changes how we know (Kegan, 2000).
- Transformative learning requires critical thinking (Kegan, 2000; Brokfield, 2000; Mezirow, 1991,2000; Taylor, 2000).

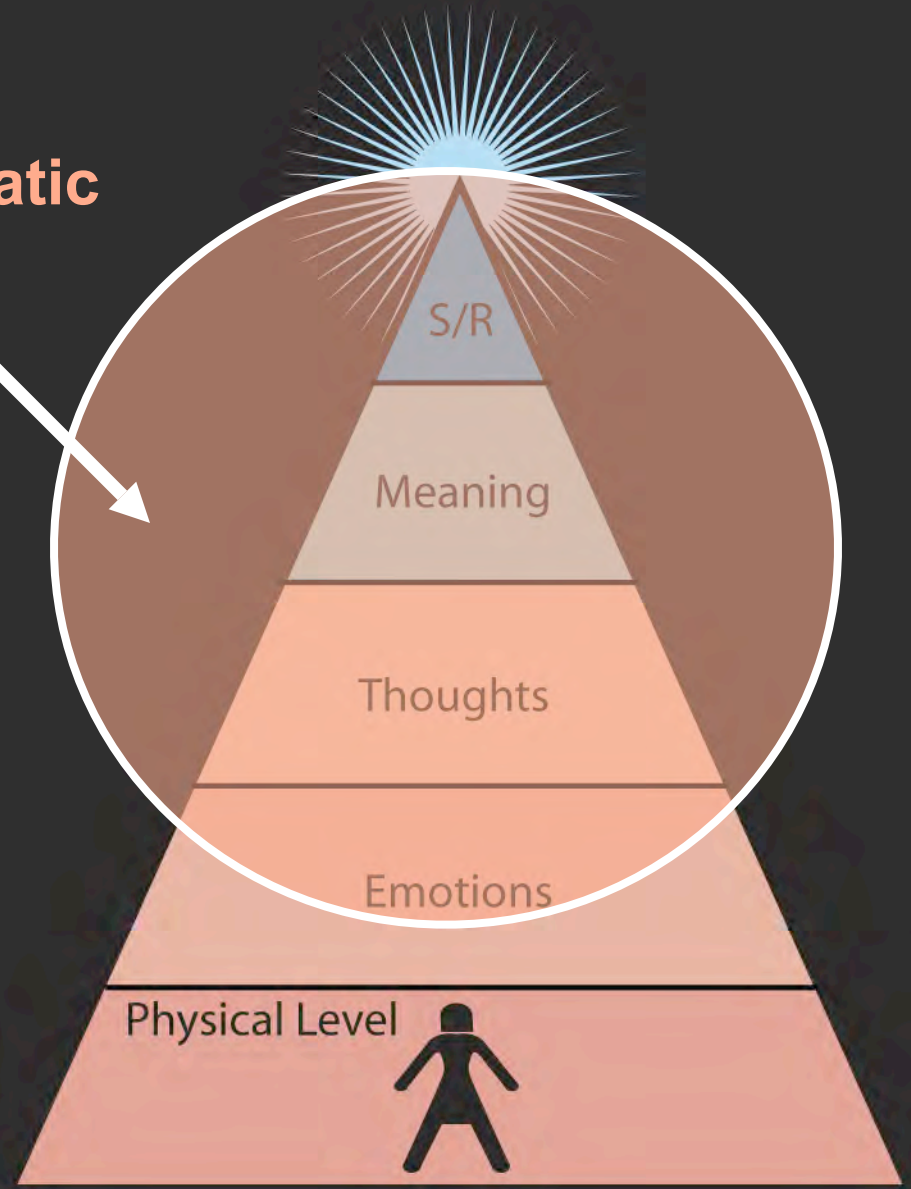


# POSTTRAUMATIC GROWTH

Initial Therapy



Posttraumatic Growth





# POWERFUL TRANSFORMATION AND POSITIVE DEVELOPMENT OFTEN OCCURS AT THE MEANING LEVEL

- Assumptions about the world are often invisible or transparent, like glass in a window, we see through them without noticing they are there, unless disrupted by trauma.
- Trauma contains tremendous potential for growth and transformation :
- 1. To look directly at meaning perspective and assumptions,
- 2. Understand existing assumptions,
- 3. Discard assumptions that are no longer valid
- 4. Replace them with other, more appropriate assumptions.

# POSTTRAUMATIC GROWTH

**PTG research shows changes in 3 areas:**

- A. Ones' philosophy of life A greater appreciation of life and small joys.

Enhanced spirituality.

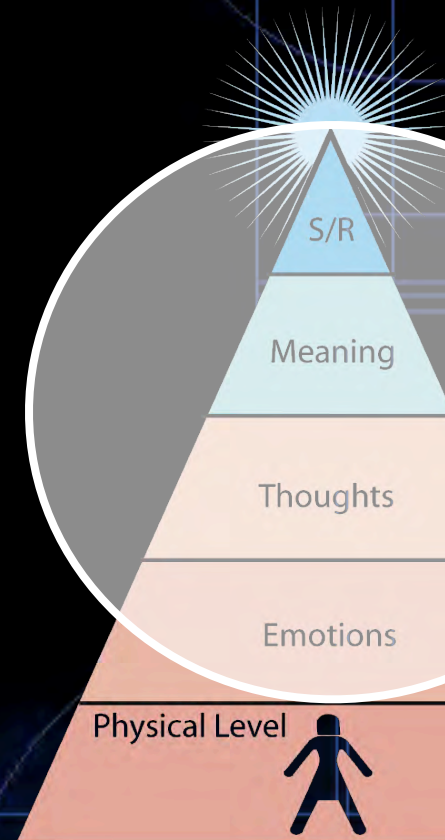
- B. The perception of self:

Through existential reevaluation and reconstruction of the challenged or shattered assumptive world

- C. One's relationship to others:

Perception of others is transformed, intimacy and compassion is deepened. Fewer, more meaningful relationships are sustained.

**Failed transformation and PTG may result in depression, cynism and existential despair !** (Calhoun & Tedeshi, 2006).



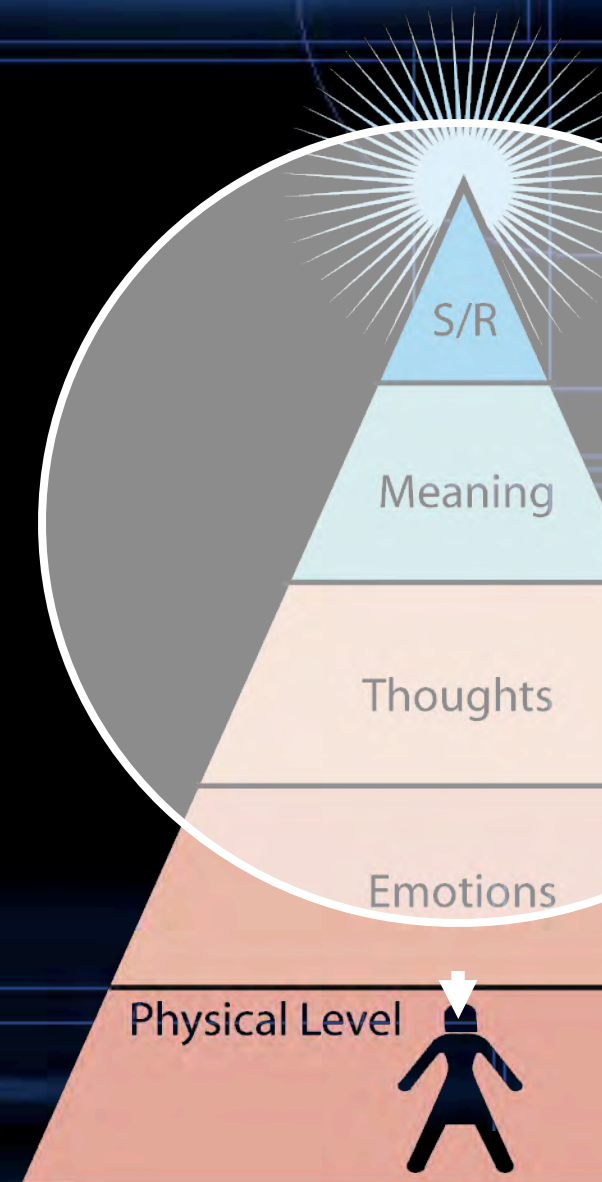
# POSTTRAUMATIC GROWTH

➤ **PTG changes are subjective, NOT necessarily objective, as in symptom reduction** (Calhoun & Tedeshi, 2006, p. 5)

➤ *"...I am more vulnerable than I thought but stronger than I ever imagined."* (Tedeshi & Calhoun, 2006, p. 5). Survivor feels he/she has been tested by the worst life has to offer yet survived.

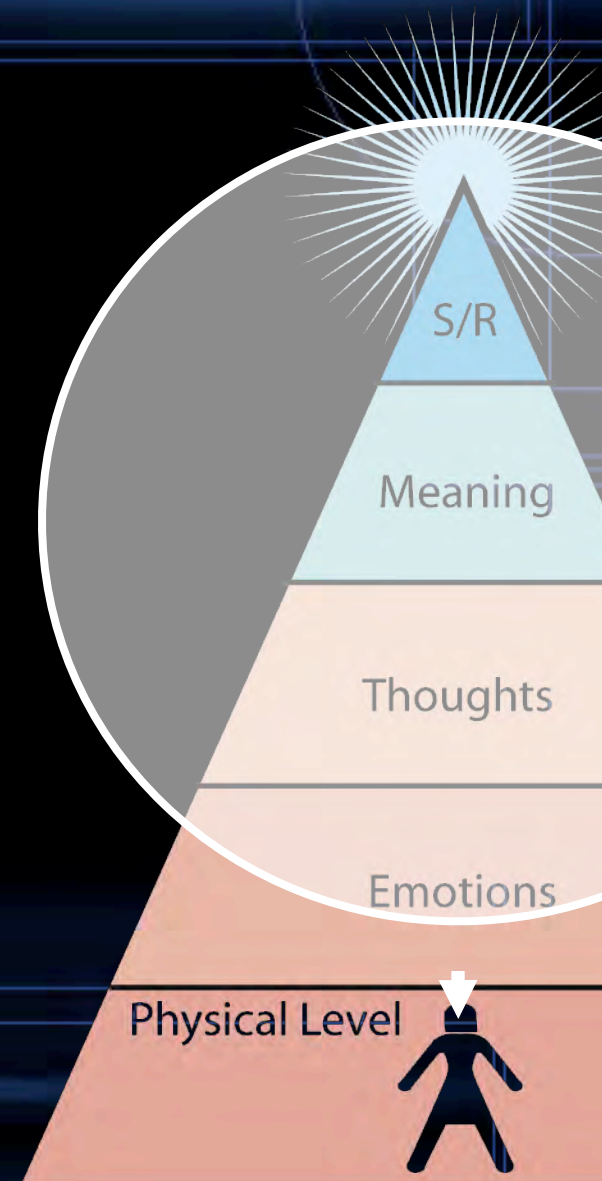
➤ This pairs a feeling of vulnerability with one of strength and resilience.

➤ **Therapy focused on utilitarian purposes, symptom reduction, or hedonistic, happiness and pleasure goals may fail to foster PTG** (Ryan & Deci, cited in Calhoun & Tedeshi, 2006).



# POSTTRAUMATIC GROWTH

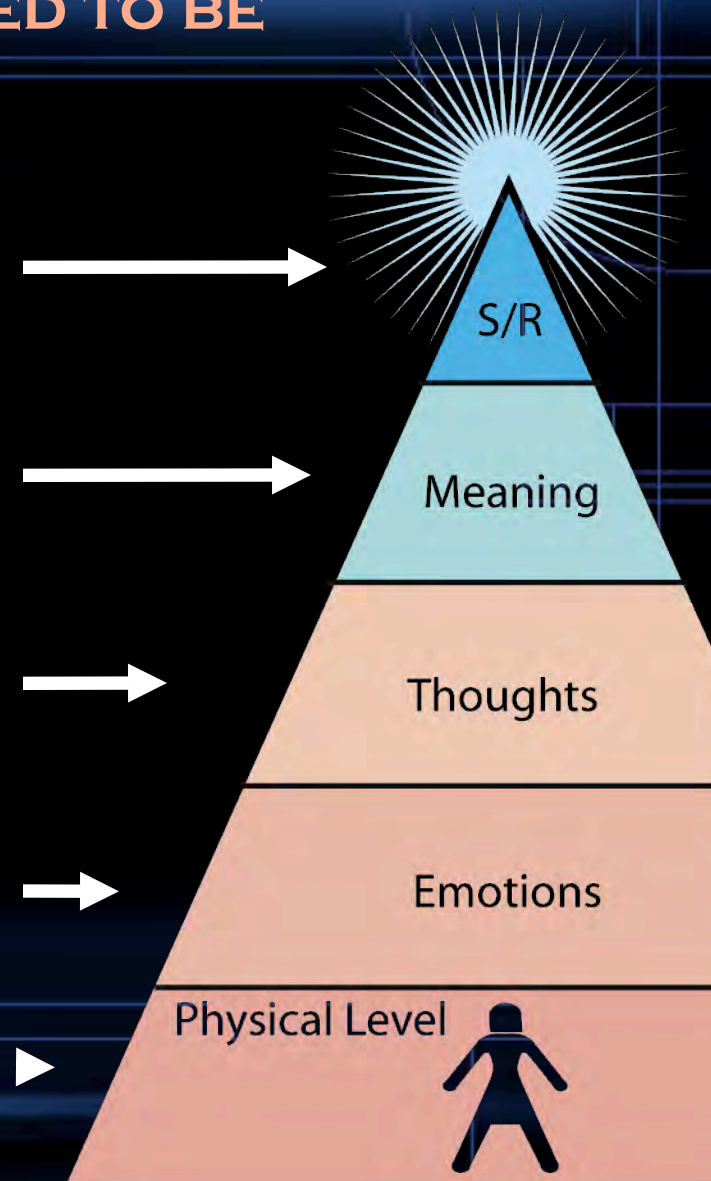
- Conscious re-evaluations of levels 5, 4, and 3, may induce positive changes in emotions and behavior.
- If levels 5, and 4 are left in turmoil, levels 3, 2, and 1 may resist stabilization (nightmares, intrusive and/or obsessive thoughts, persistent PTSD symptoms).





# FOR ENDURING TRAUMA HEALING, EACH OF THE 5 LEVELS OF RELEVANCE MAY NEED TO BE ADDRESSED:

- Level 5: Spiritual and/or religious reevaluation, meaning reconstruction, and possibly renewed practice
- Level 4: Meaning reconstruction through existential, narrative, constructivist therapy techniques
- Level 3: CBT, rational emotive behavioral, mindfulness
- Level 2: Emotional focused therapy Gestalt, (feeds back to level 4).
- Level 1: Behavioral therapy, exposure and desensitizing, deep massage, Rolfing



# WHICH INTERVENTIONS WOULD HELP FOSTER PTG IN YOUR CLIENT?

- Level 5, spirituality/religious orienting system?
- Level 4, assumptions about the world, existential issues?
- Level 3: concrete mind, what he/she knows, thoughts, irrational thoughts?
- Level 2: emotions, feelings, relationships, sex?
- Level 1: the body, job, money, health, shelter, environment, behavior?
  
- Describe these in your notes

# JANET'S POSTTRAUMATIC GROWTH

Janet is referred to a counselor who could help:

- Level 5: Janet revises her assumptions about God.
- Level 4: Janet learns to deal with her existential issues:
  - Embraces her vulnerability,
  - Deals with and accepts her mortality,
  - Sees life and self as more valuable,
  - Learns to cherish every moment
  - Gains a new depth as a human being.
- Newly found meaning helps her stand by her decisions not to marry and continue her education despite fear of driving.

# JANET'S POSTTRAUMATIC GROWTH CONTINUED

## New counselor helps Janet to address her level 3,2 and 1 issues...

- **Level 3.** She accepts that life usually works well but is sometimes unpredictable. Her confusion fades, and her thoughts are no longer catastrophic or intrusive.
- **Level 2:** Because she makes peace with God and reestablishes meaning, she feels less anxious and fearful. She is still apprehensive about driving, but feels that she has made the right choices so far. She no longer feels reactive to her sister's advice, and makes new, more like-minded friends in school.
- **Level 1:** Invigorated by her newly reconstructed meaning perspectives and inner harmony, Janet is able to face her material issues, and drive again.



# MULTICULTURAL CONSIDERATIONS:

- Culture, ethnicity, gender, and minority status issues relate to each of the 5 levels on our model.
- Trauma may unsettle a person's culture, ethnic and minority status identity. Counselors may need to address these issues to foster TL and PTG.
- For example: Although Janet is white, she is female. The car crash did bring up many issues regarding her minority status and heightened vulnerability as a single female and mother.
- Her sister's accusations raised questions such as "Am I doing the right thing raising Joey by myself? Does a woman need a man to protect and complete her?"

# CONCLUSION

- The Holistic Model of Relevance helps counselors and counselor educators conceptualize:
  - A. How to understand the 5 levels of individual relevance and their dynamic interaction
  - B. Which areas of experiential relevance are impacted by trauma
  - C. Which level needs to be addressed in therapy
  - D. Which interventions might be most helpful
- The model may be applied to facilitate understanding, diagnosis and treatment planning of all types of trauma, as well as to better understand the role of spirituality/religion and the process of meaning transformation in the human psyche.

Thank you! Please send us your comments to:

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# APPENDIX I

## ADDITIONAL TRAUMA STATISTICS:

(BASED ON DSM-IV-TR CRITERIA, [APA, 2000])

- Natural disasters: 13 to 30% (Briere & Scott, 2006).
- Rape and sexual assault - one of the most conducive to PTSD - 14 - 20 % of women and 2- 4% of men (Briere & Scott, 2006).
- Stranger, non-sexual physical assault 64% of men (Briere & Scott, 2006).
- Partner battery 25% of individuals (Briere & Scott, 2006).
- Child abuse, 25-35 % of women and 10-20 % of men (Briere & Scott, 2006).

# APPENDIX II: MEANING RECONSTRUCTION AND CLIENT HOMEWORK

- Expert opinion on the value and effectiveness of homework assignments is largely based upon their particular psychotherapeutic orientation. CBT – oriented therapists may be more inclined to require clients to complete specific homework assignments. Humanistic therapists may adopt a more unstructured and cooperative approach (Nelson, Castonguay & Barwick, 2007).
- Re-establishing internal belief, meaning, and spiritual coherency after a traumatic event is hard work.
- The client needs to cognitively and actively engage in this developmental process of existential and spiritual questioning and meaning reconstruction to achieve internal level 3, 4, and 5 consistency.
- With today's focus on brief therapy, the available session time may not be sufficient to help the client advance through the needed developmental steps. Teaching the client how to help him or herself between session and beyond termination, is necessary to strengthen the developmental process and encourage positive posttraumatic outcomes.



# HOMWORK SUGGESTIONS:

- Journal writing is a great tool for trauma victims and survivors (Pennebaker, 1997, 2004). Personal writing allows the fragmentary, often emotionally laden memories of trauma to be integrated into a coherent narrative in a more consciously regulated section of the brain (Pennebaker, 2002; Lepore & Smyth, 2002; Smyth & Helm, 2003; Lepore & Greenberg, 2002; DeSalvo, 1999).
- Journal writing based on the HRM, must touch upon the 5 relevance levels, one after another:
  - 1. Write about what happened physically
  - 2. Write how you felt about it, how others appeared to feel about what happened.
  - 3. What were your thoughts about what happened to you?
  - 4. What meaning did you give to this experience, if any? What existential questions if any did this event awaken in you? Which of your assumptions about the world, other people, and your self did this event prove or challenge?
  - 5. Has this event challenged or confirmed any of your spiritual and/or religious assumptions and worldview? If yes, how so?
- The exercise can be repeated for the present and the future, providing a wealth of information to help the client –counselor team to aid the developmental, meaning –making and healing process of the client.

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