

TRAC(K)ING TRAUMA: EXPLORING THE ENTANGLEMENTS OF TRAUMA, CLIENT,
AND THERAPIST IN MARRIAGE AND FAMILY THERAPY

by

AMBER N. KELLEY

(Under the Direction of Jerry Gale)

ABSTRACT

This inquiry explores the experience of client trauma disclosure among pre-licensed marriage and family therapists (MFTs), guided by agential realist theory. In particular, this dissertation investigates how novice MFTs experience trauma disclosure in the moment of its happening, and how disclosure shifts the process and relationship of therapy as it unfolds. This inquiry draws on agential realism as a relational ethico-onto-epistemology, utilizing diffractive methodologies across two manuscripts to consider how trauma comes to matter, materially and significantly, both within the embodiment of MFTs and the entanglement of therapist and client in the therapy space. The first manuscript outlines a poetical analysis of 11 semi-structured interviews with pre-licensed MFTs, with poetics serving as the analytic process and product of this study. Poetic findings from this study highlight the complexity of experiencing client trauma disclosure, underscoring physiological, somatic, affective, cognitive, and relational shifts in the embodied performativity of novice clinicians when intra-acting with client trauma. The second manuscript presents the findings of a diffractive analysis across two focus groups of pre-licensed MFTs, exploring the impact of client trauma disclosure on the therapeutic process and relationship. Insights from the diffractive analysis underscore how trauma disclosure produces shifts in the

therapeutic topology, highlighting the materiality and relationality at work in the entangled, therapeutic assemblage. Clinician engagement following trauma disclosure is described through an ethics of entanglement, explicating how MFTs enact practices of becoming-with the client, including through intra-ventions of slowing the therapeutic process and holding space.

Collectively, these studies contribute to a relational understanding of therapy, specifically during moments of trauma disclosure, offering conceptual shifts of embodiment, ethics, and the role of materiality in therapy. Implications for clinical practice among novice clinicians and for the supervision of MFTs in training are provided at the end of this work, suggesting opportunities for practitioners to consider how their relational entanglements of becoming-with clients in their materiality produce different therapeutic possibilities that matter.

INDEX WORDS: Trauma disclosure, Agential realism, Marriage and family therapy, Poetical analysis, Diffractive analysis, Ethics

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DEDICATION

To therapists and clients who walk bravely and tenderly through trauma:

the world
gives you
so much pain
and here you are
making gold out of it

- there is nothing purer than that

- Rupi Kaur

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*Lying, thinking
 Last night
 How to find my soul a home
 Where water is not thirsty
 And bread loaf is not stone
 I came up with one thing
 And I don't believe I'm wrong
 That nobody,
 But nobody
 Can make it out here alone.*

-Alone, Maya Angelou

To write this section is to acknowledge that this work was not done, could not have been done, alone. I feel humbled writing these acknowledgements; words seem to fail to capture the gratitude I feel towards each person that has walked with me (laughed with me, cried with me, thought with me, stuck with me) throughout this process. To all of you, those listed and the many more I couldn't note here, I offer my sincerest thanks. Each of you are within this work, always already entangled in and a part of it.

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began your freshman year of high school while I made my way through my senior year, our beginnings and endings overlapping in ways that brought us together. While we may not be carpooling at 6:30 AM these days, me quizzing you about what song is on the radio like we did back then, there's still something immensely sacred and special about doing these hard things together. Thank you for cheering me on and seeing me through to this finish line. I'm always doing the same for you; we'll be sister-friend-PhDs in no time.

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PREFACE

St. Pierre (2019) underscored, “one begins post qualitative inquiry with a concrete encounter with the real, not a research question” (p. 12). For myself, this research is borne out of my experiences in the therapy room, feeling my heart beat louder inside my chest and my stomach twist in knots as clients, with low voices and diverted eyes, shared histories of abuse, neglect, or assault. From my very earliest clients, I felt a sense of simultaneous dread at the disclosure as it began to unfold and honor at the opportunity to sit with clients, to bear witness to their deep wounds and courageous efforts to seek healing from the pain of carrying the weight of trauma within their bodies. The dread stemmed from the horror of hearing the atrocities that comprise trauma, the ways in which humans enact violence physically, emotionally, mentally, and spiritually against one another and seeing those atrocities written in the bodily manifestations of my clients. The dread also emerged from an aching sense of inadequacy to help, to make a difference and do the therapeutic work I said I wanted to dedicate my life to. I did not, and have not, always felt equipped to engage in the work of healing from trauma with clients. From my perspective as a marriage and family therapist (MFT), and in the words of one of my professors and supervisors within my master’s program, “my presence is the intervention¹,” meaning the therapeutic relationship I have with my client is the catalyst for change and healing. The sense of dread that bubbled up during the disclosure of trauma felt in direct opposition to the healing intervention I was supposed to embody and cultivate for my

¹ Discussed throughout this dissertation, “presence” may be understood not as a force I, or other therapists, act upon clients, nor a “response to a radically exterior/ized other,” but instead a relational embodiment of being/becoming with/in the therapeutic assemblage (Barad, 2007, p. 393).

clients. The fears of my (in)ability to help mingled with the honor of being trusted with my clients' stories and pain, and though I have developed my own skills through clinical trainings and use of models proven to effectively treat traumatic stress, the complexity and oftentimes intensity of my own internal experience during trauma disclosure remains.

These experiences lead me to question the salience of my experiences of disclosure for other MFTs. In conducting a brief pilot study to examine this question within a qualitative research course as part of my doctoral studies, the initial findings seem to point to trauma disclosure as moments of heightened emotionality, arousal, and distress in the bodies MFTs with approximately as much training as myself. In searching the literature on trauma disclosure, the lack of research on the experiences of MFTs, particularly those with fewer years of experience (i.e., not defined as trauma therapy “experts”) was glaring. This personal question converged with a professional interest, as I am interested in equipping and advocating for burgeoning therapists to do healing work with clients who have traumatic histories. I hope this research touches therapists (poetically, creatively, diffractively, evocatively; Gibney, 1996; Barad, 2007) new and old, their professors, and supervisors, and the larger MFT field, as we consider how to intra-act as part of a world where the materialization of trauma is stored within the bodies of our clients and is re-enacted across spacetime (Barad, 2017), and as we seek healing from trauma with our clients. Barad (2010) spoke to the ways in which possibilities for new becomings, for justice, which I understand as core to healing trauma and the process of therapy, are enacted:

To address the past (and future), to speak with ghosts, is not to entertain or reconstruct some narrative of the way it was, but to respond, to be responsible, to take responsibility for that which we inherit...for the entangled relationalities of inheritance that ‘we’ are...to open oneself up to indeterminacy in moving towards what is to come...Only in

this ongoing responsibility to the entangled other, without dismissal (without ‘enough already!’), is there the possibility of justice-to-come. (p. 264-265)

This study explores the ways therapists respond, are responsible, and take responsibility for sitting with clients and their trauma in the therapy space, examining what is produced and how in exploring the entanglements of becoming-with clients, we can explore possibilities of justice-to-come, of healing, in real, material ways.

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CHAPTER 1

INTRODUCTION, THEORY, AND LITERATURE REVIEW

Individuals, couples, and families seek therapy for many different purposes, including to heal from past stressful and traumatic experiences (James & MacKinnon, 2012; Goldsmith et al., 2014). Whether a single incident or chronic history, the consequences of trauma are somatic, affective, psychological, and relational (van der Kolk, 2014). Many clients continue to experience these effects even when the traumatic events have ended, known diagnostically as a cluster of symptoms referred to as posttraumatic stress disorder (PTSD; APA, 2013). As clients enter the space of therapy, they bring their embodied literacies of trauma—narratives of these horrific events that are known and stored in the mind, body, and emotions—into the therapy process and therapeutic relationship.

Through this dissertation, I sought to explore the experiences of trauma disclosure within various MFT clinical settings. Few studies have tracked the patterns of engagement during and following the disclosure of trauma to a mental health provider (e.g., Smith et al., 2007b; Malcolm & Golsworthy, 2019), with no studies specifically attending to the experiences of MFTs. Furthermore, no studies have examined the process and production of trauma disclosure with novice clinicians, including master's-level trainees and pre-licensed MFTs, who have been previously highlighted as a vulnerable population for developing burnout, vicarious trauma, and secondary traumatic stress as they engage in clinical work with traumatized populations (Knight, 2010; Adams & Riggs, 2008; see below for a review of literature). This dissertation therefore sought to extend the current literature by exploring what is produced during and following

trauma disclosure for pre-licensed MFTs. Additionally, through the lens of Karen Barad's (2007) agential realist theory, a relational ontological framework, this exploration attends to the entanglement of therapist, client, and trauma, tracking and tracing trauma through its therapeutic disclosure, and investigating what it produces throughout the therapy process by investigating two research questions: 1) what is materially/discursively produced in the bodies of pre-licensed MFTs when a client system discloses trauma? and 2) how does the disclosure of trauma impact the process of therapy and the therapeutic relationship?

To explore these complex and dynamic relational processes, I first outline Barad's (2007) theory of agential realism that grounds and guides this study, highlighting connection points to traumatic stress. I then review the current state of the literature regarding the disclosure of trauma in the space of therapy, including impacts on the client and clinician. I highlight the lingering gaps in the literature and present this dissertation study: an exploration of pre-licensed MFTs' experiences of trauma disclosure and its effects on the therapy process.

Agential Realism

Agential realism is an ethico-onto-epistemological framework that entangles practices of knowing and being, highlighting how both are tied up in ethical responsibility to the other (Barad, 2007). This ethico-onto-epistemological perspective is inherently relational, going beyond anthropocentrism that emphasizes humans as the "only intelligent and purposeful agents" (Webb, 2020, p. 2), and instead considering all bodies and matter as equally important and intertwined, co-constituting the world in its becoming². Furthermore, agential realism is not a

² Barad (2007) employs the term "becoming" as opposed to "being" to denote that the world is not static but is constantly on the move. Discussed in more detail in the section on spacetimemattering and crucial to the understanding of becoming, "becoming is not an unfolding in time but the inexhaustible dynamism of the enfolding of mattering" (Barad, 2007, p. 180). In line with Barad's (2007) ethico-onto-epistemological approach, I use becoming to highlight the practices and intra-activity that comprises the world, or what Barad (2007) calls "the worlding of the world" (p. 160).

representationalist epistemology in which knowledge is created through external reflection or mirroring of pre-existing, individual entities (Barad, 2007). Instead, Barad (2007) puts forth a performative and diffractive approach, in which knowledge is produced through intra-actions and is on the move, itself a material practice that shifts as part of the world in its becoming. In a shift following poststructuralism known as posthumanism or feminist new materialism³, agential realism highlights the materiality of bodies, attending to how these bodies come to matter, both in terms of significance and substance.

Materiality and Embodiment

Agential realism considers matter, including human and non-human bodies, as intra-active and performative (Barad, 2007). From this perspective, bodies are not distinct, but entwined together and on the move, consistently relating and entangling (Barad, 2007). Barad (2007) therefore employs the term “intra-action,” as opposed to interaction, to highlight how matter is not separable or discrete, but instead is co-constituted and always already entangled. With a foundation in the material practices of quantum physics, intra-action explicates how all matter, down to the subatomic level, is entangled in and as part of the world in its becoming. As opposed to Vygotsky’s theory of intrapsychological, or intramental abilities, meaning the cognitive processes that occur within an individual’s mind (Vygotsky, 1978), intra-action underscores the co-configuration of the world through entangled knowing, being, and relating (Barad, 2007). Indeed, “the universe is agential intra-activity in its becoming” (Barad, 2007, p. 141), and therefore therapy, trauma, trauma disclosure, and this dissertation are all intra-active

³ Importantly, while agential realism and Barad’s conceptualizations have been considered under the umbrella of “new materialism”, this turn towards materiality is indeed not new (Choat, 2018). Understandings of materiality are stem from long traditions of Indigenous (Ravenscroft, 2018) and historical conceptualizations of matter and the body (Choat, 2018). In discussing matter and materiality, I recognize these considerations did not emerge with Barad, yet employ her theoretical framework and concepts to explore the experiences of pre-licensed MFTs from her ethico-onto-epistemological perspective.

productions on the move and part of the world's becoming. The specific practices and intra-actions unfolding within each moment, including the enactment of the therapeutic process and the disclosure of trauma, are embodied. As Barad (2007) underscored, "embodiment is a matter not of being specifically situated in the world, but rather of being of the world in dynamic specificity" (p. 377). That is, concepts such as trauma disclosure are meaningful because they are comprised of specific material arrangements that matter (physically and significantly; Barad, 2007).

Inherent within the entanglement of embodied intra-action, agential realism purports that materiality and embodiment are not separate from discursive practices, nor is matter a consequence of or made real through discourse (Barad, 2007). Instead, all phenomena are always already material-discursive (Barad, 2007). With this understanding, "matter and meaning are mutually articulated" (Barad, 2007, p. 152), as the material and the discursive entangle in intra-activity that (re)configure one another and the world (as matter is not separable from the world in its fullness; Barad, 2007). Within the purview of this study, trauma disclosure will be explored in its complexity as a material-discursive phenomenon, considering the entanglements of somatic, affective, emotional, psychological, and relational practices during the process of disclosure and ongoing process of therapy (Barad, 2007).

Agency

Inherent with agential realist theory is a shifted understanding of agency. Agency is not bound within the individual human as the capacity to act on one's surroundings and promote change but instead is a practice and an enactment (Barad, 2007). "Agency is doing/being in its intra-activity" (Barad, 2007, p. 235), an active engagement that is not uniquely situated within distinct humans, but at work in and across bodies in their entangled becomings. Agencies are

therefore constantly on the move and not confined to specific bodies, but agencies come to matter through specific practices and configurings within the world (Barad, 2007). Agencies are understood through agential cuts, which enact agential separability, or the “material condition of exteriority-within-phenomena” (Barad, 2007, p. 175), that define local structures of entities or objects. Agential cuts are therefore practices that demarcate boundaries and produce phenomena (discussed below) that can then be subjects of objective observation and research (Barad, 2007). The primary agencies (or objects) of this dissertation are the interviewed pre-licensed therapists, but further agencies of this study include their clients who disclose traumatic events, the bodies (human and non-human) that intra-actively produced the traumatic event, and the setting in which the disclosure occurred, all of which intra-act to produce and co-constitute the phenomenon of trauma disclosure.

Phenomena

Through an agential realist lens, the unit of analysis and study is not an independent subject or representation of a distinct object, but phenomena (Barad, 2007). Different from notions of phenomena through a Kantian perspective, which understands phenomena as an object or situation as it is observed in its happening, Barad (2007) described phenomena as:

differential patterns of mattering (“diffraction patterns”) produced through complex agential intra-actions of multiple material-discursive practices or apparatuses of bodily production, where *apparatuses are not merely observing instruments but boundary-drawing practices—specific material (re)configurings of the world—which come to matter*. (p. 140, emphasis original)

Boundary-drawing practices enact what Barad (2007) calls agential cuts, or specific enactments that separate subject from object, including one phenomenon from another, which allows for the

objective⁴ study and analysis of scientific research. In this way, phenomena are not inherently distinct, but apparatuses enact agential separability that is configured and reconfigured, constantly unfolding into patterns and practices that matter (Barad, 2007). For purposes of this study, the practices that comprise the research apparatus, including my practices of writing this dissertation, gathering literature, defining research questions, intra-acting with participants through interviews and focus groups to explore these questions, engaging in specific analytic practices define the phenomenon of trauma disclosure that is at the heart of this study.

Performativity

As agential realism attends to practices, enactments, and movement, it is a performative approach that attends to the materialization of matter and bodies (Barad, 2011). Pushing back against representationalism, “a performative account insists on understanding thinking, observing, and theorizing as practices of engagement with, and as part of, the world in which we have our being” (Barad, 2007, p. 133). Through engagement with Donna Haraway and Judith Butler’s performative accounts, Barad (2007) underscored how performativity is the materializing of all bodies, wherein matter is not fixed nor given, but is iteratively, intra-actively becoming. It is through this understanding of performativity that phenomena are understood as material-discursive, as “performativity is precisely a contestation of the excessive power granted to language to determine what is real” (Barad, 2007, p. 133), and instead highlights how matter and discourse are dynamically entwined and co-constitutive of one another. Performativity therefore explicates how discourse and matter come to matter, which within the purview of this

⁴ Objectivity, through Barad (2007), “means being accountable for marks on bodies, that is, specific materializations in their differential mattering” (p. 178). Objectivity is therefore not about being inherently separate from the object, or phenomenon as Barad (2007) discusses, but instead is about recognizing our intra-actions, how and where we place our agential cuts as part of the research apparatus, and how these intra-actions materialize specific matterings (and therefore knowings) within the world.

study includes consideration of how trauma disclosure comes to matter in the material-discursive bodies of MFTs and the therapeutic relationships in which the disclosure occurs.

Trac(k)ing: Phenomena on the Move

To explore trauma disclosure within the MFT therapy setting, this study attends to “the larger material conditions [that] are integral to what a phenomenon is, and this includes the ‘marks on bodies,’ that is, the traces of the enfolded processes of materialization, and an accounting of how this differential response matters” (Barad, 2007, p. 472). Trauma disclosure will therefore be examined as an enfolded process, tracked on the move as trauma intra-acts with the MFT body and entangles as part of the therapeutic assemblage (where an assemblage is not a grouping of distinct parts or pieces, but material-discursive dynamics of intra-acting agencies; Barad, 2007).

Spacetime matter(ing) (Barad, 2007)

Barad (2007) puts forth the concept of spacetime matter, troubling the separability of space, time, and matter and instead considering the varying configurations of spacetime matter as always already related and entangled. This shift towards understanding spacetime matter as co-constituting disrupts notions of time as linear, unfolding in equal increments one after the other (Barad, 2007). Instead, spacetime matter is a “multidimensional topological manifold” (Barad, 2007, p. 388), where agencies intra-act and are dynamic, inherently relational and mutually constituting one another (Barad, 2007). As Barad (2007) underscored,

the historicity of phenomena is written into their materialization, their bodily materiality holds the memories of the traces of its enfoldings; space and time (like matter) are phenomenal, that is, they are intra-actively produced in time the making of phenomena; neither space nor time exist as determinate givens outside of phenomena. (p. 383)

For example, Barad (2017) explored the entanglement of spacetime matter, and past trauma embodied in the present, through an examination of Kyoko Hayashi's account of the bombing of Nagasaki, highlighting spacetime mattering, or how spacetime matter is configured/configuring in ways that matter. By diffracting the history nuclear physics, globalization and colonization, and World War II through Hayashi's novella on time and place through the Nagasaki bombing, Barad (2017) describes how space, time, and matter are enfolded within one another, turning back on themselves in dynamic ways that (re)create history, memory, and "possibilities for justice-to-come" (p. 62). As spacetime matter is not linear or statically incremental, but a moving assemblage, traumatic events are therefore not simply in the past, but continue to be carried and entangled in the therapeutic assemblage. Indeed, understandings of how trauma impacts the body highlights this reality; for traumatized individuals, distress, or dysregulation in response to a trauma trigger activates the same material response, known as the defense cascade, as when the traumatic event first occurred (Kozłowska et al., 2015).

Not only does the body respond in the present as if the trauma were actively occurring, but traumatized individuals also intra-act with other humans relationally as if the trauma was active (Herman, 1992). Known as complex PTSD, a traumatic history of repeated abuse or violence, particularly in childhood, matters for the relationality of bodies, as sufferers of complex PTSD experience difficulties forming and maintaining relationships or being close to others, as traumatized individuals experience their past threat in present engagement with others (World Health Organization, 2018). Spacetime mattering is therefore of crucial consideration in the study and treatment of trauma, as the agencies involved in the traumatic event are not past but becoming in the intra-actions of the traumatized body, including in their therapeutic intra-actions.

Importantly for therapists and clinicians working with trauma-affected clients, Barad (2007) noted, “neither the past nor the future is ever closed. It's not that the new is generated in time; rather, what is at issue is the intra-active generation of new temporalities, new possibilities, where the ‘new’ is the trace of what is yet to come” (p. 383). This opportunity for newness and the exploration of the trace includes consideration of healing, recovery, and different becomings for the client. As therapists are engaged in efforts to explore this trace and how to produce new possibilities for the client, they are also entangled with the trauma and client in ways that matter for the therapist. Attending to how trauma materializes and moves through the therapeutic assemblage, co-mingling with client and therapist, therefore holds implications for how therapists conceptualize and do therapy, and how faculty and supervisors provide training to new therapists who are intra-acting with trauma. In this dissertation, I therefore investigated this entanglement of pre-licensed MFTs, clients, and trauma within the space of therapy, tracing and tracking trauma on the move in the space of marriage and family therapy, guided by agential realist theory and through diffractive methodological practices (see Barad, 2007), to consider what is produced and how these intra-actions matter.

The Responsibility of Intra-active Research: Subjectivity Statement

As part of doing research through an agential realist frame, I must consider how I perform and enact the role of researcher, including attending to my own subjectivity with/in this study. As Barad (2007) stated, “subjectivity is not a matter of individuality but a relation of responsibility to the other” (where the other is always already ethically related and entangled; p. 391). It is therefore crucial to consider how I responsibly intra-acted in the materialization of this dissertation and in the entanglements of myself with the agencies of this study, as the agential cuts I enacted as part of the research apparatus shape the practices and doings that comprise this

dissertation and its results. This exploration of subjectivity is a snapshot, as I, along with all other bodies and agencies of the world, am shifting, changing, and intra-acting in differing ways as part of the world's becoming. Therefore, the questions and considerations of subjectivity, of my intra-actions within the research, and of my voice and the way I am implicated in this dissertation are explored and explicated throughout this work, highlighting my role in creating and exacting the specific research and analytic practices and how they mattered for the knowings produced through this study.

I hope this work encourages myself as a clinician, researcher, supervisory and educator to consistently attend to this entangled responsibility, and to encourage other MFTs to engage in the work of responsively opening up to the other in trauma work that holds the possibility of new becomings, of healing, justice, and reclamation. For myself, part of this responsibility to the entangled other within the scope of this research includes attending to my own intersecting identities and positionality within the world. As a White, cisgender, heterosexual, educated and middle-class female, I recognize that there are many ways in which I benefit from, and am/have been complicit in, systems that perpetuate oppression and trauma in marginalized and minoritized populations. Indeed, much of the purported White feminist movement, specifically, has perpetuated erasure of trauma and violence towards Black and brown women, queer and trans individuals, and those in bodies that do not fit the thin, able, White body "standard" upheld by oppressive systems (Lorde, 1984). These silences, erasures, and traumas are also perpetuated in research, particularly when ethical considerations of power and responsibility are not attended to (Ahmed, 2010).

While I have committed to attending to how trauma, traumatic stress, and healing are bound up in systemic oppression throughout my studies and training thus far and sought to

explicitly attend to this throughout the course of this research, I must also recognize that my identity precludes me from materially knowing some of the ways in which trauma is held and passed intra-generationally in the bodies of minoritized populations, as well as in the bodies of those that are entangled with trauma I do not know and have not encountered. I am invested in continuing to learn from others in and out of the MFT field regarding the impacts, permutations, and expressions of trauma in varying populations exploring how trauma disclosure and healing come to matter in dynamic and unique ways in the bodies of MFTs and clients who hold different identities from myself. This critical stance informed my research process, including the production of focus groups and interviews, data analysis, and (re)presentation of findings and implications, speaking to the ways in which there are multiple possibilities for becoming differently in the lives of traumatized clients and the clinicians with whom they intra-act. As a part of being accountable to the varying experiences of those affected by trauma, I begin with a review of current literature that serves as an entry point for understanding the phenomenon of trauma disclosure as it has previously been studied, highlighting what is known, what has yet to be explored, and how these findings impact the construction of this dissertation research apparatus.

Literature Review

Bessel van der Kolk's (2014) seminal text, *The Body Keeps the Score*, highlighted the ways in which traumatic stress is carried in the body as well as described various methodologies traumatized individuals may engage in to heal and recover from trauma, including multiple forms of therapy. Although many clients seek these trauma-specific interventions, they may first take the step of entering therapy to build a relationship and seek relief from distress without immediately disclosing their history of trauma. When clients do choose to disclose, trauma intra-

acts with the client and therapist in ways that produce new becomings. This section outlines the complexity inherent in the disclosure of trauma for the client, as well as the clinician to whom the client discloses. The material-discursive import of trauma disclosure is also discussed, underscoring how trauma comes to matter in the bodies of the clinicians who are entangled with the client and agencies of trauma. Notably, the research presented throughout this section underscores the individual effects of trauma and disclosure, as has historically been the framework for studying trauma and traumatic stress. These findings are presented as such, in their individual nature, yet more will be discussed throughout this dissertation from the relational and intra-acting perspective of agential realism.

Therapeutic Entanglements: Trauma Disclosure

Over the past three decades, research from the fields of traumatic stress studies, psychology, and psychotherapy has underscored the importance and complexity of trauma disclosure, particularly for survivors of trauma who have developed PTSD (Bedard-Gilligan et al., 2012). Trauma disclosure, or the self-naming of one's trauma history to another, is indeed dynamic, as the survivor, agencies of the traumatic event, and the person to whom the survivor discloses (hereafter referred to as the disclosure recipient) collide (Bedard-Gilligan et al., 2012). What is produced through this entanglement of survivor, trauma, and recipient is complex: while early studies on trauma disclosure found it to be beneficial for survivor's physical health (e.g., increased immune function; Pennebaker et al., 1988), emotional functioning (Pennebaker, 2000), sense of self (Hemenover, 2003; Pennebaker & Keough, 1999), and mental health (Brown & Heimberg, 2001), more recent research has indicated disclosure and its effects are varied and highly dependent on several interlocking factors.

The extant literature on the aforementioned positive effects of trauma disclosure is based primarily on written trauma disclosure, namely the Pennebaker written emotional disclosure paradigm (Pennebaker & Beall, 1986). Findings from studies employing this paradigm result from experimentally manipulated written disclosures, as trauma survivors complete predetermined writing prompts regarding the facts and emotions related to their traumatic experiences, compared to a control group who engage in neutral writing tasks (Acar & Dirik, 2019; Pennebaker & Beall, 1986; Brown & Heimberg, 2001). While these examinations of disclosure provide a base exploration of the effects of recounting traumatic experiences, the engagement of disclosing to another is increasingly dynamic and complex, with variable outcomes depending on the nature and reaction of the disclosure (Pielmaier & Maercker, 2011).

The impacts of trauma disclosure on the survivor are largely dependent on the reaction of the disclosure recipient, with supportive responses generally related to better recovery outcomes for trauma survivors and disregard or negative reactions⁵ heightening or maintaining PTSD symptoms among traumatized populations (Ullman, 2011). For example, in one study, 19% of victims of sexual assault indicated negative social reactions when disclosing their assault history and experienced higher rates of psychological distress than sexual assault victims who experienced positive social reactions or who did not disclose at all (Therriault et al., 2020). Research has also shown that while positive reactions to trauma disclosure, such as emotional support, validation, belief, or tangible aid and resources may not have a significant impact on survivor adjustment and functioning, negative reactions such as not believing the survivor,

⁵ The extant literature on trauma disclosure often examines the trauma disclosure process as cause-and-effect (e.g., trauma is disclosed, recipient reacts, the trauma survivor experiences better or worse psychological outcomes as a result). To maintain accuracy and integrity in presenting past findings, reactionary or cause-and-effect language is employed in the review of the literature. Trauma and trauma disclosure as intra-action, per Barad's (2007) agential realist theory, will be conceptualized and discussed throughout this dissertation, highlighting the entanglement inherent in trauma, therapy, and healing.

blaming, expressing negative stigma, or distracting from the trauma have strong negative effects on survivor functioning (Filipas & Ullman, 2001).

Not only have the effects of disclosure varied across populations, but forms of disclosure have also varied among different trauma-affected populations. For example, veterans were likely to disclose trauma to a healthcare provider, such as a doctor, psychologist, or therapist first, namely due to external prompting such as being directly asked by the provider or encouraged by family and friends (Leibowitz et al., 2008). Conversely, survivors of abuse or other forms of physical violence were more likely to first disclose to a friend or family member (Bonnan-White et al., 2018). For example, in one study of rape survivors, only 14.7% indicated disclosing to a formal support provider such as a therapist, doctor, or police officer first, instead choosing to disclose to an informal support person such as a friend or family member (Ahrens et al., 2007). Those who disclosed to a formal support provider tended to receive negative reactions, unless the provider initiated the disclosure, in which case the survivors reported exclusively positive support (Ahrens et al., 2007). These results were mirrored among veteran trauma survivors, as a study by Leibowitz and colleagues (2008) found that nearly half (45%) of veterans who disclosed trauma to a healthcare provider experienced a negative reaction to disclosure, such as not being believed or acting as if they did not want to hear about the traumatic event. Providers who initiated client disclosure tended to be therapists (Ahrens et al., 2007), suggesting the need for increased understanding of the process of trauma disclosure within the therapeutic relationship, including therapist experiences of client trauma disclosure and perceived responses to disclosure.

The process of trauma disclosure therefore holds crucial implications for healthcare providers and clinicians, such as MFTs, as negative reactions to disclosure can cause feelings of

regret or betrayal (Ullman, 2011). Conversely, within the space of therapy, interventions that foster trauma disclosure have been related to improved symptomology across long term treatment, including decreased anxiety and dissociative features associated with PTSD (Bowen et al., 2010), highlighting the importance of clinicians such as MFTs creating a safe environment for trauma disclosure, whether prompted or unprompted. While there is a large body of literature exploring the experiences of trauma survivors during and following disclosure, there is a dearth of research on the experiences of recipients of disclosure, including experiences of disclosure to MFTs. As the work of MFTs includes relational entanglement with/in the client system (Barad, 2007), trauma disclosure is an intra-acting process in which the embodiment of the clinician and their therapeutic performance are (re)configured⁶. The phenomenon of trauma disclosure is crucial to consider within all subsets of mental health professionals, but for this study in particular, experiences of pre-licensed MFTs will be explored as less is known about trauma disclosure from a relational perspective. Furthermore, most of the literature on trauma-informed care comes from social work (e.g., Levenson, 2017) and counseling fields (e.g., Goodman, 2015), highlighting the need to explore how MFTs experience trauma disclosure and what is produced in the therapeutic relationship within the MFT context following disclosure.

The beginning research on the experiences of clinicians during and following trauma disclosure in session has explored the effects of disclosure on expert or trauma-certified clinicians. For example, Smith and colleagues (2007a, 2007b) mapped in-session reaction patterns of expertly trained trauma clinicians in response to trauma disclosure. Findings from this research indicated patterns during and immediately following disclosure included feelings of

⁶ Where (re)configuration is to be made and re-made, to be configured in an ongoing fashion through material-discursive practices that shape the world in its becoming. In particular, “matter itself entails *entanglements*—that...is its very nature” (Barad, 2007. p. 160); therefore the body’s materiality, in this case of the MFT intra-acting with client and trauma via disclosure, is configured differently through these entanglements.

shock and anxiety, feeling a sense of personal responsibility, as well as being “carried away by strong feelings of the client, somatic reactions, and talking” (Smith et al., 2007b, p. 209). Similarly, in a study of qualified psychologists in the UK with a history of working with traumatized clients, most reported experiences of distress, heightened emotionality, and physical reactions such as muscle tension or tightness in the chest following client disclosure (Toumpanakis, 2020). Qualified psychologists also reported attending to their own sense of humanity, experiencing shock and empathy when clients reported traumatic histories (Malcolm & Golsworthy, 2019). Only one study indicated in-session responses to client trauma among trainee clinicians, noting emotional and cognitive reactions and personal identification, or self-examination during client discussion of trauma (Lu et al., 2017). Notably this study was completed in a doctoral counselor education program outside the field of MFT and included immediate reactions to client trauma as one subset of the findings of a larger study (Lu et al., 2017), leaving more to be known about the responses of trainee clinicians to trauma disclosure, particularly within the MFT field.

The reactions of the expert clinicians described above appeared to most often be momentary, as these trauma experts employed personal and professional coping skills such as de-briefing with colleagues or supervisors as a form of stabilization and protection from the trauma (Smith et al., 2007b; Malcolm & Golsworthy, 2019). These enactments of coping following trauma disclosure and resultant distress may be understood as agential cuts (Barad, 2007), doings that marks the separability of clinician, client, and trauma for purposes of promoting internal security for the clinician. For many clinicians who encounter traumatized clients and intra-act with trauma that is not contained in the past but is enlivened through disclosure, secondary traumatic stress may emerge.

Intra-actions that Matter: Secondary Traumatic Stress

Trauma disclosure not only impacts clients as they disclose but can also affect clinicians as they engage with and treat trauma-affected clients and their traumatic histories. The psychological, academic, and medical apparatus has enacted agential cuts that define the varying ways intra-acting with trauma through disclosure as a clinician can matter, including burnout (Maslach, 1982), vicarious traumatization (VT; Pearlman & Saakvitne, 1995), compassion fatigue (CF; Figley, 1995), and secondary traumatic stress (STS; Figley, 1995)⁷. While often used interchangeably, the constructs of STS, VT, CF, and burnout have been found to be distinctive, highlighting the multitude of phenomena present in clinicians' intra-actions with client and trauma (Baird & Jenkins, 2003). For example, Maslach and Jackson (1981) described burnout as consisting of feelings of exhaustion, depersonalization, and professional impairment, while VT entails the "transformation of the inner experience of the therapist resulting from empathic engagement with the clients' traumatic material," including shifts in worldview or personal values (Adams & Riggs, 2008, p. 26). Different to these phenomena is STS, or the mirrored effects of PTSD within the clinicians' life (Baird & Kracen, 2006; Figley, 1995). CF has been described as both identical to STS, or a combination of STS and burnout, referred to as the *cost of caring*, or the individual experience of being affected by trauma in the other (where "the other," in this instance, is the traumatized client; Figley, 1995). From an agential realist perspective, these constructs underscore the ways in which trauma matters and materializes in

⁷ These constructs offer a conceptual framework for understanding how the clinician is engaged with the client system in ways that do not leave them untouched, though notably in a manner that separates and individualizes the therapist and client from one another, constituting them as inherently distinct, which is challenged through the relational ontology of agential realism (Barad, 2007). These concepts describe the current landscape for considering how client trauma comes to matter for therapists, yet alternative ways of thinking of how trauma produces differences that matter in the therapeutic assemblage will be discussed throughout this dissertation.

the bodies and intra-actions of therapists, as the trauma of the client's past continues to be present in both the client and the therapists' becomings.

To further explore the material-discursive practices that emerge from intra-acting with trauma, I explicate the effects of STS, as it is a performance analogous to the PTSD present for many traumatized clients. Figley (1995) defined STS as “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person” (p. 7). While STS is a “natural consequent,” or heightened physiological response to intra-acting with trauma (Figley, 1995, p. 7), the patterned shifts in thought, mood, and behavior following trauma disclosure have been defined diagnostically, conceptualized through symptoms identical to those found in PTSD including intrusions, avoidance, negative shifts in mood and thoughts, and changes in arousal (American Psychiatric Association, 2013; Figley, 1995). Rasmussen and Bliss (2014) conceptualized how STS comes to matter, in that the activation of mirror neurons through therapeutic empathy can trigger the clinician's autonomic nervous system, thus producing similar bodily reactions to the client's trauma and resulting in the mirrored effects of STS as seen in PTSD.

Clinicians with STS reported nightmares, heightened emotionality, and hypervigilance, among other symptomatic and personal experiences, in response to client's disclosures and experiences of trauma (Baird & Kracen, 2006). STS can also manifest through shifts in personal identity, values, and world views, as clinicians encounter client's experiences with violence, cruelty, and deception, resulting in distrust and distance in personal relationships, as well as lack of trust in self and sense of personal safety (Hesse, 2002). Additionally, therapists can develop STS from the cumulative experiences of trauma disclosure and across numerous clients within a

short time span. For example, following the 9/11 terrorist attacks in the US, therapists reported feelings of exhaustion, guilt, and overwhelm as clients repeatedly brought the trauma of 9/11 into the therapy room (Batten & Orsillo, 2002).

Previous literature on STS and related constructs has identified that younger practitioners and clinicians with less experience are more likely to develop symptoms of STS than advanced or tenured practitioners and are simultaneously less likely to have trauma-focused supervision or training (Knight, 2010). For example, one study of graduate-level trainees found that a majority of participants were working with traumatized clients with no or minimal trauma-specific training and were more likely to display a pattern of VT symptoms (Adams & Riggs, 2008). Michalopoulos and Aparicio (2012) similarly reported that social workers with less experience working in the field were at greater risk for developing VT than more experienced social workers.

Beyond clinicians experiencing STS and related symptoms because of intra-acting with trauma-affected populations, researchers who intra-act with similarly affected populations have also been found to be impacted by trauma (Whitt-Woosley & Sprang, 2018). Notably, qualitative researchers are at greater risk for developing STS or burnout than quantitative researchers due to the closeness and detail inherent within the research (Whitt-Woosley & Sprang, 2018). Qualitative researchers may also bring their own histories of experiencing trauma to their work, like many clinicians with past, personal trauma exposure, affected by their own trauma as well as their research participants' (Michell, 2020). While beyond the scope of this study, exploring the experiences of trauma disclosure among a clinician population may serve as a jumping off point for other fields and professionals who hear or witness trauma among varying populations, as well

as provide insights for scientist-practitioners working at the intersection of clinical practice and research.

Enacting an Agential Cut: Statement of the Problem

While the outcomes of trauma disclosure on clients and effects of resultant STS on clinicians has been explored throughout the traumatic stress literature, more remains to be known. Specifically, Ullman (2011) noted the need for increased qualitative research to explore the active and complex process of trauma disclosure, such as how clinician, client, and trauma co-mingle in moments of disclosure and in subsequent interactions to increase supportive reactions and appropriate treatment modalities for clients who disclose trauma. In addition, Smith et al. (2007b) underscored the need to examine the experiences of younger (that is, newer to the field) therapists who are beginning to work with traumatized populations, as opposed to the current literature that has emphasized the processes and experiences of expert trauma clinicians. Furthermore, as the current cohort of novice therapists are developing their therapeutic practice and intra-acting with clients amid a global pandemic and in the wake of a sociocultural reckoning regarding violence towards and oppression of Black lives, this particular configuration of spacetime matter differentially impacts how trauma comes to matter in the bodies of the therapeutic assemblage and is therefore important to investigate (see Elder & Johnson, 2003 for a discussion of life course theory and the impact of historical time and place on human development). In particular, the effects of global crises such as COVID-19 on mental health providers (i.e., high workload, increased emotional distress, experiencing the trauma of the pandemic alongside clients; Joshi & Sharma, 2020), underscore how trauma is entangled within therapeutic intra-actions in new ways currently than in previous eras or within earlier configurations of spacetime matter.

This dissertation therefore sought to explore and map the process of trauma disclosure, investigating what is produced during the disclosure of traumatic experiences and how trauma disclosure produces material-discursive shifts in the dynamics of the therapeutic process and therapist-client relationship. As studies have begun to outline the process of trauma disclosure for clinicians, there remains a gap in the literature regarding the particular experiences of MFTs, as well as the experiences of clinicians who are new to practicing within the mental health field, who may be at greater risk for developing STS and are learning the profession in the midst of the collective trauma of a global health crisis and sociopolitical unrest due to racialized violence (Kira et al., 2021; Eichstaedt et al., 2021). Additionally, by employing an agential realist frame (Barad, 2007), this dissertation considered how trauma disclosure produces differences that matter for the therapist and therapeutic process from a relational perspective, exploring how the relational entanglements and intra-actions of therapy shift when trauma is materialized through disclosure. I therefore sought to examine the experiences of pre-licensed MFTs, exploring and tracking their performative enactments and embodied reactions during trauma disclosure and examining what was produced following trauma disclosure with an emphasis on the process and relational engagement of therapy. As previously described, the research questions that guided this dissertation were 1) what is materially/discursively produced in the bodies⁸ of pre-licensed MFTs when a client system discloses trauma? and 2) how does the disclosure of trauma impact the process of therapy and the therapeutic relationship?

⁸ Therapist bodies in this inquiry are not only physical or physiological, but instead “bodies are among the differential performances of the world’s dynamic intra-activity, in an endless reconfiguring of boundaries and properties” (Barad, 2007, p. 376). Bodies are therefore intra-active, entangled embodiments and performances of matter, discourse, affect, spacetime, culture, relationality, etc.

Diffraction as Methodology: With/In the Data Assemblage

As agential realist theory shapes the conceptualization of this study, it also informs the production of data, data analysis, and presentation of results. As part of the framework of agential realism, Barad (2007) put forth the concept of diffraction as a way of considering how matter comes to matter that has been further taken up by qualitative researchers (e.g., Lenz Taguchi, 2013; Jackson & Mazzei, 2012). Diffraction the researcher to the making and marking of difference, particularly differences that matter for the agencies of study (Barad, 2007). As this dissertation considered the shifts, or moments of difference, during and following trauma disclosure, diffractive methodologies were employed throughout the course of this study.

This section details the methods for this dissertation, outlining the overarching methodological orientation, role of the researcher, and primary *doings* within the purview of this study, followed by two sections that indicate how interview and focus group were conducted and resultant data analyzed. While being attuned to moments of difference-making, the first part of this study entailed poetical analyses of semi-structured interview data, exploring how the material-discursive bodies of pre-licensed MFTs experienced trauma disclosure. The subsequent portion of this study examines focus group data through diffractive analysis, or by “reading-the-data-while-thinking-the-theory” (Jackson & Mazzei, 2012, p. 4), to explicate what is produced in the therapeutic process and relationship following trauma disclosure. Notably, while this section presents the interview and focus group methods as distinct pieces of this study, and the study was conducted and analyzed sequentially, this is one of many cuts that enacted separability while inherent entanglement remains⁹, made as part of the creation and execution of this dissertation.

⁹ For example, the entanglements of researcher and participant across both parts of the study, as participants’ responses and research intra-actions are carried in the mind and body of the researcher from interview to interview, and from interview to focus group, where participants may once again intra-actively engage with the researcher as well as fellow participants.

As agential realism not only theoretically but analytically guides this dissertation (Barad, 2007), trauma disclosure is understood as an ongoing entanglement of agencies, impacting the materiality of those agencies in their becoming. Within this analytic frame, the unit of analysis or subject of interest are not discrete individuals (e.g., pre-licensed MFTs who have experienced client trauma disclosure), but assemblages that are analyzed are intra-actions, or the “mutual constitution[s] of entangled agencies” (Barad, 2007, p. 33). As the assemblage of therapist-client-trauma (and, by extension the therapists’ clinical site, supervisor, training, and education) following disclosure transforms across time and is active and changing, analysis occurs on the move, or in the midst of *becoming* (Freeman, 2017; Barad, 2007). In particular, research guided by agential realism is diffractive: “a commitment to understanding which differences matter, how they matter, and for whom” (Barad, 2007, p. 90). Throughout the research process, I attuned my research questions, study design, and analyses to the differences that were/are occurring with/in the entanglement of trauma disclosure and therapy (that is, attending to how I am with the research, in the research, and within the research). As opposed to tracking categorical differences as a way to distinguish between items, people, or experiences, a diffractive perspective attunes to positive difference, or moments of difference-making as a way to trace and follow matterings in their dynamic production and becoming (Freeman, 2017).

As Barad (2007) underscored, I as the researcher do/did not stand outside of the research but intra-acted with and in the assemblage of subjects. I co-mingled with not only the participants who elected to take part in my study, but also their clients and the agencies of those clients’ traumatic pasts. Barad (2007) highlighted this lack of separation and inherent entanglement does not prevent objective knowledge from being created, but rather necessitates research practices that are continually considerate of and responsive to, this reality:

The fact that we make knowledge not from outside but as part of the world does not mean that knowledge is necessarily subjective...rather, objectivity is about being accountable to the specific materializations of which we are a part. And this requires a methodology that is attentive to, and responsive/responsible to, the specificity of material entanglements in their agential becoming (p. 91).

Therefore, the research design and methodology described in the following sections were enacted in ways that were responsive and accountable to my participants, their clients, and the agencies of their trauma and what was produced throughout the course of this dissertation.

Response-ability: The Ethics of Research

As agential realism is an ethico-onto-epistemological framework, it is crucial to attend to how I as the researcher engaged in the practices and doings of research, participating and cultivating ethical/relational research (Barad, 2007). Barad (2007) underscored how “particular possibilities for (intra-)acting exist at every moment, and these changing possibilities entail an ethical obligation to intra-act responsibly in the world’s becoming, to contest and rework what matters and what is excluded from mattering” (p. 178). Within the research process, this ethical obligation includes engaging in response-able research (Barad, 2010). Beyond responsible research, which includes ethical practices and accountability to the research process and participants, response-able research is also collaborative and iterative, “(re)opening up to, and enabling responsiveness” (Barad, 2010, p. 265; Barad, 2012), as well as accountable to the specific materializations of the study in its specificity. This response-ability was active and ongoing, as I within the researcher role continually attended to what I asked and tuned into and what I may not have asked/cut out. Through active memoing (i.e., an online research journal, a notebook of jottings, notes, and considerations of analysis-in-process, markings on the 250 pages

of transcripts), consultation with my peers and committee, collaborating with my participants during the focus group and interview processes (Barad, 2012) and in sharing results with participants to account for the (re)presentation of data, I sought to engage in this research process actively and ethically.

Part of this ethical response-ability began in the conceptualization and framing of this research, as the choices of what to include/exclude are inherently intra-active and relational, impacting what matters to myself as the researcher, my participants, and all other agencies that intra-act with/in this research (Orlikowski & Scott, 2015). Particularly for understanding trauma, traumatic stress, and embodied responses to trauma disclosure, I as the researcher attended to the process of mattering, how matter came to matter within traumatized bodies and agencies of trauma that intra-act (including by attending to what is/not a traumatized body, traumatic experience, trauma; Ibrsim, 2020). For example, in considering the current context of COVID-19 and the heightened state of sociopolitical unrest and violence against minoritized populations in which this dissertation occurred, trauma related to COVID-19 and systemic oppression was considered and specifically attended to throughout the research process. Questions related to these embodied traumas were explored as some of many potential traumatic experiences disclosed during the therapeutic process, particularly when and as noted by the participants. These questions related to current traumatic events were also explored as part of noticing what matters/comes to matter in the bodies of clinicians with varying identities. Additionally, I sought to be accountable and responsive to how my White, cisgender, female, able body shifted what questions are asked, how these questions were responded to and by whom, and how power was produced and moved, as “power is rethought in terms of its overall materializing potential”

(Barad, 2007, p. 230), and is therefore embodied and on the move in what matters/comes to matter.

Barad (2007) stated the apparatuses that produce phenomena, such as that of the research apparatus of this dissertation, “are not bounded objects or structures; they are open-ended practices” (p. 170). Therefore, this research apparatus is not closed even as I pen these words but is unfolding and enfolding in the intra-actions of agencies (myself included) that comprise this research and that will entangle with the findings through reading in the future. I therefore sought to be responsive to the research process as it unfolded throughout the entire research process, such as through adapting, changing, and refining the questions I asked during focus groups and interviews throughout the iterative data collection process. I further attended to the entangled nature of myself within the analysis process as I intra-acted with the data during analysis and produced my findings, intentionally and responsibly taking account for what I was tuning into and what I may have been leaving out. While the findings produced in this study are not the totality of what can be known on the topic of therapist experiences of trauma disclosure, nor are they closed, these open-ended findings and the process of this dissertation sought to engage in the complexity of intra-acting with trauma in ways that were responsible and response-able, or accountable and iteratively responsive, leading to new knowings/with always more to be known. In the following section, I map processes of data generation, including how I intra-acted with participants, who participants were, and what data I explored through the analytic processes I engaged in.

Recruitment Processes, Data Collection, & the Data Assemblage

Participant recruitment occurred through online email communication to program and clinic directors of COAMFTE-accredited master’s and doctoral programs, inviting them to

forward the study details to pre-licensed MFTs including current students and alumni who may be interested in partaking in the dissertation study (see Appendix A). Prior to participating in the study, participants completed a short eligibility survey that expressed their interest and included criteria questions comprising educational status (e.g., in progress or completed degree in marriage and family therapy), licensure status (e.g., pre-licensed or associate licensed), and affirmation of at least one experience of trauma disclosure within therapeutic work (self-defined by the clinician, per [Lu et al., 2017]). Participants were eligible to participate in the study if they were clinically active as a marriage and family therapist, pre-licensed, and affirmed at least one experience of client trauma disclosure. Potential participants were then contacted via the contact information they provided in the eligibility survey with an invitation to participate in the first part of the study, the semi-structured interview. Interview participants were also invited to participate in a subsequent research focus group. Additional recruitment efforts were enacted to secure participants for the focus group as interview participants were not available or did not elect to participate in the second part of this study to secure approximately 4-5 participants per focus group (Cleary et al., 2014). Table 1 provides an overview of the participants who took part in this study, including which phase(s) of the study they participated in.

Table 1.1*Participant Information and Demographics*

Pseudonym ^a	Interview	Focus Group 1	Focus Group 2	Therapeutic Experience	Demographic Notes ^b
Dana	X		X	Associate licensed, master's completed in 2020	White and Asian, female, she/her/hers, age 25-29
Courtney	X	X		Masters completed in 2021	Black, female, she/her/her, age 20-24
Erin	X	X		Associate licensed, master's completed in 2020	White, female, she/her/hers, age 25-29
Dawn	X			Associate licensed, all hours accrued for full licensure	African American, female, she/her/hers, age 60-65
Candace	X	X		Associate licensed, 2 nd year PhD student	Caucasian, female, she/her/hers, age 30-34
Nora	X			2 nd year PhD student, master's completed in 2020	White, Middle Eastern, female, she/her/hers, age 25-29
Sabrina	X			1 st year PhD student, master's completed in 2021	White, female, she/her/hers, age 25-29
Lauren	X	X		2 nd year master's student	Caucasian, female, she/her/hers, age 20-24
Lena	X	X		2 nd year PhD student, master's completed in 2020	White, cisgender female, she/her/hers, age 25-29
Aladdin	X		X	3 rd year PhD student, master's completed in 2019	Black, cisgender male "with a little bit of femininity", he/him/his, age 25-29
Nicole	X		X	4 th year PhD candidate, master's completed in 2018	White Caucasian with English roots, cisgender woman, she/her/hers, age 30-35

Francesca	X	2 nd year master's student	Black, female, she/her/hers, age 25-29
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^a Participants were offered the opportunity to self-select a pseudonym (see Allen & Wiles, 2016 for a discussion of participant-selected pseudonyms). Approximately half of participants selected their own pseudonym for purposes of the research.

^b All demographic information is presented as described by the participant.

Response-able Research Practices

Participants first engaged in semi-structured interviews, lasting approximately 60 minutes, exploring their embodied experiences of client trauma disclosure, followed by an invitation to participate in one of two focus groups examining how trauma disclosure impacted the therapeutic process. Both interviews and focus groups were conducted via Google Meet, a secure and HIPAA-compliant video meeting platform. Gift card incentives of \$50 were provided to participants for participation in each part of this dissertation study as part of the recruitment and retainment process, in line with Krueger and Casey's (2015) recommendations for compensation as part of a 60- to 90-minute interview/focus group protocol. As clinicians may have participated in this study in lieu of seeing a therapy client, the incentives provided served to mitigate some of the lost income that may have been incurred (Krueger & Casey, 2015). All incentives provided throughout this study were made possible through funding received via the Price Coker dissertation award.

All participants provided informed consent throughout both parts of the study. Informed consent goes beyond agreement to participate in the dialogic process of the focus group or interview but includes consent for myself as the researcher to analyze and produce my dissertation and potential future publications in which their words and intra-actions are explicated and explored (Mason, 2018). Consent was ongoing, including in written form prior to engaging in the active focus group/interview (see Appendices C and F), as well as verbally

throughout the research process as it unfolded, including discussing with participants what will be included within the corpus of data (not just words, but the audio, including expressiveness, intonation, emotion, etc.) as well as what was included within the analysis and production of results and the final dissertation product (Mason, 2018), including providing participants with member checking opportunities such as through reading poems created as part of poetical analyses (see Chapter 2). As part of the informed consent process that sought to protect the participants' anonymity as much as possible during and following participation in this study, all forms of data and participant information were stored in Google Workspace (formerly G Suites), a secure platform backed by multi-factor authentication.

Semi-structured Interviews

A semi-structured interview process was appropriate for this exploration of trauma disclosure as this methodology allows for engagement of researcher and participant in ways that are reflexive and dynamic (Glesne, 2011), highlighting the nature of research as co-constitutive, unfolding, and relational (Barad, 2007). Employing semi-structured interviews, with prepared open-ended questions that leaves space for expansiveness, follow-up questions, shifting directions, and flexibility furthered my ability to be responsive as a researcher and attend to the agential cuts that were enacted throughout dialoguing with each participant (Mason, 2018). As “cuts are part of the phenomena they help produce” (Barad, 2007, p. 145), it was beneficial to employ an interview method that allowed for differing cuts to be made on the move, as “boundaries do not sit still” but are constantly shifting as phenomena are in the process of becoming and being produced (Barad, 2007, p. 171). Individual interviews also allowed for increased attention to each therapists' unique experiences, opening space to specifically ask about embodied, in-the-moment responses to trauma disclosure. The questions of the semi-

structured interview (see Appendix D) specifically examined what matters/comes to matter in the bodies of pre-licensed therapists during the moments of trauma disclosure.

As part of the semi-structured interviews, I asked each participant to bring a creative work that was representative of their experience(s) of client trauma disclosure. These creative representations were then shared as part of the interview process, bringing in new/different knowings and ways of engaging with the embodied experience of trauma disclosure (Piercy & Benson, 2005). Creative representations included art drawn by the participant, prints and paintings, memes and gifs, quotes, and song lyrics (e.g., “So before I save someone else, I've got to save myself / I gave you all my energy and I took away your pain;” Sheeran, 2017). Participants discussed why they chose the creative work they brought to the interview and how it tied into their experience, where it fell short, and how it illuminated parts of their experience that may not have otherwise been explored. These creative works then becoming part of the data assemblage, examined during the analysis process (discussed in more detail in the section “Audio, Transcripts, Memos, Jottings: Resisting Representation” below).

Focus Groups

Focus groups were subsequently conducted following the semi-structured interviews, to consider what was produced in the therapeutic process and relationship following trauma disclosure (see Appendix F for the protocol that guided the focus groups). In line with the diffractive methodology of this dissertation, focus groups promoted dialogue and discussion between participants, opening space to consider the multiplicities at work in the therapeutic assemblage when trauma is disclosed. Kamberelis and Dimitriadis (2011) underscored how conducting focus groups is inherently connecting and connected, employing the metaphor of focus groups as prisms to highlight the multifaceted nature of the research inquiry, as various

aspects of the data and what is being produced in the research become more or less visible to the researcher as it is considered from multiple angles. In this way, a focus group is not about reducing findings or requiring sameness among participants, but about “marking differences from within and as part of an entangled state” (Barad, 2007, p. 89). Participants, their stories, histories, and encounters intra-acted with one another, considering together how trauma comes to matter in the therapy space in diverse and variable ways.

Drawing on the metaphor of the prism and Barad’s (2007) diffractive perspective, conducting more than one focus group allowed for increased consideration and analysis of the divergences, differences, and multiplicities between participants within a single focus group and across focus groups. By conducting two focus groups, I was therefore able to not only read the focus group data through theory (i.e., thinking with theory; Jackson & Mazzei, 2012, discussed more below), but also read the data from one focus group through the other, exploring what was produced through moments of sameness and difference, tensions and stuckness. Additionally, as part of response-able research practices, conducting two separate focus groups on varying dates further aided with recruitment and retainment, offering participants the opportunity to participate on the date that best suited their schedules.

As part of the focus groups, participants were asked to bring their creative representation of trauma disclosure from their semi-structured interview to the focus group. Participants placed their creative work into a collaborative, online whiteboard space, Mural, where they were invited to collage together, forming webs of connection/highlighting moments of difference across their representations and understandings of client trauma disclosure (see Chapter Three, Figures 3.3 and 3.4). This collaging further served as a jumping off point for dialogue and discussion regarding how the participants iteratively perform the role of therapist during and following

trauma disclosure, and how they witness and experience material-discursive changes in their therapeutic intra-actions once disclosure has occurred. The traces and threads across/between creative representations were noted and displayed in the connections and overlaps of the group collage, analyzed alongside the focus group audio and transcripts.

Tracing and Tracking: Data Analysis Processes

During and following data collection, I engaged in analytic practices to explore the research questions that guide this dissertation. Analysis occurred while semi-structured interviews and focus groups were in progress as a form of response-ability. For example, emerging findings from earlier interviews and focus groups informed lines of inquiry, areas of exploration, and questions to engage with more deeply in subsequent intra-actions with participants. Furthermore, while this dissertation is described in two sequential phases (i.e., interviews to explore research question one, followed by focus groups to probe research question two) both analytic processes were iterative and unfolding throughout the dissertation process. Data analysis practices for this dissertation as a whole (e.g., transcription) and for each phase of this dissertation (i.e., poetic and diffractive analyses) are described to underscore how analysis was conducted and productive of the findings described in Chapters Two and Three of this dissertation.

Audio, Transcripts, Memos, Jottings: Resisting Representation

As this dissertation sought to understand the embodied, relational experiences of pre-licensed MFTs, drawing on Barad's performative theory of agential realism, I endeavored to resist the representationalism that often comes from seeking a "verbatim" transcription as my primary (often sole) form of data. During interviews and focus groups, I sat in my home office, laptop stacked on magazines, with my printed interview guide and pen next to me, my audio

recorder as close to the computer microphone as I could manage (volume turned up to its maximum), and my phone next to the recorder, the Otter.ai application running to securely capture and engage in simultaneous voice-to-text transcription. All these technologies become/became/are part of the research apparatus, storing, preserving, and transforming the intra-actions of myself and my participants. The computer-assisted audio transcription software converted these intra-actions to text on a page (with varying degrees of accuracy, though accuracy itself proves to be a messy concept, a myth according to Shelton and Flint, 2019).

While I, as *the researcher* within the research apparatus reviewed and revised these computer-generated transcripts to align with the audio more accurately as I heard it, this process was, as Shelton and Flint (2019) describe, creative, full of choices and decisions of what to include, what to change, what constituted a “close enough” transcription as I challenged the concept of a verbatim transcript (can a transcript be truly verbatim? How can such a text account for the interactions, the overlapping speech, the intonations and pauses and laughter and emotionality that lives in the dialogue and relational engagement of myself as researcher/practitioner and my participants as clinicians/colleagues?).

Cannon (2018) further explored how transcription is itself an iterative, ongoing process, not just a product delivered, at which point data analysis can begin. Proving true of my own data analysis process, engagement with refining the computer-generated transcriptions and multiple listenings to the audio recordings allowed me to be with/in the data in ways that brought new insights and perspectives, and in ways that were always/already poetic and in/with/through theory (the analytic processes used within the purview of this dissertation study). Thus, not clearly definable on a timeline, analysis did not begin once transcripts had been reviewed and a textual representation had been solidified. Instead, analysis was ongoing, and data included not

just written (revised, partial) transcripts, but also audio that I re-turned to again and again, the creative representations each participant brought to exemplify their experience of client trauma disclosure, screen recordings of the focus group collage process, analytic memos, notes scribbled in the margins of my interview guides, highlights and underlines, jotted lines of dialogue, lines of text copied into my decomposition notebook and then into iterative word documents. All parts of the research apparatus, these data formed an assemblage, analyzed on the move and in the midst of becoming throughout the course of this dissertation study (Barad, 2007).

Poetical Analysis

In her seminal work *Poetry is Not a Luxury*, Audre Lorde (1984) declared poetry is “a revelatory distillation of experience” (p. 37), “the skeleton architecture of our lives [that] lays the foundation for a future of change” (p. 38). As this study was attuned to what was produced in the material-discursive bodies of novice MFTs during trauma disclosure, trac(k)ing trauma on the move, poetical analytic practices presented the opportunity for evocative understandings of traumatic stress, therapeutic relationality, and hope for healing and new becomings. Barad (2012) further underscored, “poetics as a mode of expression...lure[s] us toward the possibilities of engaging the force of imagination in its materiality. The force of imagination puts us in touch with the possibilities for sensing the insensible, the indeterminate...the other” (p. 216). This study therefore employed poetics as analysis and representation of findings, seeking not to uncover and display *the* findings or answer to the research question but instead to invite all who intra-act with the work to be in touch, to be connected, and to engage in the work of creating knowledge on the move (Freeman, 2017; Barad, 2007). Indeed, poetical thinking includes not only creating poetry, but thinking about connection, evocation, and experience as it experienced, not as a reflection of an experience (Freeman, 2017).

As this study is conceptualized through the lens of Barad's (2007) agential realism by considering intra-active becomings instead of static beings, a representation of the data in a way that promotes multiple understandings and active creation of knowledge or truth as described above was fitting. In addition, just as Barad (2007) noted the researcher is entangled in the research process and is not an objective outsider, so is the reader entangled in the reading and meaning making, part of the web of performances that produce trauma, traumatic stress, therapy, healing, and change (Richardson, 1993). Indeed, the participatory nature of poetical analysis offered the opportunity for intra-actions to be seen, felt, and embodied by participant, researcher, and readers in ways that other forms of data analysis and representation may not permit (Freeman, 2017). Further, as poetry is not tied to linearity and instead holds space for ambiguity, contradiction, and complexity (Snyder, 1996), it also lent itself to further thinking with and through agential realism within the trauma/therapy assemblage, tracing trauma and how it comes to matter for pre-licensed MFTs (Barad, 2007).

Diffraction Analysis

To examine what was produced during and following trauma disclosure, I conducted an ongoing, diffractive analysis (Barad, 2007; Freeman, 2017). Barad (2007) outlined how diffraction is a phenomenon that departs from traditional notions of reflection and reflexivity, often seen in qualitative research. While reflection, as in a mirror, is oriented towards sameness and representation, diffraction considers patterns of difference (Barad, 2007). Furthermore, reflexivity is not about responsiveness to the external Other, but instead, as all agencies are inherently entangled, reflexivity entails attention to and accountability for the entangled practices that produce differences that matter (Barad, 2007). This diffractive methodology is aligned with an agential realist framework, as the world is understood as on the move and becoming, not static

and easily broken down into discrete categories (as is common in coding process often associated with qualitative inquiry; St. Pierre & Jasckon, 2014). A diffractive analytic framework therefore attends not to what differences are present, but what those differences produce (Barad, 2014).

Diffractive analysis includes reading texts, including theory and data, across disciplines and through one another. For example, Jackson and Mazzei (2012) put forth the diffractive analytic practice of thinking with theory, or plugging data into theory, in ways that do not reduce or simplify findings, but produce new knowings, meanings, and practices in their complexity. This plugging in “is a *process* rather than a...*concept*, something [researchers can] put to work, *the assemblage in formation*” (Mazzei, 2014, p. 743, emphasis original). This process was already becoming and continued throughout my dissertation process, including during the focus groups and in the iterative readings, listenings, and returnings to the corpus of focus group data and research texts. Written transcripts were analyzed alongside my notes, jottings, and memos from conducting the focus groups, as well as the recorded audio and screen recordings of the collage process/produced collages from the focus group participants. To further consider points of diffraction and difference, I also continued the practice of collaging, thinking with my participants’ creative representations, group collages, and their dialogue, through agential realism, trauma literature, and therapeutic theory. The collage process became an enfolded analytic practice, part of thinking with the theory, and the produced collages comprised some of the findings of this dissertation study.

By analyzing the assemblage of data through agential realism (Barad, 2007), theories that guide the field of marriage and family therapy (e.g., systems theory; Becvar & Becvar, 1999), understandings and theory related to trauma and traumatic stress (e.g., Herman, 1992), and research on trauma and therapy (e.g., attachment research; Pietromonaco & Powers, 2015) the

dynamism and relationality of trauma disclosure and subsequent shifts in therapeutic process and relationship were traced and explored. This diffractive analysis was ongoing throughout the dissertation process, “without a beginning or end, without origin or destination...analysis occur[ed] *everywhere and all the time*” (St. Pierre & Jackson, 2014, p. 717, emphasis original). Analysis was therefore enfolded in the process of dissertating, before, between, and after the focus groups were conducted, an ongoing part of being with/in the research.

Chapter Sequence and Conclusion

The guiding theory, rationale, and aims, as well as methods for carrying out this dissertation study have been provided above. The manuscript presented in Chapter Two, *Entangled and embodied: A poetical analysis of trauma disclosure in marriage and family therapy*, explores the in-session reactions of pre-licensed therapists to trauma disclosure via poetic analyses and (re)presentation. Chapter Three then includes a manuscript entitled, *Tracking traumatic stress in marriage and family therapy practice and relationship: A diffractive analysis of MFT clinician focus groups*, examining what is produced in the therapeutic process and relationship following trauma disclosure. Finally, in Chapter Four, I conclude with considerations based on the findings from this dissertation study presented in Chapters Two and Three, noting how these findings matter for pre-licensed MFTs, training programs and supervisors, and other helping professionals engaged in the treatment of traumatized clients and populations. While presented as discrete chapters that proceed one after the other, it is crucial to note these are cuts enacted as part of the dissertation process. This dissertation remains active and entangled, as “knowing is not a bounded or closed practice but an ongoing performance of the world” (Barad, 2007, p. 149). Dynamic and unfolding, this dissertation seeks to account for how therapeutic intra-actions matter and are reconfigured, as part of the world in its becoming.

CHAPTER 2

ENTANGLED AND EMBODIED: A POETICAL ANALYSIS OF TRAUMA DISCLOSURE
IN MARRIAGE AND FAMILY THERAPY¹⁰

¹⁰ Kelley, A. N. To be submitted to *Australian & New Zealand Journal of Family Therapy*

ABSTRACT

This study explores the embodied experiences of pre-licensed marriage and family therapists during in-session instances of client trauma disclosure through poetic analysis. Informed by Karen Barad's agential realist theory, interviews with novice marriage and family therapists (N = 11) were examined, considering evocative moments or moments of "aliveness" where the material-discursive body of the therapist was impacted by disclosure. Poetical analyses highlighted how pre-licensed marriage and family therapists embody and experience disclosure physiologically, emotionally, cognitively, and relationally, in ways that are connected, underscoring the layered ways in which therapists respond to client trauma. Eleven poems depict the embodied experience of trauma disclosure, based on the researcher's hearing of MFTs' experiences of client trauma disclosure. Understanding the multiplicative experiences of therapists during trauma disclosure may aid in normalizing the breadth of responses that come with relationally engaging with and holding space for trauma-affected clients and serve as an introduction to the varied and evocative experiences of trauma disclosure for therapists in training.

Keywords: Trauma disclosure; trainee therapists; agential realism; embodiment; poetics; ethics

Introduction

Most people (over 70% of adults globally) report experiencing at least one traumatic event, as defined by the DSM-5, during their lifetime (Benjet et al., 2016). With the spread of the novel coronavirus (COVID-19), this number may be even higher (perhaps approaching 100%) in recent years (Kira et al., 2021). Furthermore, in the United States (US), most individuals have experienced at least one adverse childhood experience (ACE), with over 20% experiencing three or more ACEs, significantly increasing the risk for traumatic stress (Giano et al., 2020). Nationally, approximately 6% of the US population will develop posttraumatic stress disorder (PTSD) at some time in their lives, with about 15 million adults experiencing PTSD in any given year (U.S. Department of Veteran Affairs, 2021). Given the near ubiquitous nature of traumatic experiences over the average lifespan, it is highly likely that those within helping professions, including marriage and family therapists (MFTs), will encounter clients with trauma histories and be privy to client trauma disclosure within the therapy process (Coleman et al., 2021). While extant literature has explored the experiences of clients and individuals as they disclose traumatic histories (e.g., Ullman, 2011; Ahrens et al., 2007; Pennebaker & Beall, 1986), little literature currently examines the experiences of those to whom trauma is disclosed, particularly within the field of MFT. This study, using agential realist theory and its relational ontological perspective (Barad, 2007), sought to address this current gap in the literature, exploring the experiences of pre-licensed MFTs during moments of trauma disclosure within the therapeutic setting.

Therapist In-Session Responsivity

The role of the MFT has historically been marked by in-session responses to client material, as the relationship fostered between clinician and client serves as the basis for therapeutic intervention and change (Becvar & Becvar, 1999). While therapists respond to clients

in many ways based on their theoretical orientation and style, as well as unique personality, there are multiple ways in which MFTs respond to clients during session that cut across models and serve as the basis for the therapeutic relationship. The concepts of empathy, affective mirroring, and countertransference highlight some of the ways in which MFTs engage with clients and respond to client content in session. These concepts provide traditional understandings within the MFT field of how clinicians attune and respond to clients, including when clients bring their traumatic histories into session. Notably, while oriented toward relationship building, these concepts are epistemologically and ontologically individual (Oxley, 2011; Hayes, 2002), with the therapist drawing on their internal experience to seek to understand, relate, and then respond to the client. To understand therapist responsivity as it is currently framed within prominent literature, these concepts are elucidated, followed by a review of the literature on therapist in-session responses to client trauma disclosure. Agential realist theory, as a relational ontological framework, is then described to frame and guide this study to explore novice MFTs' responses to client trauma disclosure in its entanglement and complexity.

Empathy

At the most basic, empathy has been defined as a translatable skill MFTs employ when relating to clients, characterized as “putting oneself into somebody else’s shoes” (Pfeifer & Dapretto, 2009, p. 184). Elliott and colleagues (2011) underscored the varying ways empathy, or therapist emotional engagement with client’s expressed emotions and experience, is understood, falling under three primary categories: empathic rapport, communicative attunement, and person empathy. Empathic rapport includes exhibiting compassion and understanding of the client’s experience, while communicative attunement is more active throughout treatment, as the therapist focuses on the client’s in-the-moment experience (Elliott et al., 2011). Person empathy

further includes exploring what the client is experiencing and has experienced to craft a fuller understanding of the client (Elliott et al., 2011). McCarthy (1992) further described empathy as multi-faceted, including affective, cognitive, behavioral, attitudinal, and imaginative elements. When combined, these elements allow the therapist to understand the client's experience and engage in the ongoing process of developing a trusting therapeutic relationship more fully.

Affective Mirroring

Underlying the expression of empathy, research over the past two decades on relational neural processes further underscores how therapists engage and respond to client material. The activation of mirror neurons and connective pathways to the amygdala when viewing another's emotional expression allows therapists to understand and relate to clients' expressed emotional states (Pfieffer & Dapretto, 2009). This mirror neuron system, in combination with the cognitive functioning of the pre-frontal cortex, promotes affective and cognitive empathy in which clinicians can feel similar emotions to that of their clients and experience a sense of how their experiences may impact their current functioning (Pfieffer & Dapretto, 2009). The mirroring process underscores how the clinician is shaped by the client, as they recognize and respond to the client system's content and process within the therapy room moment-by-moment (VanDerHeide, 2009; Pfieffer & Dapretto, 2009).

Countertransference

While the activation of the mirror neuron system in the brain allows therapists to relate to clients in meaningful ways, it also can spark connections to the therapists' own experience that can then be brought into the therapeutic relationship, known as countertransference. Since the early days of Freud and psychoanalytic treatment, concern regarding the transference/countertransference process has circulated the fields of psychology and

psychotherapy (Fauth, 2006). While definitions of countertransference have shifted over time as conceptualizations of therapeutic processes have been researched and further understood (e.g., Tower, 1956), varying definitions of this concept remain. Fauth (2006) defined countertransference as, “therapists’ idiosyncratic reactions (broadly defined as sensory, affective, cognitive, and behavioral) to clients that are based primarily in therapists’ own personal conflicts, biases, or difficulties (e.g., cognitive biases, personal narratives, or maladaptive interpersonal patterns)” (p. 17). Employing this definition, and from a systems perspective, countertransference can occur as the therapist engages with any or multiple parts of a system (Gehlert et al., 2014), including members of a couple or family, or parts of the client’s past that enter the therapeutic space, such as traumatic figures. While initial understandings of countertransference had an overwhelmingly negative connotation, countertransference has more recently been understood in therapeutic literature as part of the process of engaging in the clinician role and is particularly crucial for trainee therapists to be attuned to as part of their clinical development (Gehlert et al., 2014). Beck and Buchele (2005) underscored that while countertransference can be difficult for the therapist, it is also a “means of communicating the patient’s experience as well as the cornerstone for the therapist’s capacity to be empathic” (pp. 34-35). In this way, the constructs of empathy and countertransference can be connected, as the therapist brings their own experience and history into the therapy room, allowing them to connect with the humanity of the client but also requiring identification and management of therapists’ reactions when experienced (Beck & Buchele, 2005).

For clinicians who treat trauma-affected populations, compassion fatigue and countertransference can both arise due to the emotional, empathetic engagement of the therapist with the client and their trauma (Berzoff & Kita, 2010). As discussed by Berzoff and Kita

(2010), the constructs of compassion fatigue and countertransference can be confused, combined, or mistaken, as both are the reactions to troubling therapeutic material, particularly client trauma. Compassion fatigue includes the negative impact on the personal and professional lives of a clinician due to the emotional burden of client trauma, whereas countertransference is the clinician's negative response to client suffering or projection of emotions onto the client due to their personal experiences in and out of the therapy space (Berzoff & Kita, 2010). The constructs of countertransference and compassion fatigue, as well as related clinician phenomena such as secondary traumatic stress or burnout, highlight the ways in which clinicians are intimately engaged in the work of treating traumatic stress, reacting to, and being impacted by client trauma even though not experiencing it firsthand. While these constructs have been studied in greater depth, less is known about the initial reactions and experiences of therapists when encountering clients' traumatic material in session. Additionally, these concepts maintain the therapist and client as separate, interacting subjects within the therapy space. Exploring therapist responsivity from a relational framework offers a different perspective for how clinicians experience and relate to clients, particularly during instances of trauma disclosure.

Responsivity to Trauma Disclosure

Smith and colleagues (2007b) examined the reactions to traumatic material by expert Dutch trauma therapists, finding emotions of shock, anxiety, and helplessness, as well as experiences of ruminations about the session or being carried away by the client's feelings were common among this expert population. Another examination of this study population also revealed somatic reactions to client trauma, but the form or type of somatic reactions was not explicated, leaving more to be known about the internal experience of therapists when encountering client trauma (Smith et al., 2007a). Additionally, Malcolm and Golsworthy (2019)

identified moments of empathy and emotional engagement among British psychologists occurred when working with traumatized populations, accompanied or followed by experiences of emotional detachment due to the intensity of clients' histories and presentation.

Notably, the current body of literature regarding the experiences of clinicians working with traumatized clients, including those noted above, are primarily examining clinicians with expertise in treating traumatic stress, with even less known about the experiences of trainee and associate licensed practitioners. To address the lack of research among this clinician population, Lu and colleagues (2017) explored the experiences of trainee clinicians' exposure to trauma, noting immediate reactions to trauma in the therapy space included emotional and cognitive reactions, as well as self-identification or consideration of their experience in the counselor role working with clients with a trauma history. While these emergent findings provide initial insights into some of what is experienced in the therapy room when working with trauma cases, there is a call for increased research regarding the nuances of the embodied experiences of clinicians when a client presents with a trauma history, specifically therapists under supervision or in training who are hearing traumatic events disclosed for the first time (Dayal et al., 2021). This study therefore examined the experiences of pre-licensed MFTs, from master's-level interns through associate licensed professionals nearing full licensure status, as literature on trauma work with therapist trainees has primarily focused on the detrimental and negative effects of such therapeutic engagements (e.g., Adams & Riggs, 2008).

In addition to addressing this gap in the literature, this study employs an agential realist framework (presented below; Barad, 2007) to consider therapy and moments of trauma disclosure as inherently relational. This study therefore challenges the perspective that sees the therapist as a separate, outside responder to clients and the histories they bring into therapy,

including trauma. Instead, therapy and the disclosure of trauma are understood as an embodied entanglement of therapist and client, not a set of linear cause and effect interactions where the therapist reacts to and acts upon a client. To explore these entanglements and with a relational perspective, this study sought an evocative account of how client trauma disclosure was experienced by novice MFTs, exploring how therapists intra-act (as opposed to interact, per agential realism; Barad, 2007) with clients and their trauma.

Theoretical Orientation: Agential Realism

Karen Barad's (2007) agential realist theory informs this study, as this feminist new materialist framework underscores how all matter is entangled and on the move, without inherent separability. As an ethico-onto-epistemological framework, agential realism underscores how knowing, being, and relating in the world are connected (Barad, 2007). With this basis of understanding the world as entangled and connected, not static but always becoming, bodies (human and non-human) intra-act through varying practices and performances of engagement (Barad, 2007). This entanglement and lack of separability removes the boundaries between binaries, such as nature/culture, subject/object, and matter/discourse (Barad, 2007). Instead, all phenomena are described as always already material-discursive, meaning they are coming to matter, both in terms of materiality and significance, and are relationally connected (Barad, 2007). Thus, in the experience of trauma disclosure, therapist and client, past and present, meaning and materiality, are all entangled and co-configuring, producing the phenomenon of disclosure in its complexity.

Agential realism therefore considers embodiment as material-discursive intra-actions, guiding this study to explore the multiplicative experiences of MFTs during trauma disclosure (or, the experiences of intra-acting with client and trauma in the space of therapy). Embodiment,

as defined by Ziarek (2001), means “being in one’s skin” (p. 4), and includes the physiological experience as well as internal understandings of what is occurring within any given moment (e.g., cognitive, emotional/affective, relational, and somatic experiences). Kepner (2003) described the role of the therapist as one of embodied listening and embodied empathy, where the clinician recognizes what is occurring within their own body and is attuned to what is happening in the body(ies) of the client system. Informed by agential realism, this embodiment can be said to be entangled, as bodies are not distinct and separable, but are intra-acting matter in the process of becoming (Barad, 2007). Indeed, Barad (2007) puts forth that embodiment is “‘having-the-other-in-one’s-skin’” (p. 392), an entangled and ethically bound form of mattering. Part of this intra-active embodiment includes attending to the “liveliness of intra-activity, not in the sense of a new form of vitalism, but rather in terms of a new sense of aliveness” (Barad, 2007, p. 177). This embodiment, then, includes taking account of the specific material configurations that are intra-acting and how “concepts become meaningful through their embodiment” (Barad, 2007, p. 329); in the case of this study, being accountable to/for how trauma comes to matter in moments of trauma disclosure for pre-licensed MFTs intra-acting with clients and trauma.

Specifically, as discussed in Kelley (2022), agential realism informs the practice of MFT, particularly for the treatment of traumatic stress, as agential realism considers how the agencies of the traumatic event are not past/passed but are presently entangled with client and therapist during the therapeutic process, including during moments of trauma disclosure. Quinn (2010) further underscored, “the notion of becoming [in agential realism] reconfigures how trauma affect is conceived; not as a thing that is, but as a movement that changes back and forth, all the while becoming through performativity” (p. 52). Within the purview of this study, this includes

not only the ways in which trauma is held and stored in the bodies of trauma-affected clients, but also how intra-acting with trauma shifts and changes the material-discursive body of the therapist during and following client disclosure. These expressions of embodiment are explored throughout this inquiry, considering how trauma moves, shifts, and changes within material-discursive bodies of pre-licensed MFTs.

Study Aims

As trauma disclosure has been studied primarily from the perspective of the individual disclosing (e.g., the client or client system) and from individualist theoretical frameworks (e.g., interpretivism), with few studies considering the experiences of trauma work on trainee clinicians, and no studies exploring the experiences of MFTs during the process of trauma disclosure, this study considered the material-discursive phenomena of pre-licensed MFTs' embodied entanglements with trauma and client during disclosure. Through semi-structured interviews, I considered what was produced during trauma disclosure in the embodiments of pre-licensed MFT clinicians. I employed poetical analyses (Freeman, 2017) to examine and express the materiality of engaging with trauma in the marriage and family therapy setting. The research question that guided this study was: what is materially/discursively produced in the bodies¹¹ of pre-licensed MFTs when a client discloses trauma?

Methods

Informed by agential realism, this study was guided by diffraction as a methodological concept (Barad, 2007; Williams, 2020). As opposed to a reflective or representationalist methodology that seeks to mirror findings and moments of sameness, a diffractive approach

¹¹ Where bodies are not only physical/physiological, but embodied materializations of matter and meaning (Barad, 2007).

attends to moments of difference, taking account of how those differences are materialized and come to matter (Barad, 2007). Diffraction “attends to specific material entanglements” (Barad, 2007, p. 88), where “entanglements are not unities...[but] entail differentiatings” (Barad, 2014, p. 176). A methodology of diffraction therefore explores multiplicities, divergences, and the unique material configurations at work in each moment of inquiry, attending to the complexity of entangling with/in the world in its becoming (Murriss & Bozalek, 2019). Williams (2020) and Aslanian (2018) describe and employ poetics, described in greater detail below, as an arts-based diffractive methodology, as poetry explicates the multiple, complex, and varying configurations in the phenomenon of interest.

Poetical Analysis

Poetical analysis is an arts-based form of research inquiry, employed to express the dynamic meaning of becoming in the world (Freeman, 2017) and evoke emotional engagement with the research material (Kim, 2016). As Faulkner (2017) underscored, “poetry in research is a way to tap into universality and radical subjectivity...creat[ing] something from the particular, which becomes universal when the audience relates to, embodies, and/or experiences the work as if it were their own” (p. 210). Poetic inquiry therefore is a way to (re)present parts of the human experience that invite the reader in, an embodied form of inquiry that seeks to show, not tell, about what it is to be, in the case of this study, entangled with client and trauma through disclosure while in the therapist role (Faulkner, 2017). Poetry is thus both the process and the product of the research (Wakeman, 2015), with poetical thinking enlivening and speaking to the multiplicity of our embodied performances while being a performance within itself (Freeman, 2017).

Poetical analysis and (re)presentation are particularly evocative for the field of family therapy, going beyond the Cartesian dualism of mind and body and instead attending to the entanglement of bodies, emotions, power, and presence that echoes much of the embodied work of therapy (Piercy & Benson, 2005). Importantly, poetry speaks not only to the embodiment of the participants in this study but also “engage[s] the listener’s body” (Richardson, 2000, p. 933), underscoring the relational paradigm of the intra-action of matter inherent within this inquiry. In addition, Wakeman (2015) discussed how poetry can be therapy, opening space to consider the enfoldings and enmeshments of entering the therapeutic assemblage, as poetics can foster new knowings and becomings through engaging emotionally, spiritually, and with past wisdom. Poetry can “excavat[e] the traces of...multiple meanings...or open space between [binary] opposites” (Speedy, 2005, p. 284). Poetical analyses also do not assume singular or finite meaning upon the participant’s words, but instead allows them to “speak” for themselves, creating space for multiple understandings and varied engagement with the artful expression depending on the reader (Freeman, 2017).

The production of poems for this study was iterative and evolving, and included found poetry (i.e., using only an individual participants’ words, denoted by the participant’s pseudonym listed in brackets; Lahman et al., 2019), collective poetry (i.e., combining multiple participants’ words into a single poem; Teman, 2010), and map-poetry (i.e., layered, mapped images and poetic text that highlights the embodied trace within the poem; Hurren, 1998). Poetic analyses occurred through iterative listenings to the audio recorded interviews and (re)reading written transcriptions of the interviews, notes taken during the interviews, and subsequent jottings and memos. Analyses focused on pulling out moments of embodiment or aliveness, as discussed by Barad (2007), identifying evocative moments of entanglement and intra-action that mattered in

the material-discursive bodies of the MFT participants in this study. Table 2 provides an example of the creation of one stanza of poetical analysis. Importantly, this example does not capture all the iterations and revisions included in the data analysis process, nor is inclusive of the recorded audio, including how the participants' words were spoken, and creative representations that accompanied this written transcription and were drawn upon as part of the analyzed corpus of data (discussed further in an upcoming section), but instead provides a window into parts of the poetical analysis as it unfolded.

Table 2.1

Example of Found Poetry Stanza Creation: Lena

Original Transcript Data	Initial Poetical Analysis	Final Poetic Expression
<p>When asked how to describe experiencing trauma disclosure for the first time:</p> <p>“It could be you could have a lot of anxiety. You could have a feeling like you want to leave the room, you want to change the subject. You don't, you just like really don't know what to do. So that's, I guess, like how I would describe what it feels like is—panic seems like too strong of a word, but something in that arena of like, ‘Oh, shit, you know, they're telling me this now and what am I supposed to do?’ And then if you're able to just sit there and listen, like, if you've never heard somebody describe trauma before, again, like it's very it's very heavy. You feel it in your whole body.”</p>	<p>“It could be you could have a lot of anxiety. You could have a feeling like you want to leave the room, you want to change the subject. You don't, you just like really don't know what to do. So that's, I guess, like how I would describe what it feels like is—panic seems like too strong of a word, but something in that arena of like, ‘Oh, shit, you know, they're telling me this now and what am I supposed to do?’ And then if you're able to just sit there and listen, like, if you've never heard somebody describe trauma before, again, like it's very it's very heavy. You feel it in your whole body.”</p>	<p>You want to leave the room You want to change the subject You don't know what to do. It's heavy. Very heavy. Your whole body.</p>

Response-ability and Production of Poems

Langer and Furman (2004) described the practice of maintaining a research journal as part of the ongoing poetical analysis process, including documenting notes and reflections throughout, including during and following interviews, as well as iteratively writing and refining poems as part of the embodied analytic process. Along with taking notes during the interviews, I maintained a journal for analytic memos throughout the analysis process, documenting not only poems-in-progress, but my embodied experiences throughout the practice of poetical analysis. Per Lahman and colleagues (2019), I also engaged in regular reading of poetry¹² throughout the analysis process, tuning into the intra-activity of myself as reader and researcher, the words and person of the poet, and the participants of this study.

To promote trustworthiness within the production of poems, I considered and re-turned (per Barad, 2017) to Snyder's (1996) five aspects of poetic knowledge: "form (or containment); aesthetic knowing; non-identify with self (participatory creation); nothingness (and not knowing), and radiance" (p. 337), as I (re)wrote these poems, where re-turning noted a turning back towards, again and again, these concepts related to poetic knowledge. As I in the researcher role am consistently becoming, shifting as I intra-act with/in the world, each time I came back to an aspect of this work I had engaged with previously, I came to them with new understandings and perspectives, and therefore new ways of engaging that shifted what and how I produced throughout this study. Re-turning to these aspects of poetry not only promoted the creation of effective poetry, but also mirrored the processes within family therapy, wherein creative,

¹² As these decisions of who/what to intra-act with matter, I sought to engage with a variety of poets and poems. I read through a collection of notable 19th century American poets such as Whitman and Dickinson, seminal works of activist poets including Maya Angelou and Audre Lorde, and volumes of poems from current poets with an emphasis on women and poets of color, such as Jericho Brown, Rupi Kaur, and Ocean Vuong. My intra-actions and entanglements with their words were paramount to this study, and they are with/in the poetic (re)presentations presented throughout, as I was/am evoked by their work.

reflexive engagement produces new knowings, understandings, and relational enactments (Snyder, 1996). Thus, the development of these poems was derived from many of the same principles and processes emergent within the therapy room itself, allowing for the poetic (re)presentations to further emulate the therapeutic experience, with a particular emphasis on trauma disclosure.

Furman (2006) additionally underscored that trustworthiness and generalizability in poetical analyses stems from the reader of the poem, as they intra-act with the poem itself and the agencies that created the poem, including the researcher, participants, and other subjects (e.g., agencies that produced the traumatic event). If the reader experiences personal meaning from the poem, it may be said to be generalizable to the reader; if the reader encounters patterns that speak to the human condition or a broader human experience, it may then hold metaphoric generalizability (Furman, 2006). Freeman (2017) further indicated poetical analysis is valid if the reader experiences the dynamism of the poetic work, the aliveness embedded in the material-discursive nature of the poem and the phenomena entangled in its becoming. Piercy and Benson (2005) outlined multiple questions for aesthetic family therapy research that I also attended to as I engaged in the analysis process (e.g., does the work have aesthetic merit? Is there rigor behind the work? Is there room for multiple interpretations? See Piercy & Benson, 2005, pgs. 116-117 for the complete list of considerations for rigorous, aesthetic family therapy research). Furthermore, I re-turned to the theoretical foundations of this study, drawing on Barad's (2007) considerations of rigor, which stem from a diffractive perspective and include attending to difference, practices, and performances that matter (significantly and materially) throughout the study and during the analysis process. In addition to these considerations of rigor throughout the analysis process, participants were contacted for purposes of member checking to ensure the

poetic findings of this study expressed their experiences and embodied reactions during trauma disclosure. Colleagues in the MFT field provided feedback as a secondary form of member checking as others who have intra-acted with clients and trauma in the therapy space.

As I am also part of the entanglements expressed and explored throughout this study, intra-acting not only with the therapist-participants, but also with their clients and the traumatic figures that entered the therapeutic space, I further accounted for my role in the creation and (re)presentation of the findings of this study through creating my own autoethnographic, found poetry. Like Barad (2007) underscored, “we don’t obtain knowledge by standing outside the world; we know because we are of the world. We are part of the world in its differential becoming” (p. 185). Therefore, drawn from my research memos written throughout the process of interviewing and analyzing the data, I reflected on my own experience with/in the research and the moments of trauma disclosure outlined in this work:

Researcher/Colleague/Clinician [Autoethnography]

I was struck
By the vulnerability,
Raw and resonant.
I could see their insides,
The way the work lingers.

The therapist in me *gets it*,
The non-neutral researcher that I am.
I’m in the therapy room, tuning in.
We connect so quickly,
Honesty flows.

I turn, re-turn.
Read. Re-read.
It’s not about matching my experience,
But of being evoked. The
Embodied-ness.

From scratching out crude lines,
 Arrows and inserts in the margins,
 To sanding out the chicken scratch,
 Refining with higher grit sandpaper,
 Smoother and smoother.

It's not about *the* answers, but
 The experiences, complex.
 Dark, troubled, honored, privileged.
 Being with their stories,
 I am drawn in.

As Aslanian (2018) discussed, poetics as a form of diffractive methodology results in poems that are “unintentionally co-authored by myself and the participants—at the same time belong[ing] to neither of us” (p. 180). The poetic findings of this study were taken directly from the participants’ words yet were shifted and shaped in attending to moments of embodiment and aliveness, becoming (re)presentative of my understandings of their experiences, as I was/am an intra-active agent within this study. The poems vary in length, form, and style as a form of responsivity to the participants’ words and experiences, creating specific configurations of words and phrases that explicate the embodiment of intra-acting with trauma.

Data Collection

Within this study, semi-structured interviews were conducted to explore the making and marking of difference during client trauma disclosure, with an emphasis on the differences that mattered in the material-discursive bodies of pre-licensed MFTs in those entanglements of therapist, client, and trauma. Interviews lasted approximately 60 minutes, occurred virtually, and were audio recorded, exploring the interviewee’s experience of providing MFT services to clients with a trauma history, probing instances of trauma disclosure within the therapy setting. These interviews were aimed at further understanding how clinicians experience their embodied reactions when a client discloses a trauma history and how they experience the material-

discursive effects of the trauma disclosure on the therapeutic process and relationship.

Participants were asked to bring a creative work (e.g., artistic print, poem, song lyrics, etc.) that represented their experience of trauma disclosure to the interview, which was discussed as part of the exploration into embodied experiences during disclosure. Participants were provided a \$50 gift card incentive for participating in a one-on-one, semi-structured interview. This study was deemed exempt by the University of Georgia Institutional Review Board (see Appendix A) and all participants completed informed consent to participate in this study and be audio recorded (see Appendix C). Appendix D outlines the semi-structured interview guide that was employed for conducting these interviews.

Participants were eligible to participate in this study if they were a pre-licensed MFT (e.g., an active clinician under supervision, including master's and PhD students and associate licensed therapists) and had experienced at least one experience of trauma disclosure by a client during a therapy session. In alignment with Lu et al.'s (2017) approach to examining the experiences of counseling students' exposure to client trauma, participants self-defined what constituted a traumatic event, and therefore personally determined what clinical moments entailed trauma disclosure. Participants (N = 11) included ten women and one man with therapeutic experience ranging from one to six years (2nd year master's student to associate licensed with all hours accrued for full licensure). Three participants identified as Black or African American, two identified as biracial (White and Asian, and White and Middle Eastern), and the remaining six participants identifying as White. Participants ranged in age from 24 to 60 years.

Study Considerations

While I was attuned to many questions and considerations from the literature to promote rigorous and trustworthy poetic (re)presentations of the findings of this study (e.g., Piercy & Benson, 2005; Furman, 2006), the ability to fully capture all that was expressed by participants in poetic form is elusive and impossible, meaning all poetic (re)presentations are partial by nature. This research was also conducted on the move, speaking to moments in time that are continuing to unfold and be enfolded back again (Barad, 2007). As many poets (e.g., Piirto, 2002) and Barad (2007) highlighted, the agencies of the poems and the poems themselves will never be fully complete or still, but always becoming and on the move as they are (re)read. Therefore, the poetic findings of this study capture particular intra-actions and moments in time, elucidating some of the embodied experiences of the participants with yet more to be known. As this study was also qualitative in nature, it cannot be said to be generalized to the entire population of pre-licensed MFTs.

Additionally, while I sought to interview a sample of diverse participants, the sample was limited across lines of expressed gender and was overall a young, primarily White or White-presenting sample. In being response-able and accountable to the research apparatus and the agential cuts made as part of this study (Barad, 2007), it should be noted further investigations into the embodied experiences of men in the MFT field as well as those who are from minoritized communities who are intra-acting with trauma in the therapy space should be explored in greater detail.

Findings

The findings that emerged through this study (re)present the range of experiences that occur during trauma disclosure, entangling affective, cognitive, physiological/somatic, and

relational responses. The selection¹³ of poems presented explore the complexity of intra-acting with/in trauma and are accompanied by discussions of clinical embodiment and responsivity in the therapy space. Poems are presented individually or grouped together, as part of the exploration of connected moments of embodiment and points of evocation that were traced across/between poems and participants.

The First Time You Hear It [Lena]

You're going to feel it
 In your body.
 For me, it's my chest.
 For you, it might be something else,
 A lump in your throat.

My whole body feels
 Weighted down in the chair. Like
 You're sitting in the chair and you can't
 Stand up.

Oh shit: Now what?

You want to leave the room
 You want to change the subject
 You don't know what to do.
 It's heavy. Very heavy.
 Your whole body.

¹³ Notably, the poems (re)presented within the body of this manuscript are inclusive of some of the aspects of engaging with/in client trauma. Additional poetic findings and entanglements can be found in Exhibit A, furthering the entanglement and engagement of the reader with the material-discursive becomings of the participants during trauma disclosure. These poems can also be read as a collection in a printed volume, provided to the committee as part of the presentation of this dissertation study. In thinking with Barad (2007), this physical form of the poems matters, as matter and meaning are co-constitutive/co-constituting. I encourage readers to engage with the poems in their printed, bound, collective form prior to reading the findings and discussion sections of this chapter to embrace the evocative, embodied experience of intra-acting with/in trauma disclosure.

Knowing, then KNOWING [Courtney]

I knew it existed but
 It was my first time hearing it.
 My mind racing, nervous.
 I was scared

For her.

Goosebumps,
 This chill feeling.
 Anger.
 It was a lot
 At the same time.

Whoa.
 I didn't expect that.

While all participants discussed their developmental trajectory throughout their time as an MFT, particularly regarding their engagement with traumatic client material, many reflected on their first or early experiences of disclosure. The poems above highlight how early interactions with client trauma mark the materiality of MFTs in ways that linger. Both Lena and Courtney emphasized how a sense of overwhelm flooded their emotional and somatic experiences, recognizing they held a professional responsibility to remain present with their clients but simultaneously experiencing a sense of not-knowing, or feeling unsure of, how to hear and sit with clients and their trauma. Tension emerged as they experienced the difficulty of embodying the calm and empathetic presence they felt they were required to provide, even amid hearing the terror and horror of clients' traumatic experiences. The incongruence between the expectations of how they thought they would respond to client's trauma histories and how they experienced disclosure was often surprising and disconcerting, exhibited in the poetic form of Courtney's reflections, in that she "did not expect" to feel "a lot at the same time".

Many participants also emphasized they did not feel fully trained to encounter client trauma disclosure prior to their first experience of it, underscoring the importance of trauma-

specific education and preparation early on in trainee clinicians' development such as bearing witness to, or intra-acting with, the process of disclosure through observations, video, supervisory case studies and role plays, or other evocative examples (Adams & Riggs, 2008). Simultaneously, participants identified the in-the-moment experience of disclosure was difficult to fully capture or prepare for in a classroom or supervisory setting, as the relational connection coupled with the responsibility and accountability of being in the therapist role entangled their emotional, cognitive, and physiological experiences with the client's own traumatic responses in ways that amplified the intensity of the disclosure.

Inhale/Exhale [Nora]

Increased heartrate impacts my breathing impacts the cadence of my speech.

Slow down. Take larger breaths.

The physiological impact of trauma disclosure is emphasized in the above poem, underscoring how participants like Nora experienced shifts in physiological experience while clients discussed their traumatic histories. Mirroring the activation of the sympathetic nervous system that occurs during a traumatic event, Nora materially experienced some of the symptoms of fight or flight when trauma entered the therapeutic process and conversation (Kozłowska et al., 2015). Described in previous theoretical literature as somatic countertransference (Forester, 2007), these physiological manifestations of intra-acting with client trauma highlight how traumatic histories are not past/passed (Barad, 2017), but are becoming in the therapeutic context, not only in the bodies of clients but also the corporeality of clinicians.

Panic [Candace]

Fluttering heartbeat
Prickling on the back of my neck

I don't show it,
Keep my poker face.

Hyperfocus on what he's saying,
Assess.

A million things going through
My head

-ethical panic

Performing the role of therapist includes an inherent ethical imperative, stemming from professional codes of ethics (e.g., American Association of Marriage and Family Therapy Code of Ethics; AAMFT, 2015), and local, state, and national laws (e.g., MFTs as mandated reporters of child abuse and neglect; Child Welfare Information Gateway, 2019). The ethical considerations at work in moments of trauma disclosure first came to matter in the therapist's body, followed by cognitive adjustments. For Candace, the ethical imperative of sitting in the clinician's seat produced a material sense of panic, a concern of "getting it right" or enacting the therapist role correctly. Her changing materiality entangled with cognitive shifts through heightened assessment, a desire to not miss any information that could be crucial to the decision-making that accompanies expressed concerns of client's safety, which are heightened during moments of trauma disclosure that inherently contain a lack of client safety. This panic due to ethical concerns underscores how legislative and judicial bodies intra-act in moments of disclosure, entering the therapeutic discourse and the clinician's embodiment in ways that matter by reconfiguring the therapeutic discourse and ways in which the clinician intra-acts with the

client. The heightened intensity and potential seriousness of the implications that accompanied the client's disclosure were made real by the ethical and legal agencies at work in the practice of marriage and family therapy, particularly for Candace as a student in training under additional layers of supervision and oversight, coming together to produce a marked experience of panic.

The Rain [Dana]

It's raining
And I can't stop it.
I wear my raincoat,
Give you an umbrella.

My raincoat keeps me
Non-judgmental, neutral.
Compassionate, full of
Love, light, care.

Where the raindrops leak through?
Anger, disgust.
Shame. Shame at the disgust.
Shame. Damn, my life ain't that bad.

Numbness.
Countertransference.
But again—
Closeness, honor.

It's intimate.
Raindrops are gonna fucking
Leak through.

Human to Human [Dawn]

How much it costs you
Has to do with how much
Healing you have to do.

How can you help someone
Heal with something you
Haven't totally healed from yourself?

The above poems highlight how not only the historicity¹⁴ of the client's trauma, but the MFT's historicity as well, are enlivened in moments of disclosure. The entanglement of pasts, which are brought present, are entwined during disclosure as personal experiences shape the ways in which clinicians respond to client trauma. In Dana's case, her training, clinical identity, and support from supervisors helped to serve as a form of "protection" against the leaking raindrops of trauma and its effects. Yet, where the raindrops "leaked through," the affective responsiveness of emotions such as anger, disgust, or shame emerged as her own experiences were probed in intimate ways, yet still accompanied by her caring and compassionate presence. The multi-layered way in which she experienced trauma disclosure highlights the complexity of the intra-action, as past and present, self and other, love and enmity, collide.

Dawn further explored how engaging with client trauma disclosure can be "costly," as difficult or traumatic clinician experiences can be exacerbated or brought to the fore, remembered and felt as part of bearing witness to client trauma. Known colloquially as a *wounded healer*, clinicians often come to the work of therapy based on their own therapeutic, traumatic, or otherwise painful experiences (Zerubavel & Wright, 2012). The physical, emotional, mental, and relational toll of trauma disclosure on the MFT may in part be understood as connected to the ways in which personal experiences, or wounds, are touched or enlivened by the client's traumatic material (exemplified in the metaphor of a bruise; though a previous experience of wounding, when pressed, the pain returns and is presently felt). Notably, the role

¹⁴ The term "historicity" is used here, instead of "history" or "historicity" per Barad (2007) and drawing on Derrida, highlighting how time is not simply "a succession of evenly spaced moments or...an external parameter that tracks the motion of matter in some pre-existing space" (p. 180). Instead, "as the rings of trees mark the sedimented history of their intra-actions within and as part of the world, so matter carries within itself the sedimented historicities of the practices through which it is produced as part of its ongoing becoming" (Barad, 2007, p. 180). Personal history, then, is not contained to the past but is carried with/in the bodies of clinician and client during disclosure in ways that matter, significantly and materially.

of the wounded healer can also heighten a clinicians' ability to relate and connect with clients in deep ways, including for trainee MFTs, particularly when the clinician recognizes and intentionally engages with their own historicity in therapy and supervision spaces (Claudio & Watson, 2018).

Ultimately, these entanglements of clinician and client historicities underscore how the therapist is not a neutral, unaffected outsider (Furlong & Lipp, 1995). The myth of neutrality within family therapy has been directly related to a sense of professionalism and objectivity, particularly when embedded within individualistic, Western culture (Furlong & Lipp, 1995). Dana and Dawn's experiences of intra-acting with client trauma as costly and personally affecting pushes back against this myth of neutrality, instead highlighting how, as Barad (2007) discussed, "our (intra)actions matter—each one reconfigures the world in its becoming—and yet they never leave us; they are sedimented into our becoming, they become us" (p. 394). With this assertion from Barad (2007), concepts and skills in which the therapist acts as an external force on the client such as empathy and countertransference are challenged, as intra-acting with trauma is not an external form of engagement, but a radically affecting part of becoming for both therapist and client.

Internal Dialogue [Collective]

How am I going to help this person? / They're telling me this, now what am I supposed to do? / How could people do that to her? / Am I equipped to deal with this? / Have I dealt with my own stuff enough? / How much am I allowing this person to manage this themselves? / How much am I giving away of myself to support them? / Do I have adequate knowledge that this is going to be helpful? / How am I supposed to help this person come back from this? / What information do I really need to keep in my brain? / What if I'm traumatizing them more? / Am I qualified for this? / What do I ask next? / How do I handle this situation? / Do I let her cry? / Do I cut her off? / Do I ask questions about her emotions right now? / Is this the right move? / Am I emotionally stable enough for this career? / Was I wrong for doing that? / Am I a fraud?

Can I do this?

Thoughts on Disclosure [Lauren]

There are a lot of ways this
 Could go poorly.
 Make sure you don't
 Mess it up.

Be supportive
 Be empathetic
 But not too much
 Don't start crying
 Don't normalize it
 Don't have a big reaction

Sit there.
 Listen seriously.
 Good eye contact.
 Nodding head.

Make sure you don't
 Mess it up.
 There could be some coming back
 From it but
 It'd be a lot harder.

For many of the participants, such as Lauren, performing the role of therapist during moments of trauma disclosure included an ongoing internal discourse, adjusting her materiality to meet the perceived needs of the client. The way in which she embodied her own therapeutic presence was marked first by engaging with her own previously learned of what a therapist is/does/looks like. Cognitively “knowing” what to do in moments of trauma disclosure was drawn on in these moments, where knowing “is a matter of differential responsiveness...to what matters” (Barad, 2007, p. 380). In being accountable to the materializations taking shape in the therapy room, Lauren drew on past knowings or learnings, shaping how she engaged with her client to the ways in which she believed she was taught to respond. These thoughts were therefore moments where the past become enfolded in the present, and where the internal discourse was indeed not an instance of radical interiority, as “there is no absolute inside or outside” (Barad, 2007, p. 377), but instead an instance of shifting the dynamics of materialization occurring within the therapeutic relationship as a means of fostering beneficial engagement with the client.

Many of the emergent thoughts displayed in the above poems exemplify the pressures placed on/felt by clinicians in training regarding how to embody or perform the role of therapist. In particular, the rolling questions exemplified in the collective poem underscore the lack of certainty that accompanies inhabiting the role of therapist during moments of disclosure. The collective nature of the poem highlights how ubiquitous and pervasive questions and uncertainty are during moments of trauma disclosure. For many participants, this uncertain internal dialogue manifested as imposter syndrome. As years of work in a mental health field are negatively correlated with imposter syndrome (i.e., clinicians newer to the field experience higher rates of imposter syndrome), the experiences of internal doubt or questioning explored in the poetic

(re)presentation underscore the configuration of experienced imposter syndrome across the mental health field (Clark et al., 2021). These experiences of questioning or doubt impact the clinicians' sense of ability to do the work of engaging with clients and their trauma, indicating the difficulty and sense of "high stakes" when being entrusted with a client's disclosure.

Feeling Together [Nicole]

Sadness at the hurt,
 Anger at the injustice.
 We're pissed.
 We laugh
 At how absurd it is.
 We laugh
 At how absurdly painful it is.

Shame, fear, joy, fun.
 Every emotion
 When talking trauma.
 Especially
 When talking trauma.

We have to come up for air.

Honored [Collective]

It's like they're giving you a
 Gift in the form of
 Part of themselves,
 Their story.

It's noble work—
 Them communicating
 You help them feel safe,
 Are worth the risk.

It's powerful. It matters.
 It's special being the one they tell.
 That's the privilege,
 What it means to be someone's therapist.

Intertwined with the cognitive and somatic/material productions during trauma disclosure, the pre-licensed therapists within this study also relayed their embodied affective, or emotional, responsiveness to client trauma disclosure. Covering a range of emotional experiences, the affective tone of the therapy space shifts when trauma enters the room. Participants like Nicole recounted feeling the emotions of her clients, matching their experience in a way where the emotions did not exist separately in each individual, but occurred with/in the relationship, shared between or among therapist and client. Furthermore, connected to the expressions of empathy and care that underscore much of the work of the therapist (Elliot et al., 2011), the therapists of this study also emphasized the honor that emerged in becoming a safe place for the client to share their trauma. The intra-actions of trauma disclosure therefore opened up diverse and complex affective possibilities in the therapy space, ranging from deep anger, pain, or sadness to rich joy, privilege, and honor of holding past trauma in the present.

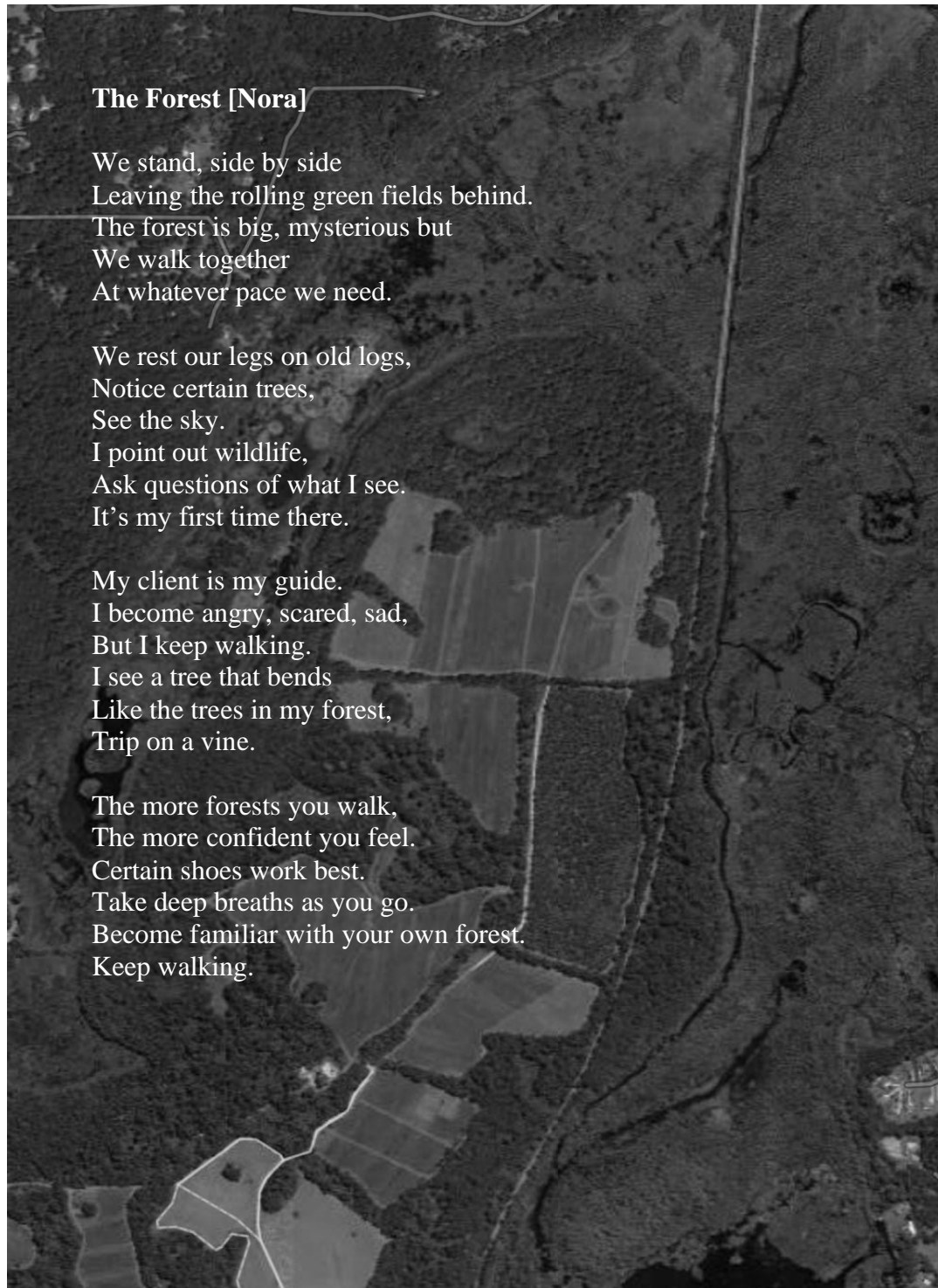


Figure 2.1

“The Forest” Map Poem

Ultimately, the above poem of Nora's experience underscores the complexity of experiencing trauma disclosure, the way in which the emotional, discursive, material, relational, as well as the past and present, combine. Layered with a mapped image of a forest in which Nora has walked, this poem illustrates the embodied journey of walking through/with trauma and client. The metaphor of the journey through the forest highlights the way in which trauma disclosure is unknown until it is entered, and continues to unfold in uneven, often uncomfortable, steps along the way. As Barad (2007) stated, "our (intra)actions matter—each one reconfigures the world in its becoming—and yet they never leave us; they are sedimented into our becoming, they become us" (p. 394). The embodiment of trauma disclosure is multi-faceted and entangled, a process of becoming where the material-discursive body of the therapist is impacted and affected by the client and the agencies of their trauma. The complexity of each disclosure is irreducible but leaves marks on the bodies of therapists who walk these dark, forested journeys with their clients.

Discussion and Implications

The pre-licensed MFTs within this study provided a window into some of the most intimate and vulnerable moments within the therapy process. In moments of disclosure, both client and therapist are entangled with trauma in ways that bring the trauma into the room, not as simple historical fact, but as an agency, alive and affecting. Importantly, pre-licensed MFTs' experiences of trauma disclosure were complex and varied, manifesting materially (somatically and physiologically), affectively, cognitively, and relationally. These embodied experiences during disclosure may echo the ways in which traumatic experiences are stored in the brains and bodies of trauma survivors, as a combination of sensory, physiologically arousing, and

emotionally charged memories (i.e., “hot” memories; see Elbert et al., 2015 for a discussion of hot and cold memory systems). In this way, the experiences of pre-licensed MFTs explored in this study may be said to be normative responses to trauma, as clinicians are responsive to the liveness of trauma and the ways it comes to matter/has mattered for the client.

This study also offers new understandings of client trauma disclosure from previous studies, underscoring the variability, nuance, and entanglement in emotionality, somatic response and physiological arousal, and cognitive processing that had initially been identified thematically in the literature (e.g., Smith et al., 2007b; Lu et al., 2017). The poetic findings of this study do not serve to prescribe how trauma disclosure is experienced, but instead to expand consideration of the many ways in which trauma is entangled in therapeutic intra-actions. Among and across the participants of this study, embodied responses to trauma disclosure were varied and layered, mixtures of hope and helplessness, visceral fear and profound honor. The experiences of trauma disclosure for MFTs are therefore irreducible, and instead are unfolding and enfolded in each moment disclosure occurs, dynamic and responsive to the unique entanglements of therapist, client, and trauma.

The findings of this study also highlight trauma disclosure and therapist responsiveness from a relational perspective, offering considerations of how trauma is embodied and comes to matter in the therapeutic entanglements of disclosure. As Barad (2007) underscored, “rethinking embodiment...will surely require rethinking psychoanalysis as well” (p. 377). Through agential realism, the ways in which novice clinicians responded to client trauma disclosure were enactments of embodied performativity, or the iterative materialization of matter and meaning (Barad, 2011). This embodied performativity is a different understanding of responsiveness to client and trauma. As opposed to understanding the therapists’ responses to trauma disclosure as

countertransference, or a form of responding to the client and their history as a radically exterior other, embodied performativity entails consideration of, and responsibility to, the materializations of trauma and how it matters, significantly and materially, in the therapeutic relationship, as “one’s very embodiment is integrally entangled with the other” (Barad, 2007, p. 158). MFTs may then consider how they are responding to the entanglements of client materiality, the historicity of the trauma, their own past experiences enfolded in their materialization, clinical knowledge and therapeutic discourse, and their own physiological, somatic, affective, and cognitive experiences during trauma disclosure. Responding to these dynamic entanglements in the therapeutic process entails accountability to the way trauma is materialized, including how it shifts and changes the material-discursive body of the therapist and therefore the therapeutic intra-actions as they unfold.

The poetic findings of this study may serve as a resource for training programs and supervisory practices for developing MFTs, namely as a way of normalizing the complex and varied experiences that emerge when engaging with clients and their trauma. By normalizing these experiences, developing clinicians may experience less self-doubt for their embodied responses to client trauma (Baker, 2012), creating more space to notice and explore their responses with curiosity, attending to how “the entanglements we are a part of reconfigure our being, our psyches, our imaginations” (Barad, 2007, p. 383). Students in MFT programs, as well as other mental health professionals or first responders, who have not yet started their clinical experience may also benefit from engaging with the poetic findings of this study, paying attention to how they are evoked and how the poems come to matter with/in their own bodies. While trainee clinicians and helping professionals may never feel “ready” to hear the traumatic material their clients bring into session, it is crucial they are provided with opportunities to

consider how they may respond to client trauma and to connect to the embodied experience of engaging with trauma as therapeutic entanglements:

bring us face to face with the fact that what seems far off in space and time may be as close or closer than the pulse of here and now that appears to beat from a center that lies beneath the skin (Barad, 2007, p. 394).

Conclusion

Ultimately, this research on the experiences of pre-licensed MFTs working with traumatized populations underscores how “treating trauma is a humbling experience where our humanness is laid bare and our pain is made palpable” (Perlman, 2009, p. 338), highlighting the ways in which therapeutic work with trauma-affected populations is entangled and embodied. Part of being responsible and accountable to the therapist role includes taking stock of what comes to matter in moments of disclosure, “as responsibility entails an ongoing responsiveness to the entanglements of self and other, here and there, now and then” (Barad, 2007, p. 394). How pre-licensed MFTs respond to trauma disclosure is diverse, coming to bear in the bodies, hearts, and minds of each clinician in ways that are responsive to the client and their trauma. Intra-acting with client trauma is therefore a process of embodied responsivity, of experiencing shifting materiality while performing the sacred role of therapist.

CHAPTER 3

TRACKING TRAUMA IN MARRIAGE AND FAMILY THERAPY PRACTICE AND
RELATIONSHIP: A DIFFRACTIVE ANALYSIS OF MFT CLINICIAN FOCUS GROUPS¹⁵

¹⁵ Kelley, A. N. To be submitted to *Journal of Marital and Family Therapy*

ABSTRACT

An emphasis on trauma-informed care has heightened clinician awareness of the effects of trauma on client populations. Research on secondary traumatic stress and related constructs has also highlighted how client trauma affects clinicians. While these concepts underscore the therapist as affecting and affected by trauma, more remains to be known by considering trauma in therapy from a relational perspective. Guided by agential realism (Barad, 2007), a diffractive analysis explores what is produced in marriage and family therapy (MFT) when a client discloses trauma. Diffractively reading data from two focus groups of novice MFTs, agential realism, and trauma therapy literature through one another underscores how therapists embody an ethic of entanglement, emphasizing the inherent relationality in the therapy process. The import of materiality in therapy, described through practices of slowing and holding, emerge as considerations for how MFTs can engage in intra-ventions that promote possibilities of client safety and healing.

Keywords: trauma therapy; therapeutic relationship; agential realism; diffractive analysis; ethics

Introduction

The study and treatment of trauma within therapy settings has developed as an evolving area of interest for clinicians across varying helping professions, including among marriage and family therapists (MFTs), who have incorporated systemic and relational understandings regarding the development and effects of trauma across populations (e.g., Goldsmith et al., 2014; James & MacKinnon, 2012). While trauma is being conceptualized through a relational or systemic lens more and more, treating trauma and traumatic stress, even from an MFT perspective, is often promoted individually as opposed to relationally. In this study, I put Karen Barad's (2007) agential realist theory, a relational ethico-onto-epistemology ("an appreciation of the intertwining of ethics, knowing, and being"; p. 185), in conversation with the experiences of MFTs treating trauma-affected clients to invite the possibility of new understandings of relationally treating trauma.

Key concepts that describe the current landscape for helping professionals working with trauma-affected populations are first underscored. Following this, a definition of agential realism is presented as a relational ontology with implications for MFT practice and diffractive analysis. A diffractive analysis is then described and enacted by thinking insights from data of two focus groups with novice MFTs through agential realist theory, and literature on trauma and therapy. The possibilities for new relational understandings of therapy as entanglements of therapist, client, and trauma are explored, considering what differences are produced when therapists work with trauma-affected clients and how those differences matter for the production of healing.

Current Understandings of Clinicians Working with Trauma-Affected Populations

Over the past two decades, the development and implementation of trauma-informed care in medical and mental health practices has become increasingly prevalent, with those in helping

professions considering how care for trauma-affected clients differs from that of non-traumatized populations (Wilson et al. 2013). Trauma-informed care, different from specific trauma interventions, includes understanding how trauma may affect a survivor and designing and delivering services that seek to minimize the potential for heightening client distress, with an emphasis on recovery from trauma as a core factor within the treatment process (Butler et al., 2011). The advent of the #MeToo movement and the confirmation hearing of Supreme Court justice Brett Kavanaugh furthered the exploration into trauma-informed care, particularly for medical practitioners in treating survivors of sexual assault, with implications for all helping professionals (Tello, 2018). With the development of the COVID-19 pandemic and the heightened sociopolitical unrest following the killings of George Floyd and Breonna Taylor, more helping professionals than ever are considering the effects of systemic trauma within the populations they serve and the import of trauma-informed care (Taggart et al., 2021; Collin-Vézina et al., 2020).

The Substance Abuse and Mental Health Services Administration (2014) outlined six principles that guide a trauma-informed approach across disciplines: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. This approach seeks to attend to the multi-layered, socioecological impact of trauma (Kelley et al., 2021), considering the multiple systems affecting trauma-affected individuals and populations (Bronfenbrenner, 1979). For clinicians such as MFTs, the principles of trauma-informed care underscore how therapists may act and intervene in the therapeutic relationship to construct a safe therapeutic environment, where safety is not just physical, but also psychological, emotional, and relational (Butler et al., 2011; Wilson et al., 2013).

While principles of trauma-informed care have become increasingly promoted, scholars such as Berliner and Kolko (2016) have highlighted critiques to trauma-informed care in its current state, namely that the principles denoted by SAMHSA (2014) are beneficial for general practices of good care and trauma awareness but may not specifically speak to how trauma impacts the therapist, therapeutic process, and therapeutic relationship. Additionally, trauma-informed care has been critiqued by Indigenous scholars for being “one-size-fits-all” (Pihama et al., 2017, p. 25), as opposed to responsive and accountable to the layered historicalities (Barad, 2007) of trauma in systems of varying sizes. Across many conceptualizations of trauma-informed care, the principle of cultural, historical, and gender issues has been reduced to cultural competencies determined by dominant, Western culture, at the cost of cultural safety that is intersectional and attentive to power structures that perpetuate trauma across/throughout time (Pihama et al., 2017; Somo, 2020). Furthermore, the concept of trauma-informed care, though emphasizing collaboration and the development of a secure therapeutic relationship, remains individually oriented, as the therapist is seen as acting upon the client to promote mutuality and relational safety.

Beyond considerations of trauma-informed care, increasing attention has been given to the effects of treating trauma-affected populations as a helping professional. The development and study of constructs including secondary traumatic stress (STS; Figley, 1995), compassion fatigue (CF, Figley, 1995), vicarious traumatization (VT, Pearlman & Saakvitne, 1995), and burnout (Maslach, 1982) have fostered considerations of how treating trauma-affected populations has lasting implications for clinicians. Figley (1995) discussed how clinicians can develop symptoms that mirror PTSD from treating clients with traumatic histories, as they experience distress in hearing client stories of physical, sexual, or emotional violence (i.e., STS).

Clinicians may also experience a decrease in capacity to engage with and relate to trauma-affected clients, due to the emotional capacity required to remain present with experiences of suffering (CF; Figley, 1995). These experiences may further lead to changes in therapist worldview or outlook (VT; Pearlman & Saakvitne, 1995; Adams & Riggs, 2008), to the point that they may become professionally impaired and unable to continue effectively treating trauma-affected clients or working in a helping profession in any capacity (burnout; Maslach, 1982; Maslach & Jackson, 1981).

Taken together, the research on trauma-informed care and the constructs of STS, CF, VT, and burnout produce specific material realities for clinicians treating trauma, with the therapist being an affecting and affected agent. Yet, there is the possibility for new insights related to trauma in/and therapy to emerge by considering therapist and client from a relational ontology. From a relational ontological perspective, therapist and client are understood not as separate, interacting individuals that affect one another. Instead, all parts of the therapeutic system are inherently connected as part of the world in its becoming, where becoming is the dynamic connectedness of all matter (Barad, 2007). Particularly for MFTs who operate from a systemic perspective, the opportunity to explore how trauma shifts the therapeutic system, as opposed to the individual therapist or client, offers the potential for new understandings of how change and healing are performed following the disclosure of trauma (Murphy & Joseph, 2013; Goldsmith et al., 2014). This study therefore explored what was produced in the therapeutic system, including the process and relationship of therapy, when trauma was disclosed by enacting a diffractive analysis that attended to how the entanglements of therapy shifted when trauma is disclosed and arises in overt ways during the therapy process.

Thinking with Agential Realism

Agential realism as an ethico-onto-epistemological framework offers a relational understanding of the world in its becoming, a perspective that understands knowing, being, and relating in the world as connected and dynamic (Barad, 2007). As part of this relational ontology, agential realism underscores the inherent entanglement of all matter, where matter and bodies intra-act as opposed to interact (Barad, 2007). With this shift, the universe is comprised of phenomena, defined as “the *ontological* inseparability of agentially intra-acting components...[the] basic units of reality” (Barad, 2007, p. 33, emphasis original). For example, trauma-informed care may be understood as a phenomenon, as the therapist, the history (space and time) of the traumatic event, the bodies (human and non-human) that enacted the trauma, and the traumatized individual intra-act to produce specific therapeutic practices. The intra-acting components of the phenomena are described as agencies, where agency is not something someone has (i.e., human agency to act; Bandura, 2006), but instead agencies are doings, practices and enactments of matter and meaning (Barad, 2007). Phenomena are therefore specific intra-actions or relations from which agencies emerge.

Agencies, though not distinct within themselves, are determined through agential cuts, or boundary-making practices that are enacted to create the possibility of meaning making and exploring how matter comes to matter in its entanglement (Barad, 2007). Agential cuts are “momentary stabilizations...They enact that which is inside and outside of phenomena in a single movement. They are two-folded movements that produces the very boundaries through which something is made 'inside' and 'outside'... of the phenomena” (Sauzet, 2018). Agential cuts, or these boundary-making practices among entangled matter, are therefore enactments of cutting together-apart (Barad, 2014). Returning to the example of trauma-informed care, we may

consider how agential cuts define what is included or excluded from the phenomena. While therapist and client were noted as “within” the trauma-informed care phenomenon, the agencies of therapist supervision and clinical training, the therapeutic space or setting, the modality of therapy, and the implementation of insurance or private pay were all excluded. The making of agential cuts by specific configured practices of the governing apparatus, therefore impact the meaning that is made and the differences that are produced (where differences matter, materially and significantly; Barad, 2007). Matter and meaning are therefore inseparable, as agencies and practices are always already material-discursive (Barad, 2007). An agential realist framework therefore questions “what matters and what is excluded from mattering” (Barad, 2007, p. 395), as the world is (re)configured through what matters.

Therefore, to explore what matters in therapy, particularly for MFTs intra-acting with trauma-affected clients, I take up Barad’s (2007) agential realist theory. From an agential realist perspective (Barad, 2007), the aim of this study is to explore what differences are produced in the intra-actions of marriage and family therapy following client trauma disclosure, and how those differences matter for the therapeutic process and relationship.

Diffraction Methodology

Informed by agential realism (Barad, 2007), this study employs diffraction as a methodological practice. Diffraction as a physical phenomenon is the patterning of waves (e.g., light) when encountering an obstacle or experiencing a disturbance. As in the two-slit experiment, a beam of light that passes through a grating of two slits to a screen on the other side will exhibit distinctive diffraction, or interference, patterns, showing the wave nature of light through light and dark bands on the screen. Notably, as discovered through quantum mechanics, varying forms of matter that were typically understood as distinct particles (i.e., electrons, and

atoms), also diffract when passed through similar grating, underscoring all matter as exhibiting wave-particle duality (for more discussion of the two-slit experiment, see Barad, 2007). These diffraction patterns therefore explicated new knowings related to the nature of the studied phenomenon, in this case particles of matter (Barad, 2007).

Drawing on Haraway (1992), Barad (2007; 2014) employed the concept of diffraction philosophically to (re)consider scientific thinking and engage in scientific inquiry that attends to differences and distinctions, or patterns of diffraction. As opposed to reflective forms of analysis that seeks to interpret what data mean (where data is separate from and outside of the researcher), a diffractive methodology considers how differences are produced and what those differences produce (Barad, 2007). Importantly, exploring difference and difference-making with diffractive methods involves a shift from examining “categorical difference to difference as an emergent process, in which subjects and objects become different in the encounters through which they emerge and go on emerging differently” (Davies, 2014, p. 740). A diffractive methodology therefore recognizes that all scientific inquiry is occurring on the move, as part of the world in its becoming, accounting for how differences within the phenomenon of study emerge and how those differences matter (Barad, 2007).

Diffractive methodologies have been described as “methodologies-against-interpretivism” (Jackson & Mazzei, 2012, p. viii), shifting from examinations of meaning to investigations of production (Lenz Taguchi, 2012). Within the purview of this study, this shift in methodology therefore does not aim to create a narrative of what trauma disclosure means to the participants. Instead, this inquiry explored what differences trauma disclosure produced in the therapeutic assemblage and intra-actions. To investigate these patterns of difference and what they produce, I engaged in a diffractive analysis. Lenz Taguchi and Palmer (2013) stated, “a

diffractive analysis can be understood as a wave-like motion that takes into account that thinking, seeing and knowing are never done in isolation but are always affected by different forces coming together” (p. 677), where the specific forces that come together foster particular, localized knowings and insights. Within this study, the forces that converge, or are thought with and through, include the intra-actions of researcher and participants during focus groups, the entanglements of therapist, client, and trauma in the therapy space, multi-layered forms of data (transcripts, audio, collages, jotted notes, memos, and mappings), agential realist theory, and previous research on trauma, therapy, and the trauma therapist, discussed in greater detail below.

A diffractive analysis therefore examines a phenomenon which from an agential realist perspective, is the primary unit of analysis, and what that phenomenon produces (Barad, 2007). The phenomenon of trauma disclosure in MFT, comprised of the entangled agencies of clinician, client, and trauma (including the bodies that perpetuated the event, the spacetime in which it occurred, and the way in which the trauma was stored in the client’s physiology and memory) is therefore the unit of analysis within this study. Considering how trauma comes to matter within the therapy space serves as the point of entry for this analytic process, exploring what is produced within the therapy process and therapeutic relationship following the disclosure of trauma or a traumatic history by the client. As part of the shift towards inherent relationality that agential realism enacts (Barad, 2007), I did “not [look] for answers located ‘inside’ of the pre-existing subject, as the psychological and neuro-cognitive epistemologies suggest. Instead [I] analyse[d] events of encounters of multiple material-discursive agents and situated practices, and what emerges as differences in these events” (Lenz Taguchi & Palmer, 2013, p. 672); in the case of this study, I attended to how trauma was on the move and coming to matter within the therapy setting.

Notably, in employing a diffractive methodology through an agential realist perspective, the researcher does not stand outside of the research apparatus, where apparatuses are the “local physical conditions that enable and constrain knowledge practices such as conceptualizing...productive of (and part of) the phenomena produced” (Barad, 2007, p. 147). Instead, the researcher is intentionally engaged in the research process, accounting for their role in setting up and enacting localized cuts as part the research apparatus (Barad, 2007). As Davies (2014) noted,

A diffractive approach opens an onto-epistemological space of encounter where a researcher’s task is not to tell of something that exists independent of the encounter (producing the appearance of truth), but to open up an immanent subjective truth—that which becomes true, ontologically and epistemologically, in the moment of the encounter. (p. 734)

Throughout this study, I therefore make overt the ways in which I encountered and intra-acted with/in the agencies of the study, and how these encounters produce realities with material consequences, knowledge practices that matter. In doing so, I temporarily enact agential separability, allowing myself as the observer to account for and be responsible for the cuts that are being made, the boundaries that are being performed, and the knowings that are produced through these specific intra-actions (Barad, 2007). I make known the cuts I made throughout this analysis, noting the diffractions enacted and followed throughout the analysis process and the ways in which my own materiality co-configured what is known and produced in this study. Noting these cuts and diffractions serves as a point of accountability and response-ability that is bound up in this work.

As opposed to notions of validity or trustworthiness tethered to other qualitative research traditions (e.g., interpretivism) and practices (e.g., bracketing; Fischer, 2009), accountability and response-ability entail a move towards matter and mattering. As Barad (2007) noted, “objectivity and agency are bound up with issues of responsibility and accountability. Accountability must be thought of in terms of what matters and what is excluded from mattering” (p. 184). Therefore, throughout this study, practices of accountability and response-ability entailed accounting for and naming what connections were made, how those connections produced specific insights or forms of knowledge, and how those connections matter (Juelskjær et al., 2021). Response-ability further entails “the iterative (re)opening of responsiveness towards...enacting possibilities” (Higgins, 2021, p. 274), or iteratively considering what is made possible or known through this study and conversely, what is made impossible or left unknown (Barad, 2017). Response-ability is therefore accounting for the relationality and the intra-actions at work in the analytic process. I therefore engaged in response-ability through re-turning (“as in turning it over and over again;” Barad, 2014, p. 168), to the data of this study, my participants’ words, collages, and intra-acting dialogue, accounting for what was produced through the cuts I enacted.

The research apparatus, or material-discursive practices I enacted in this study, included the implementation of a diffractive analysis, which “involves reading insights through one another in ways that help illuminate differences as they emerge: how different differences get made, what gets excluded, and how those exclusions matter” (Barad, 2007, p. 30). As discussed by Jackson and Mazzei (2012), a diffractive analytic approach entails “plugging in” one text into another (p. 130). As elaborated by Mazzei (2014), I plugged “*data into theory into data*,” where the *doings* of this analytic process included “reading-the-data-while-thinking-the-theory” (p. 743, emphasis original), resulting in moments of (dis)connectivity, complexity, multiplicity, and

ultimately new knowings. By reading multiple insights (e.g., multiple forms of data, theory, research and concepts of trauma and/in therapy) through one another, the diffractive practices of this study “[made] evident the always-already entanglement of specific ideas in their materiality” (Barad, 2017, p. 64). Through iterative readings/engagement with the theory and data, including marking up transcripts, mapping diffractive moves and entanglements, collaging, and indeed, writing this manuscript, this diffractive analysis was conducted. Figure 3.1 provides a snapshot of the analytic process, where lines of connection, patterns of difference, and considerations of production are visually noted. In thinking with this snapshot, readers may consider their own engagement with this map, other points of (dis)connection, or additional possibilities that may be opened up as part of thinking diffractively (Freeman, 2017).

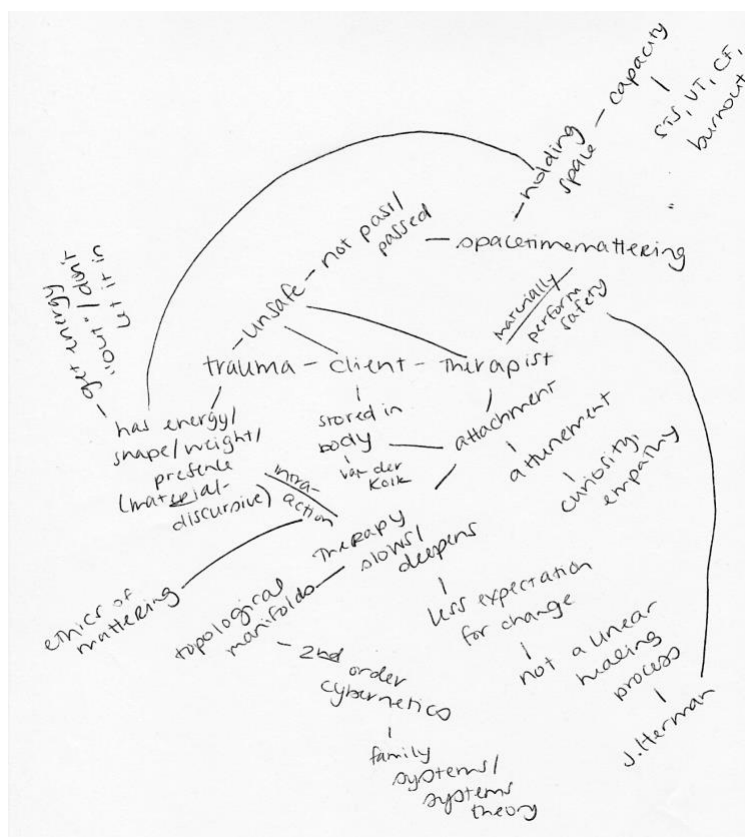


Figure 3.1

Mapping Diffractions

Importantly, the methodological process of diffraction cannot be fully pinned down; it is not a formulaic method or a set of concrete steps to follow as the practices and agencies of study are always on the move, intra-acting and entangling in new ways that require responsivity and response-ability to their specific material-discursive becomings. Instead, diffractive analysis follows moments, patterns, and instances of difference-making, both within the situated phenomenon of interest and within the research practices themselves. In this study, I therefore explored the differences and difference-making moments of trauma disclosure by a client in therapy for novice MFTs in two focus groups.

The Research Assemblage: Focus Groups

Focus groups within qualitative research have been used to generate knowledge based on the relational dynamics, group discussion, and emergent opinions, values, or views among participants (Mason, 2018). Focus groups can produce multiple understandings of the same issue or experience as participants not only engage with the researcher, but also with one another, generating new and differing knowings and perspectives (Glesne, 2011). These multiple knowings include the material-discursive practices, or performances, that participants do as part of intra-acting and becoming in the world (Kamberelis & Dimitriadis, 2011). Within this study, focus groups served as sites of entry into exploring how trauma and traumatic stress came to matter (or were materialized, entangled, and performed) within the pre-licensed MFT, the therapeutic process, and the therapeutic relationship.

Welker and Kamberelis (2021) underscored how focus groups allow for forms of inquiry that go beyond “traditional” qualitative research methods, lending themselves to postqualitative research methods, such as diffractive methodology, and corresponding theoretical orientations due to the connections, slippages, overlaps, and breakdowns that occur in and among focus

group members. The intra-actions of focus group participants foster consideration of what is produced and becoming, as the researcher enters the assemblage of data and does not seek linearity from/with participants, but “focuses on unique connections among data (especially intra-actions) that make visible the continuous production of reality” (Welker & Kamberelis, 2021, p. 187). These connections are not static, as intra-actions, bodies, and agencies are always on the move, and therefore studied on the move as well. The focus group and connections inherent within are suited for tracking, or mapping, with/in the assemblage and seeking to explore what is produced during and following the disclosure of trauma.

I conducted two focus groups, each lasting approximately 90 minutes, with 4-5 participants per group. These focus groups were conducted virtually to be responsive to ongoing COVID-19 concerns and to promote accessibility of participation regardless of location. Engaging in two focus groups promoted space for all participants within the focus groups to more adequately have time to speak and intra-act with one another within the allotted time frame and maintained a sample size that is feasible for one researcher to moderate (Cleary et al., 2014). Multiple focus groups are common within the purview of qualitative research to promote greater understanding of the research topic and further the expanse of responses, which from a positivist perspective grows the burden of proof or truthfulness of the results of qualitative research (Carlsen & Glenton, 2011). From an agential realist perspective, multiple focus groups serve not to concretize singular findings, but to instead attend to the rich entanglements and causal intra-actions within the study phenomenon.

Ultimately, 9 participants across the two focus groups engaged in the study. All participants identified as cisgender, with five participants self-identifying as White women, one as a White and Asian woman, two as Black women, and one as a Black man. Participants were in

varying stages of their therapeutic training and practice, with two serving as MFT interns within master's programs, four pursuing PhDs in the field of MFT, and three working full time as MFTs pursuing licensure in private practice and agency settings.

Within each focus group, I asked participants to bring a creative work (e.g., image, song, poem) that represented their experience of client trauma disclosure. During the focus group, participants virtually collaged together, placing their creative representations onto a digital whiteboard space (Mural), and then noticing similarities/points of departure/complexity in experiencing trauma disclosure (presented in the discussion as Figures 3.3 and 3.4). This co-constructed collage shifted the material-discursive intra-actions of the focus groups, as new lines of inquiry, new connections, and new knowledge-making practices were produced. As part of ongoing response-ability in this study, being entangled and engaged with my participants and their experiences, I iteratively re-turned to their words, audio, and creative productions thinking with/through these varying forms of data throughout the analysis process.

While much of qualitative research has developed around the grounded theory concept of engaging in data collection until a point of saturation (Cleary et al., 2014), from an agential realist perspective that sees knowledge as constantly being produced on the move, a point of saturation is neither the goal nor reachable, as the entanglements of agencies continually produce the world in its becoming (Barad, 2007). Instead, I was responsible and response-able¹⁶ to the research practices within this study, attending to how “the world is materialized differently through different practices” (Barad, 2007, p. 89). Appendix F outlines the focus group protocol

¹⁶ Even as I write these words, I am attending to and questioning how I am with/in the research and producing/exploring what matters for pre-licensed therapists and their clients during and following trauma disclosure, as my current configuration as the researcher impacts what is known and what remains unknown.

that guided the intra-actions of this study and served as a jumping off point for considering what is produced in the therapeutic relationship and therapeutic process following trauma disclosure.

Developing the Research Apparatus

As part of the research apparatus, and a productive part of the knowings produced in this study, I too have my own experiences as an MFT intra-acting with trauma that are entangled in this work. As a clinician with training in multiple, evidence-based PTSD treatments (i.e., EMDR, NET) and clinical focus on treating trauma-affected populations, I bring my memories and embodied experiences of intra-acting with clients and the agencies of their trauma in the therapeutic space to this study, impacting the cuts that made and the construction of this apparatus of knowing. As Barad (2007) underscored, as researchers we “must take account of the fact that we are a part of the nature we seek to understand” (p. 184). I therefore make known the agential cuts I enacted throughout this research, attending to what “counts” as data within the purview of this research, how I intra-acted with the data and theory, and how my embodied engagement with the data informed and impacted the knowings produced through this study.

Additionally, as discussed by Lenz Taguchi and Palmer (2013), my materiality as a White, heterosexual, middle-class, woman doctoral student matters for this study and the production of findings and, more broadly, for how the world is materialized in its becoming. As Barad (2007) explicated, “since different agential cuts materialize different phenomena—different marks on bodies—our intra-actions do not merely effect what we know and therefore demand an ethics of knowing; rather, our intra-actions contribute to the differential mattering of the world” (p. 178). Response-ability and accountability to what matters and how matter comes to matter (including my own shifting materiality) is therefore bound up in the ethics of research and study; an ethic of mattering creates the conditions for objectivity, subjectivity, and therefore

knowing (Barad, 2007). In this study, I therefore sought to “do research from the perspective of particular bodies...[including an] attempt to read the data from [my] own body as [the researcher]” (Lenz Taguchi, 2012, p. 267). The particular bodies that come to matter in this exploration of trauma in therapy are those of my participants, their clients, and the materialities that produced the trauma in the moment of its happening and its continual becoming in the body of the client through ongoing intra-actions that produce, for many, the materiality of traumatic stress (discussed in Kelley, 2022). These intra-actions of therapist, client, and trauma can be extrapolated in ongoing configurations throughout spacetime (that which intra-acted with the bodies of the trauma to produce their specific configurations, on and on, back and forward) as “*every finite being is always already threaded through with an infinite alterity diffracted through being and time*” (Barad, 2015, p. 401, emphasis original). One of the many cuts made in this study included examining the ways in which therapist, client, and trauma intra-act within the therapy space solely, hemming in the bounds of this inquiry that could go on into infinity. Of further note, these findings are diffracted through my own White, female, MFT/PhD body, with my own material-discursive situatedness as well as the current spacetimemattering of in the world in its becoming. These diffractions primarily underscore the way in which trauma comes to matter in the therapy space for other White, female clinicians, particularly as the majority of participants within this study share these intersecting identities.

In this study I therefore explored how the material-discursive practices of *doing* therapy shifted for pre-licensed MFTs in the moments and sessions following client trauma disclosure. This included explorations of how therapist-client intra-actions shift, with an attention to both the process of therapy as well as the relational engagement of therapy. The research question guiding

this inquiry was: how does the disclosure of trauma impact the process of therapy and the therapeutic relationship?

Performing a Diffractive Analysis: Tracking Trauma and Differences that Matter

This diffractive analysis is presented through multiple turns, emphasizing what trauma disclosure does or produces in marriage and family therapy. Written and visual fragments of data, theory, and related concepts offered together in the pursuit of understanding what is produced when trauma is disclosed in therapy. Each turn is an intra-action, a passing through of the theoretical diffraction grating, where participant, researcher, and reader are all entangled, tracking trauma and what happens when it materializes through client disclosure.

Trauma Disclosure Shifts the Therapeutic Topological Manifold

As a diffractive analysis is tuned into moments of difference and how those differences matter, this analysis begins by plugging into moments from the focus groups where participants considered differences that client trauma disclosure enacted within therapy, attending to what was produced when trauma was “brought in” to the therapy space (though, notably, client trauma even prior to disclosure is always already entangled in the therapeutic process, intra-acting in the material-discursive body of the client and therefore in therapist-client intra-actions). Participants were asked if/how therapy shifted or changed following trauma disclosure, from their perspective. Erin, a White, female MFT working full-time in her first year post-master’s degree, provided the following insights:

Erin: Someone earlier said that [therapy after trauma disclosure] goes more slowly, that they'll slow down? I definitely agree. It's, it's sort of, at least in terms of what I'm doing, because I'm working with a family through kind of a specific therapeutic modality that, that we do with the families at the point that that trauma comes up in a session, it does, we sort of it's almost like taking a pause. Like we're on this trajectory, we're moving forward. And we're not, we're taking a pause, and we're focusing in on this. And so, we're not moving forward as much as we're going deeper. And sometimes that's a really, really slow process, because it's not really possible to move forward with the therapy, if we're still

trying to process and manage the trauma. So, the trauma does oftentimes become more of a focal point for a little while. Kind of because it has to, because I don't think it's appropriate to and also it just doesn't work to just keep moving right along if there's this big, like invisible thing in the room.

Erin's description of the therapeutic process slowing, and deepening can be read through Barad's (2007) concept of spacetime mattering, underscoring the dynamic topology of matter, indeed of the world, in its becoming. Spacetime mattering, through an agential realist frame, considers how "time and space are produced through iterative intra-actions that materialise specific phenomena, where phenomena are not 'things' but relations" (Juelskjær, 2013, p. 755). Space, time, and matter are therefore intra-actively produced, not separable or static, nor unfolding in even, pre-determined measure (Barad, 2007). Instead, spacetime mattering highlights how the topology of the world in its becoming is constantly on the move, as intra-acting produces spacetime matter differently (Barad, 2007). In thinking Erin's description of her slowing therapeutic process through spacetime mattering, trauma entering the therapeutic process through disclosure can be seen as constituting a material-discursive shift in therapy. Trauma, though "invisible," has a material presence that is impossible to ignore, producing and enfolding time, space, and matter in new topological configurations. Discourses of trauma as past/passed are challenged here (Barad, 2017), as the dynamics and productions of the therapy process are materialized differently when trauma "enters" the therapy space. This pausing or slowing produces new therapeutic configurations, as the client's trauma cannot/will not be ignored and therapeutic spacetime matter is re-arranged to provide the client the necessary material-discursive arrangement to process the traumatic event(s). This refiguring of therapeutic spacetime matter may be understood as a change in therapeutic topology, where the landscape of therapy and modes of relating in the therapeutic space are materialized differently as part of the therapist's responsivity and response-ability to the presence of trauma. As "intra-actions effect the rich

topology of connective causal relations that are iteratively performed and reconfigured" (Barad, 2007, p. 393), the intra-actions of therapist, client, and trauma during disclosure produce new dynamics and ways of relating, performing therapy in slower, relationally deeper, ways. Figure 3.2, as part of this larger apparatus of knowing, dynamically illustrates this shifting therapeutic topological manifold, employing Barad's (2007) consideration of wave patterns as specific material arrangements to represent the intra-active, unfolding/enfolding spacetime mattering of therapy as it slows and deepens following client trauma disclosure.

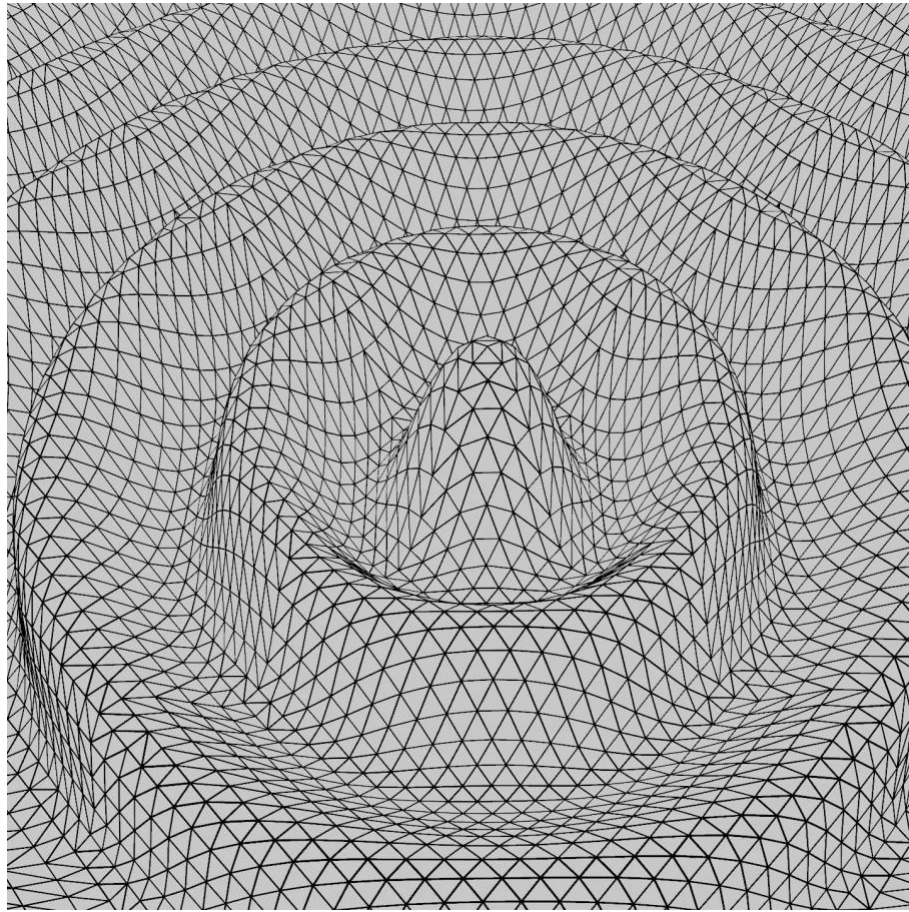


Figure 3.2

*[Shifting Therapeutic Topology](#)*¹⁷

¹⁷ Double clicking on the image or clicking the included hyperlink will take you to an animation of this image, displaying a transforming topology that slows and deepens across time. While there is no way to fully define or represent the process of therapy, this moving figure serves as a form of engagement with the theory, of considering

Reading across/between/through focus groups and the concepts of spacetime mattering and topological shifts, Nicole, a White, female MFT doctoral candidate also reflected on the slowing of the therapy process following trauma disclosure. She noted the ways in which she materially enacted slowness, like what Erin described in her practice:

Nicole: And I think, so, on a physiological level because we know that our bodies um, even through Zoom, I think our physiology tends to mirror one another, right? With like, we have our mirror neurons and the stronger your relationship, the higher that correlation is. And so, I, I slow, I calm my tone. I will often, right, I will say like my nods get slower and my talking gets slower [simulating slow nods and slow speech]. And it's almost this kind of like I am using the slowing down and calming of my own body to bring [the client's] body into a space of: "Oh, well we wouldn't be able to take deep breaths like this and go this slowly if it wasn't safe". And that's, right, it's just it's like a subconscious process that their body enters, so that they can be in the space of allowing trauma to be present in the room.

The phenomenon of therapy is therefore performed differently and therapeutic intra-actions following trauma disclosure come to matter differently, as the therapeutic topology is (re)configured. As described by Barad (2007), "topology investigates questions of connectivity and boundaries" (p. 451). In the case of the therapeutic process following trauma disclosure, the ways in which the therapist and client connect shifts as a form of response-ability to the trauma's presence. The connectivity and boundaries of therapist and client change as the intra-acting matter of the client and therapist's bodies are (re)configured; Nicole uses her body, transforming her materiality to enact slowness in ways that extend beyond the bounds of traditional notions of "self," connecting to the client's body in ways that are felt materially even if not understood cognitively.

the material-discursive changes at work following trauma disclosure. These changes are real and on the move, not simply metaphorical or conceptual. The slowing and deepening described by participants is performed and enacted in countless intra-actions following a clients' disclosure of trauma in ways that shift the flow, the goals, the talk, and the relationality of the therapeutic spacetime matter. This animation was created by Pan Immel for the author as part of this dissertation.

Trauma Disclosure Promotes Relational Ethics of Entanglement

Diffraction insights of slowing and deepening through research within trauma therapy literature, we can understand this shifting topology as a means of fostering the formation of a secure attachment relationship (Herman, 1992), or different intra-actions that produce new possibilities for the therapist-client relationship. Secure attachment relationships produce different material configurations, including reducing physiological reactivity and the production of cortisol in potentially stressful situations (Pietromonaco & Powers, 2015). As Nicole performs physiological regulation within her own body when in the presence of the client and their trauma in therapy, she is also enacting increased regulation within her client's body, which in turn is producing a more secure attachment relationship (Pietromonaco & Powers, 2015). Notably, this process of attachment must occur in relationship and cannot be done alone, highlighting the entanglement and intra-action at work between seemingly distinct individuals. These co-embodied materialities are then performative agents that enact security and safety while intra-acting with trauma, an inherently unsafe encounter.

As Erin noted, this enactment of slowness may be understood as a pause, a stopping of progress or forward motion. Yet, this pause enacts new spacetime-matterings, new becomings of physiological and relational safety, that come to matter in the bodies of therapist and client. Trauma disclosure, or new entanglements of trauma within the therapeutic assemblage, produces the possibilities for (re)configurings of material-discursive safety that may not have been produced had trauma not been disclosed, as the slowing and deepening create the conditions for therapist and client to intra-act in ways that are productive of safety (or safety-in-the-process-of-becoming). In continuing to diffract this pause through agential realism, this responsiveness to trauma's presence in the therapy process can be understood as an ethical imperative, as Erin

underscored it is not “appropriate” to continue to work in therapy as if trauma was not entangled in the process. As Barad (2010) underscored, “an ethics of entanglement entails possibilities and obligations for reworking the material effects of the past and the future” (p. 266). The reworking of material safety within the therapeutic relationship is made possible in new ways through an ethics of entanglement, or a responsiveness to the ways in which trauma is carried in the body of the client and intra-acts with the therapist throughout the therapeutic process. For systemic therapists, this attention and responsiveness to how trauma shifts the therapeutic system is crucial as “our ethics necessitate attending to the full range of traumatic phenomena” (Goldsmith et al., 2014, p. 120).

Thinking insights of slowness and safety through systems theory (e.g., Becvar & Becvar, 1999), allows us to see the ways in which the therapist is a part of the family system in which they are working, not an outside observer, but an intra-acting force within the system. As discussed by Gregory Bateson and Humberto Maturana, second-order cybernetics speaks to the way in which the therapist is a part of the client system (Smith & Karam, 2018), where the client system itself is greater than the sum of its parts (e.g., as a cake is more than a combination of its individual ingredients; Becvar & Becvar, 1999). Thinking theories together, agential realism furthers these systemic insights, putting forth an understanding that there are not inherent boundaries or separability between members within a system, or between systems, as parts of systems are not individuated but always already entangled (Barad, 2007). These theoretical insights and the relational ethics of entanglement cause us to think of the shifts in the therapeutic process not as the therapist enacting differences upon the client, but as a form of becoming-with the client. As opposed to the client being an inherently separate “Other” in the system, the therapeutic assemblage performs new and different intra-actions that matter, materially and

discursively, as “matter itself is always already open to, or rather entangled with, the ‘Other’” (Barad, 2007, p. 393).

Trauma Disclosure Puts Therapists and Clients in Touch

The implications of the therapeutic system as entangled can be read through the pieces of data below, evoking considerations of the differences that are made for the therapist as part of becoming-with the client and trauma following disclosure. Lena, a White, female, PhD MFT student, discussed her experience of intra-acting with client and trauma through the metaphor of a watering can, seen in Figure 3.3 as part of the group collage produced collectively by participants during the focus group. In sharing her experience, she noted:

Lena: The watering can, for me, represents like holding that trauma, holding that space for the client. And [I’m] reflecting that my watering can probably used to be a lot smaller, like overflowing—like, the clients disclosing their trauma, like, I’d take that home with me. It was really difficult to separate that. But now, as I’ve grown, my watering can is a lot larger and I’m able to, like, hold a lot more than I used to.

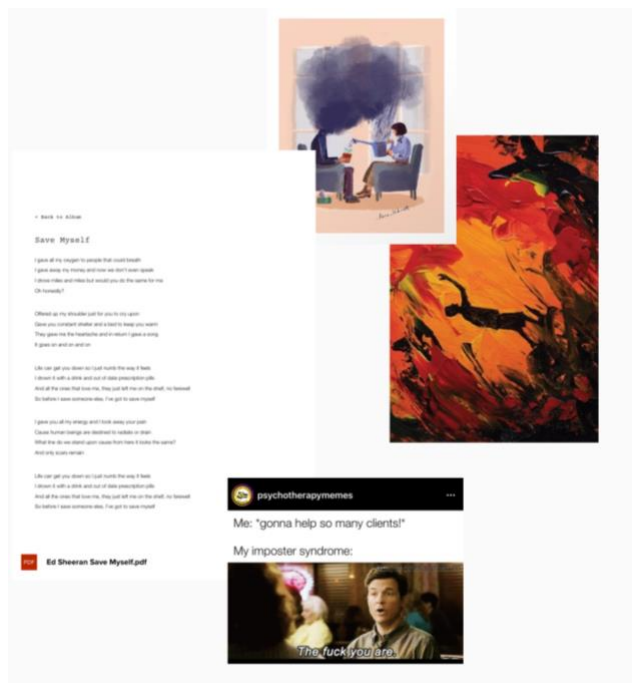


Figure 3.3

Focus Group 1 Collaborative Collage

Thinking therapy and therapist as holding containers through agential realism causes us to consider how holding is not an enactment the therapist does to/for the client, but an intra-action, or part of being, as Barad (2012) discussed, *in touch*. This holding and being in touch is not merely metaphorical or theoretical, as "theoretical concepts are not mere ideations but are materially embodied in apparatuses that produce the phenomena being described" (Barad, 2007, p. 129). Cantwell (2014) described the theoretical concept of holding space as "the therapist's role of safeguarding the continuity of the client's experience of being and becoming over time," (p. 21). Diffracting this concept, focus group data, and agential realism through one another, we see how this holding is materially enacted, as safeguarding the client's becoming includes attending to how the therapeutic assemblage intra-acts to promote material-discursive safety, a form of responsibility and accountability to the client. Nicole's insights as part of intra-acting during her focus group, adds to the understanding of holding space. She underscored:

Nicole: I see, in a lot of these, right, this extended hand it's either saying like, "Let me hold this for you." Or I think the biggest thing that I'm getting from these images is: "I've got you, you can step in." Right? It's an invitation and they get to decide whether or not to come in but it's, right, just the holding space, um, holding safety.

Like Lena, this slice of data from Nicole was co-configured with the collaborative collage that was in-process among the intra-acting focus group participants as she spoke. Nicole produced different knowings by considering her own experiences alongside the creative representations of the experiences of others, drawing connections and tying together threads of outstretched hands as constituting a therapeutic invitation to hold and be held (Figure 3.4).



Figure 3.4

Focus Group 2 Collaborative Collage

What differences are made in the therapeutic assemblage when reading into/through these participant contemplations, collages, therapeutic concepts, and agential realism? “The world ‘holds’ the memory of all traces; or rather, the world *is* its memory (enfolded materialization),” Barad (2010) underscored (p. 261, emphasis original), highlighting how memory, including the memory of traumatic events, is not simply a past event, but is materialized in the body of the client, in the intra-actions of therapist and client during and following trauma disclosure, and therefore in the becoming of the world. Part of intra-acting in the world in its becoming, in enfolded materialization, includes recognizing how differences, including differences in conversation, relational connection, and embodiment in therapy, come to matter. Therefore, the invitation to process trauma within the therapy space is not merely discursive, as in a turn towards talking about trauma, but is material as well, as the therapist embodies the holding

container, intra-acting with the client's trauma on the client's behalf to promote new possibilities for healing.

Trauma Disclosure Elicits Embodied Intra-ventions

In further thinking of the materiality of holding, Barad (2007) noted, "brain cells are not the only ones that hold memories" (p. 379). Through an agential realist perspective, we can consider how therapists are holding that which is always already material-discursive, "where 'holding' [is an] intra-active engagement with, and as part of, specific configurations of the world" (Barad, 2007, p. 472). Part of what is produced in the process of therapy following trauma disclosure, as described by Lena and Nicole, is the production of space, where space opens the possibility for material safety to emerge and be embodied. Holding space entails the therapeutic assemblage (re)directing attention, therapeutic talk and time, emotional and affective energy, and physical comfort towards the client's experience of trauma. Reminiscent of a mother holding her child, holding space produces differences physically and affectively; a mother relinquishes her time, attention, and comfort to that of her child, "an abrogation of herself ...[that] allows the infant to take his own risk in beginning to come together as a self" (Ogden, 2004, p. 1351). Similarly, a therapist holds space in a way that creates new possibilities for healing and different becomings, embodying "that human place in which the patient is becoming whole" (Ogden, 2004, p. 1352).

Re-turning to agential realism, we can again consider how reaching out, being in touch, and holding space as part of becoming-with the client is not about engaging with an exterior other. Instead, "touching is a matter of response. Each of 'us' is constituted in response-ability. Each of 'us' is constituted as responsible for the other, as the other" (Barad, 2012, p. 215). Being in touch and holding space as material-discursive practices in the therapeutic assemblage may

therefore be put forth as therapeutic intra-ventions, described in Kelley (2022) as a different understanding of the traditional therapeutic intervention, highlighting the entangled relationality in clinical practice when considered through an agential realist framework. Holding and being in touch as intra-ventions also trouble notions of mind-body dualism that continue to proliferate within therapeutic practices, including among cognitive-based therapies (e.g., CBT; Leitan & Murray, 2014) and language-specific postmodern therapies (e.g., narrative therapy; Karageorgiou, 2016). Instead, intra-ventions attend to how therapeutic intra-actions are embodied and productive of material shifts. By thinking these therapeutic engagements as intra-ventions, holding space and being in touch become relationally embodied, practices of becoming-with the client as part of the ethics of entanglement. In offering to hold space and engaging in these therapeutic intra-ventions, the therapist makes an agential cut, cutting together-apart by making themselves separate, responsive, and available to hold that which they are not inherently separate from (Barad, 2007; 2014).

In further analyzing these moments from Erin, Lena, and Nicole, and these emerging insights from the research apparatus, I considered my own engagement with/in this apparatus as the researcher, enacting further diffractions by continuing to think with/through the participants, data, and theory by collaging as a form of analysis. Through these collages, I bring my memories of the focus group intra-actions, my readings of the transcripts, and listenings to the audio as an act of enfolding in and re-turning to the collages created during the focus groups, pulling out the dynamic relations and connections on the move as part of this analytic process (Hanawalt, 2019). By continuing the act of collaging that began during the focus groups, overlaying participant words with their creative representations, I further this diffractive analysis by performing new/different agential cuts to the enactment of holding that has been discussed thus far. These

collages are “interplays of gesture and diagram” (Holbrook & Cannon, 2019, p. 36), illustrative of the analytic process and offering moments to re-turn to the data fragments (i.e., transcripts and collaborative collages) presented thus far and read them through one another with the theory again, a “purposeful methodological repetition” (Jackson & Mazzei, 2012, p. 10), that invites new knowings along the path of tracking trauma disclosure. Figure 3.5 presents the first of these analytic collages, thinking Nicole’s insights of holding through the images of trauma disclosure provided during the focus groups by Aladdin¹⁸, a Black, male, PhD MFT student and Dana, a White and Asian, female MFT who recently transitioned to a new therapy practice due to the stress of working with a highly traumatized client population.



Figure 3.5

Diffractive Analysis Collage 1

¹⁸ Participant-selected pseudonym, reflected in the creative representation of trauma disclosure provided by the participant.

I diffract these insights on holding space as a material-discursive practice, or intervention, through research on attunement, where attunement is “a process of communion and unity of interpersonal contact” (Erskine, 1998, p. 236), a resonance and understanding of the experience of another, expressed by the therapist as a way of connecting to the client. Attunement has been shown to bolster the therapeutic relationship and serves to communicate empathy from therapist to client (Rocco et al., 2017; Macaulay et al., 2007). Attunement is not only about tracking and following the client’s thoughts and emotional process, but also about nonverbal engagement, the bodily attunement of therapist to the client where material movement in its dynamism fosters therapeutic rapport and relational safety (Seikkula et al., 2015; Davis & Hadiks, 1994). Indeed, Håvås and colleagues (2015) underscored how nonverbal attunement of therapist and client reduced client attachment insecurity in ways that verbal attunement did not. This difference matters, as the material entanglement of therapist and client produces new therapeutic becomings, including increased safety in the therapeutic relationship (Davis & Hadiks, 1994). As part of this practice of attunement, the material-discursive capacity within the therapeutic assemblage, namely in the therapist body, must be available to enact meaningful intra-actions of holding space and trauma as it comes to matter in the therapy room.

Trauma Disclosure Does Not Leave the Therapist Untouched

In re-turning to Lena’s consideration of her own therapeutic capacity to hold and be in touch, we can consider how material-discursive capacity to hold is not static but is also on the move as a part of performing therapy. Figure 3.6, an analytic collage, underscores a diffractive reading/thinking of Lena’s words and visual representation of her clinical capacity through agential realism, as the intra-active engagement of holding configures new becomings of safety

and attachment for the client, but also configures differences that matter in the therapist's material-discursive body.

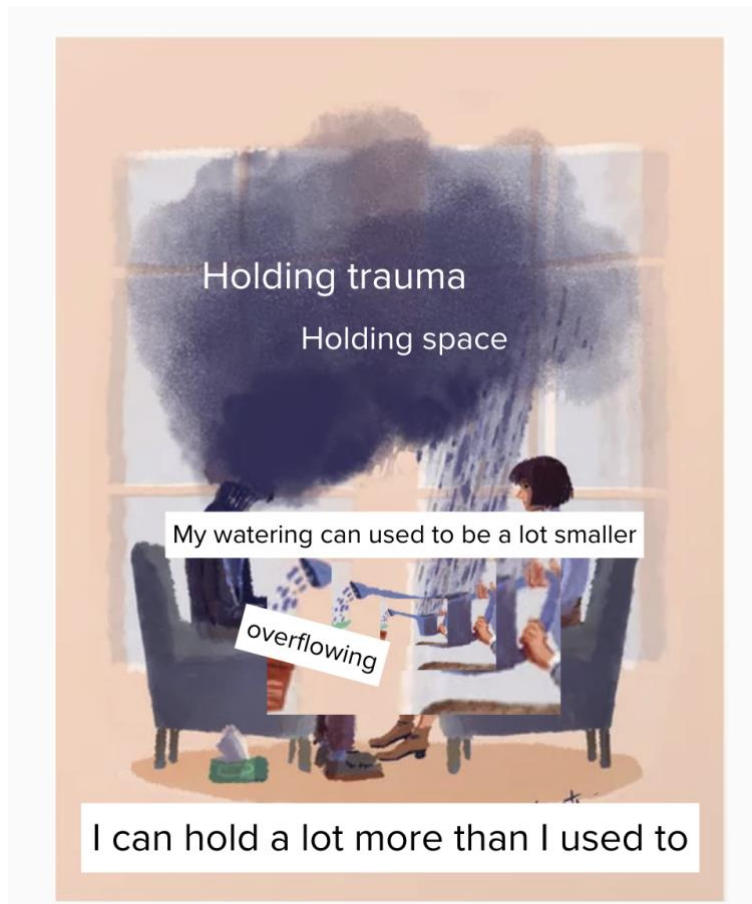


Figure 3.6

Diffractive Analysis Collage 2

A different reality for therapists unfolds in these final diffractive moves, as the responsibility of holding and being in touch entails being marked by client trauma, as “bodily materiality holds the memories of the traces of its enfoldings” (Barad, 2007, p. 383), which becomes real not only for clients and their intra-actions with trauma but therapists as part of becoming-with the client and trauma as well. As Pearlman and Saakvitne (1995) underscored in their discussion of working with trauma-affected clients, performing the role of therapist means “being genuine and affectively available...known by and vulnerable to a client” (p. 20). This

vulnerability in therapeutic intra-actions is produced as the therapist enacts material-discursive holding, creating possibilities for client safety while simultaneously enfolded the therapists' materiality with the agencies of trauma. Dana's considerations of her own therapeutic capacity, and the material-discursive practices she enacts to grow her capacity, offer additional insights into what is produced during trauma disclosure and as part of engaging in the intra-vention of holding:

Dana: Sometimes [when working with a trauma-affected client], I'll visually just like put on a whole suit of armor. I'm like, "Cool, I can give." And like I'm imagining like, my energy can come out, but it's not going to, it like, the armor's keeping everything out from coming home with me.

Dana's description of the energy of trauma causes us to re-turn to the beginning of the diffractive analysis (which was not in itself the beginning, but an entry point by the research apparatus into the therapeutic assemblage), where Erin perceived trauma as a "big, invisible" presence. As Dana and Lena underscored, intra-acting with the materiality of trauma in the therapeutic process and relationship by embodying a container to hold space, to hold safety, and to hold trauma does not leave the therapist untouched. It is therefore not only the client whose materiality carries the trace of trauma, but the therapist's as well, as slowing, holding, and enacting embodied, relational ethics necessarily includes entangling with trauma.

As Dana described, the material-discursive practice of putting on "armor" as part of attending to the materialization of trauma in the therapist body enacts an agential cut that allows for the therapist body to temporarily hold, to grow capacity to intra-act and entangle with the traumatic historicalities that are bound up in the therapeutic assemblage. This practice and others like it are a part of an ethics of entanglement, as the production of safety in therapy includes materializing safety for the therapist's body as well as the client's, as therapist and client are not sedimented and separate, but always already entangled. Becoming-with a trauma-affected client

in therapy therefore includes being responsive to all intra-acting agencies of the therapeutic assemblage, as therapist, client, and trauma are all materialized differently through their mutual intra-actions. As Barad (2007) highlighted,

A different material-discursive apparatus of bodily production materializes different configurations of the world... We are responsible for the world of which we are a part, not because it is an arbitrary construction of our choosing but because reality is sedimented out of particular practices that we have a role in shaping and through which we are shaped. (p. 390)

The relationality at work in each moment is therefore what creates the possibility for different becomings, for the production of space and safety as catalysts towards healing. These intra-actions matter, as the entanglements of therapy enact particular practices in which reality is sedimented out in its becoming.

Conclusions: Why/How Relationality Matters

This diffractive analysis allows us to consider how trauma disclosure is productive of changes in the therapeutic assemblage, shifting and highlighting the materiality and relationality within therapist-client intra-actions. As opposed to considering what trauma disclosure means for novice clinicians, or how pre-licensed MFTs interpret the experience of trauma disclosure, the analytic moves enacted in this study have explored how trauma disclosure produces differences that matter in therapy as a process that is always becoming. Ultimately, this inquiry underscores how therapist and client are “relational beings...[that] help constitute one another” (Barad, 2007, p. 239). Indeed, we might take this a step further and underscore how all agencies of the therapeutic assemblage, even trauma (especially trauma), are constituting and relational figures. An ethic of entanglement is produced through this relationality, as the therapist does not act as a

separate outsider upon the client but engages in material-discursive practices of becoming-with the client. This shift invites systemically oriented therapists, such as novice MFTs, to explore how their entanglements with client and trauma hold possibilities for new intra-actions that promote safety and healing, not purely as a form of staying within the ethical guidelines outlined by governing bodies (i.e., AAMFT, 2015) but as a form of response-ability to trauma as it materializes in the therapeutic assemblage.

Thinking diffractively about trauma disclosure also opens up considerations of how the material, as well as the discursive, are constitutive of new relational becomings in MFT. While MFT interventions are typically considered discursive in nature, and therapy itself is colloquially referred to as the “talking cure” (Marx et al., 2017), the therapists’ body also intra-acts in response to client trauma disclosure. As traumatic stress is defined as “a mind-body condition” (López-Zerón & Blow, 2017, p. 584), the embodied intra-ventions of slowing and holding underscore how materiality is implicated in the therapy process not only for the client but the therapist as well. As Barad (2007) underscored, “different material intra-actions produce different materializations of the world, and hence there are specific stakes in how responsiveness is enacted” (p. 380). The therapists’ body therefore shifts following trauma disclosure, engaging in material-discursive practices that enact possibilities for different materializations of attachment and attunement to emerge in the therapy space, a responsivity to the lack of safety that is present as trauma is enlivened through the disclosure process. These intra-ventions also necessarily entail a consideration and responsivity to how the therapists’ materiality is also re-configured in the process of intra-acting with client and trauma while embodying a safe, holding space.

Ultimately, a diffractive analysis attending to the entanglements and relationality of therapy following trauma disclosure allows us to understand more fully how therapist and client

can intra-act to reconfigure therapeutic entanglements to foster new possibilities of safety and connection, and ultimately healing. The therapeutic process following trauma disclosure is therefore an,

embodied practice of re-membering – which is not about going back to what was, but rather about the material reconfiguring of spacetime-mattering in ways that attempt to do justice to account for the devastation wrought as well as to produce openings, new possible histories by which time-beings might find ways to endure. (Barad, 2017, p. 63)

The entanglements of therapist, client, and trauma, of matter and meaning, offer the opportunity for materializing therapeutic practices that are responsive, “accountable to the marks on bodies as part of a topologically dynamic complex of performances” (Barad, 2007, p. 380). These inherent relationalities foster responsivity in new ways, including being in touch, being in relationship, and becoming-with clients as part of the world in its intra-activity.

CHAPTER 4

CONCLUSIONS

This dissertation began with “a concrete encounter with the real” (St. Pierre, 2019, p. 12), in this case, with my personal therapeutic practice and experiences of hearing client trauma disclosure. I can still draw up the same feelings in thinking about my own intra-actions with client trauma, the pit in my stomach, the quickened heartbeat. The same feelings my participants felt, the experiences their clients live with, the threads of which are sewn into the fabric of this dissertation. This dissertation, though, was not aimed at confirming my own experience by finding it mirrored in the experiences of others with similar levels of experience to myself. Instead, this study explored what differences were produced when trauma was disclosed, as it was enlivened and materialized in the therapeutic spaces in which my participants worked. Tracing and tacking trauma through disclosure included considering how therapeutic intra-actions produced real effects, opening up new possibilities, and co-configuring therapeutic agencies in meaningfully different ways.

Ultimately, what has emerged in the responsivity to the work, to the questions, and to the assemblages of which I was/am a part through this dissertation is an emphasis on relationality, attending to the ways in which being entangled in this dynamic world matters for therapists, particularly as the dynamism of the world includes agencies of trauma—of harm, violence, and grief. Entangling with/in trauma is no small matter, for clients or therapists. To explore this relationality, I considered how pre-licensed MFTs experienced their entanglements with trauma through disclosure. Of the many cuts enacted throughout this dissertation, the questions that

guided this dissertation, hemming in what was asked, what was explored, and therefore what was produced and known are: 1) what is materially/discursively produced in the bodies of pre-licensed MFTs when a client system discloses trauma? and 2) how does the disclosure of trauma impact the process of therapy and the therapeutic relationship?

Through a diffractive methodological approach (Barad, 2007), I have explored these questions alongside my participants, exploring how trauma comes to matter in the therapeutic assemblage. The findings of this dissertation do not reduce the ways in which trauma comes to matter into categories or linear pathways, but rather underscore how intra-acting with trauma leaves a mark or a trace, and shifts the therapeutic becomings that are in process, as part of becoming in the world. Continuing to draw on agential realist theory and the diffractive framework that guided this dissertation, I offer considerations and contributions that have emerged within this inquiry, noting points of difference and how those differences matter for novice clinicians, for supervisors and training programs, and for other helping professionals intra-acting with trauma. I then attend to how the enactment of the particular research apparatuses within this dissertation effect and constrain what can be known and drawn from this study, noting the strengths and limitations of this study. Considerations of what questions future research apparatuses may probe related to the therapeutic intra-actions during and following trauma disclosure are put forth before enacting the final cuts that hem in this project, though it remains always already dynamic and becoming.

Contributions: Therapeutic Murmurations as Relationships That Matter

This dissertation first contributes to the understandings of experiences of novice MFTs when encountering client trauma disclosure. While previous literature has mapped out some of the ways clinicians in fields adjacent to MFT (i.e., psychologists, counselors) respond to hearing

client trauma, including experiences of shock (Malcolm & Golsworthy, 2019; Smith et al., 2007a), increased emotionality (Toumpanakis, 2020; Lu et al., 2017), and physiological symptoms of distress (Toumpanakis, 2020), this is the first study to explore the experiences of trauma disclosure among MFTs, as well as one of the first studies to examine the experiences of trauma disclosure among a novice clinician population. Beyond exploring trauma disclosure within a population that has not been readily examined in the literature, though, this dissertation examined the embodied experiences of trauma disclosure for pre-licensed MFTs, considering how trauma materializes in and shifts therapeutic intra-actions (where intra-actions include not only the entanglement of therapist and client, but also the entanglement of emotion, cognition, and physiology within the therapist body).

To understand the implications of how trauma comes to matter in therapeutic intra-actions during and following disclosure, we might consider the metaphor of therapy as a murmuration. A murmuration is a shifting mass of starlings, thousands of birds flying together in dynamic shapes, shifting and moving in concert, responsive to one another and their larger environment (RSPB, 2022). Often performed when starlings are startled or threatened, murmurations, as shown in Figure 4.1, enact new material configurations of safety amid threat (Merewether, 2019). In performing the murmuration, the birds cease to be distinct but instead are connected, communicating, and entangled as part of the larger form that is ever changing and becoming, allowing us to consider how thinking therapy as a murmuration entails following lines of entanglement, connectedness, and iterative responsivity.



Figure 4.1

*Murmuration of Starlings*¹⁹

If we think of therapy as a murmuration, an assemblage of shifting and re-configuring²⁰ agencies, where the assemblage is not “individual events, entities, and sets of practices, but...apparatuses of bodily production...intra-acting with and mutually constituting one another” (Barad, 2007, p. 389), we can consider how trauma disclosure enacts dynamic shifts in the assemblage’s formation (intra-actions of therapist, client and trauma). New material-discursive becomings emerge that change the therapeutic performance and practices, or metaphorically

¹⁹ From *Starling Murmuration* [Photograph], by Henry Bogaard, 2020, Canva (<https://www.canva.com/photos/MAEO4UVzrk-starling-murmuration/>). One-design use license.

²⁰ Re-configuring used here notes that configurations are constantly taking shape and being enacted; configuring again and again, though never in exactly the same way or formation.

impact the shape, dimension, and direction of the murmuration. We may also consider how therapists themselves are murmurations, embodied assemblages of matter and discourse, intra-actions of physiology, affect, and cognition. The therapeutic murmuration is therefore layered and entangled, dynamic in its becoming. In the sections that follow, I trace and track the therapeutic murmuration in its dynamism and responsivity to trauma disclosure, considering how intra-acting with trauma via disclosure shift therapeutic matter and meaning.

In Chapter Two, the therapeutic murmuration was enlivened, as trauma disclosure enacted material-discursive shifts in the therapists' bodies. Eleven poems as part of a larger poetic project were discussed, explicating the complexity of intra-acting with trauma during client disclosure for pre-licensed MFTs. Physiological, somatic, affective, cognitive, and relational differences emerged as the therapists intra-acted with client and trauma, and trauma came to matter materially and discursively. These poetic (re)presentations underscored how intra-acting with trauma during moments of disclosure was embodied and multiplicative, highlighting how trauma is not past/passed, mere history, but present and enlivened in ways that affect the clinician to whom the client is disclosing.

In Chapter Three, by enacting a diffractive analysis of thinking focus group data from two groups of pre-licensed MFTs through agential realism, trauma theory, and therapy literature, the process of therapy was described as slowing and deepening in response to trauma's materialization through client disclosure. The murmuration shifted, dipping and intensifying, changing shape as trauma entangled with/in the materiality of both therapist and client. Novice clinicians enacted intra-ventions of holding space, with the therapeutic configuration changing materially as trauma intra-acted following disclosure in new ways. In understanding these practices through a relational ontology, the therapist engages in an ethic of entanglement that

entails becoming-with the client, where becoming-with includes responsibly and response-able-y intra-acting to foster new possibilities of safety. The implications of this dynamic murmuration include an emphasis on relationality and materiality, of being accountable to the body and the ways that trauma comes to matter for pre-licensed MFTs and their therapeutic intra-actions.

Conceptual Differences

The findings of this dissertation offer conceptual shifts, moving us towards a relational and material understanding of therapy and trauma disclosure. For novice therapists intra-acting with trauma through client disclosure, the material shifts of physiological arousal, racing thoughts, and multiple converging emotions highlighted in the poetic findings of Chapter Two speak to the embodied performativity of therapy, where performativity is “iterative intra-activity” (Barad, 2007, p. 184). As opposed to understanding the therapist response to trauma disclosure as countertransference, where countertransference is the therapist’s reactions to their clients based on their own personal difficulties or experiences (Fauth, 2006), embodied performativity considers how intra-acting with client and trauma is an iterative process of (re)configuring materialization (Barad, 2007). The intra-acting body of the therapist is therefore materialized differently in moments of trauma disclosure, where the discursive practice of trauma disclosure produces embodied entanglements that matter for therapist, and by extension, the client and therapeutic assemblage. This is an epistemological and ontological shift towards relational entanglement, where entanglement is “not a name for the interconnectedness of all being as one, but rather specific material relations of ongoing differentiating in the world” (Barad, 2010, p. 265). Attending to therapy as embodied performativity, then, allows the therapist to attend to the specific material relations at work in their own body in moments of trauma disclosure in their complexity, as well as those of the client with whom they are always

already entangled, as opposed to thinking of responses to trauma as countertransference or a clinician issue or difficulty to be quelled (Cavanaugh et al., 2015).

Beyond shifting from countertransference to embodied performativity, findings of this dissertation also underscore therapeutic intra-ventions of slowing and holding as forms of being in touch when trauma is disclosed. As opposed to providing trauma-informed care as an outsider to the client system, the process of therapy following disclosure comprises material-discursive practices where the clinician uses their materiality to hold the client and their trauma, including holding space that fosters opportunities for the client to experience material safety. While the therapist is not holding the client as traditionally understood through a physical form of embrace, their material-discursive body intra-acts with the client's in a way where the client is able to experience material shifts, including material safety, stillness, and comfort. Holding is enacted by slowing the process and talk of therapy, directing time and attention to the trauma, and the therapist settling their own body in the presence of the client. Slowing and holding space are therefore not metaphorical processes at work following trauma disclosure but are material intra-ventions enacted within the therapeutic assemblage. These intra-ventions change the possibilities for how matter and meaning are configured in therapy, including configuring opportunities for the client to experience material safety and connection.

These shifts to slowing, holding, and ultimately being in touch matter, as “different material-discursive practices produce different material configurings of the world, different difference/diffraction patterns; they do not merely produce different descriptions” (Barad, 2007, p. 184). This is therefore not simply a way of talking about the process of therapy following trauma disclosure differently, but materializing new becomings, differences that matter for the therapeutic assemblage. In returning to the murmuration, being in touch through holding as a

therapeutic practice, as opposed to being empathetic or enacting trauma-informed care, includes becoming-with the client as an entangled part of the dynamic materiality of therapy. This difference matters, as Germer and Neff (2014) described what is commonly understood as compassion fatigue, an individual consequence of the therapist hearing client trauma, may be more aptly called “empathy fatigue,” as the therapist internalizes from an outsider perspective what the client has endured and becomes overwhelmed and emotionally exhausted. Instead, holding as an intra-vention, or form of becoming-with the client, following trauma disclosure allows the therapist to be accountable and response-able to the client in each unfolding intra-action, as “intra-actions reconfigure both what will be and what will be possible” (Barad, 2007, p. 391), for clients in their becoming.

Therapeutic Ethics of Entanglement

The findings of this dissertation also contribute to a shifting understanding of therapeutic ethics, of the accountability that comes from being relationally entangled, as being in touch necessitates an ethical response-ability. In discussing the ethical implications of agential realism, Barad (2007) underscored, “there is no inside, no outside. There is only intra-acting from within and as part of the world in its becoming” (p. 396). For the practice of MFT, this principle entails a paradigmatic restructuring, as the therapist is no longer an external figure affecting the client from the outside. Instead, as the therapist is entangled with the client through therapeutic intra-actions, there is a need to enact an “ethics of entanglement” (Barad, 2010, p. 266). Particularly during and following trauma disclosure, this ethics of entanglement goes beyond principles of non-maleficence and beneficence (AAMFT, 2015), instead considering how matter comes to matter in the intra-actions of the therapy assemblage. Indeed, *responsibility to clients* (Code of Ethics Standard I; AAMFT, 2015), from an agential realist lens entails,

“[being] responsible for the world of which we are a part, not because it is an arbitrary construction of our choosing but because reality is sedimented out of particular practices that we have a role in shaping and through which we are shaped” (Barad, 2007, p. 390).

Therefore, this ethics of entanglement includes being accountable to and responsible for how trauma comes to matter in both the client and the therapists’ bodies, as well as how trauma shifts the material-discursive practices within the therapeutic space (Barad, 2010). An ethic of entanglement goes beyond a strict rule-based code, which can produce a material sense of panic during moments of trauma disclosure, as felt by Candace (“Fluttering heartbeat/prickling on the back of my neck...A million things going through/My head/*ethical panic*”; see *Panic*, Chapter Two, p. 61). As Barad (2010) underscored, the responsibility bound up in an ethic of entanglement “is not a calculation to be performed...It is an iterative (re)opening up to, an enabling of responsiveness” (p. 265). This ethic entails new therapeutic configurations that have the potential to “[rework] the material effects of the past and the future” (Barad, 2010, p. 266), enacting material safety and healing that are responsive to moments where trauma is enlivened and materialized in the dynamism of the therapeutic murmur.

Methodological Implications

This study also troubled the bounds of qualitative research in the field of MFT by employing diffraction as a methodology, exploring alternative ways of conceptualizing and explicating the transformational moments of trauma disclosure. In recent years, there has been a critique of the MFT field as being practice-oriented, at the expense of being science-oriented or promoting new findings in fields of systemic research (Wittenborn et al., 2019). Without reinforcing the seeming dichotomy between practice and science, diffractive methodologies may present the opportunity to engage in scientific research that is attentive to the complexity of

systems bound up within the practice of MFT (where scientific research entails theorizing, observing, and experimenting towards the continued goal of becoming an evidence-based discipline; Kuhn, 1962; Sprenkle, 2003). While increasingly complex statistical models are often at the heart of the call for advances in MFT science (e.g., multilevel modeling; Wittenborn et al., 2019), diffractive methodologies allow researchers in the MFT field to engage in a “*posthumanist performative* approach to understanding technoscientific and other naturalcultural practices that specifically acknowledges and takes account of matter’s dynamism” (Barad, 2007, p. 135, emphasis original). Particularly if we attend to MFT as a material-discursive practice, the insights diffractive methodologies may produce have the potential to illuminate new knowings and understandings related to how clinicians and clients are entangled and working within an apparatus of healing. As presented in this dissertation, diffractive methodologies do not reduce the complexity of therapeutic systems as part of scientific inquiry but attend to the ways in which intra-acting in the therapy space is productive of dynamic agential entanglements (as explored here, the entanglements of therapist, client, and agencies of client trauma).

Clinical Considerations

Beyond conceptual contributions, the findings of this dissertation also present implications for clinical practice as well as the supervision and training of MFTs, as all clinicians who participated in this study were actively under supervision either as part of a training program or while working in the field towards licensure. The considerations put forth below are specifically related to pre-licensed MFTs, as the findings of this study stem from and relate to this population. Yet, these findings may also be beneficial for licensed MFTs and others in similar helping professions who are encountering client trauma via disclosure.

How Matter Comes to Matter: The Body in Therapy

The findings of this dissertation through agential realism serve to move away from the mind/body and material/discursive binaries in the therapeutic process following trauma disclosure. As opposed to therapy being purely of the mind, produced through language and discourse between therapist and client, we may consider how the body and materiality of the therapeutic agencies are always already a part of the therapeutic process, including during moments of trauma disclosure. While many trauma treatments emphasize the engagement of the client's body, such as sensorimotor psychotherapy (Ogden & Minton, 2000), narrative exposure therapy (Elbert et al., 2015), and mindfulness and yoga (Taylor et al., 2020), we can consider how therapists also must be attuned to how they are materially responding in therapeutic intra-actions, including the entanglement of physiological, affective, and cognitive responses to trauma disclosure (Andaházy, 2019). As opposed to the therapist considering the effects of trauma on their body only when experiencing symptoms of STS, VT, or burnout, novice clinicians may consider how trauma is coming to matter in their bodies during and following client disclosure. While pre-licensed MFTs may be attuned to or check in with how their client is feeling in moments of disclosure, being accountable to the "marks on bodies" (Barad, 2007, p. 340), as Barad (2007) stated, includes recognizing how trauma materializes in their own bodies as well, as the materiality of the two are not inherently separable, but entangled.

Pre-licensed MFTs may then consider how they enact response-ability or respond moment-by-moment to the relationality of matter in the therapy space, as trauma intra-acts in the therapeutic assemblage. In thinking with an agential realist frame, of becoming-with the client following trauma disclosure, novice clinicians may consider how therapy is not about doing something *to* the client but doing something *with* the client. This clinical shift, denoted by the

term intra-vention, allows the therapist to explore how they can be accountable to the intra-actions of which they are a part in the therapeutic process, attending to the ways in which intra-acting with client and their trauma (re)configures “specific material articulations of the world” (Barad, 2007, p. 338). As part of becoming-with the client, clinicians may consider how their own materiality produces opportunities for slowing, holding, and being in touch, producing increased material safety in the therapeutic assemblage. By slowing down and turning time, attention, energy, and physical space towards the client’s trauma, the therapist materially embodies a holding container for the client and their responsivity to the enlivening of trauma in the therapeutic process. The clinician and client can therefore intra-act to promote new becomings of material-discursive safety, fostering possibilities for healing to emerge.

Supervision and Training

The poetic findings of this study offer an exploration into the multifaceted experience of intra-acting with trauma. Presenting these findings to clinicians, as part of training programs, in supervision, or among other helping professions (e.g., counseling, social work, first responders and other medical personnel) may serve to normalize and de-stigmatize clinician responses to client trauma, particularly during instances of disclosure (Cavanaugh et al., 2015). These findings may provide insights for clinicians in training who have not yet experienced trauma disclosure, as a way of considering their own embodied responses to the poetic findings presented in this dissertation, noting how their materiality may be impacted by hearing trauma disclosed in ways that are complex and varied.

Additionally, understanding trauma disclosure as an intra-action that produces material-discursive differences for MFTs as well as clients may shift responses to trauma from self-of-the-therapist concerns to considerations of specific relationality. As Barad (2007) described, “our

(intra)actions matter—each one reconfigures the world in its becoming—and yet they never leave us; they are sedimented into our becoming, they become us” (p. 394). If we consider the intra-actions of trauma disclosure as reconfiguring, sedimented in our (clinicians’) becoming, then within the realm of clinical training and supervision, supervisors and instructors may change from an analysis of self-of-the-therapist to an exploration of the intra-activity of becoming-with the client, moving away from the pathological discourse associated with self-of-the-therapist concerns and instances of countertransference, particularly as related to client trauma (Timm & Blow, 1999). This process becomes isomorphic (White & Russell, 1997), as the supervisor engages with/in the therapeutic intra-actions and continues the entangled becomings of the therapeutic assemblage.

Supervisors may consider their own forms of response-ability to their supervisee’s intra-actions with client trauma, engaging in embodied supervisory practices that are accountable to the ways in which novice clinicians experience material-discursive shifts during and following trauma disclosure. Embodied practices in MFT supervision may include reading and resonating with poetry, such as the poems put forth in this dissertation, asking clinicians to engage in their own poetic writing to re-turn to intra-actions of trauma disclosure (Mazza, 2022), or performing relational body practices such as mindfulness and meditation in supervision to invite accountability and responsivity to the ways in which therapist bodies materially/discursively shift following trauma disclosure (Gehart & McCollum, 2007).

Supervisors may also investigate the ways in which supervisees enact agential cuts that promote therapeutic response-ability, as response-ability to the other (client) entails a response-ability to self (where self and other are always already entangled, not inherently distinct). Recalling Dana’s description of putting on “armor,” supervisors and novice clinicians may

explore material-discursive practices of cutting together-apart (Barad, 2014), examining how the pre-licensed MFT can embody holding and being in touch while intra-acting with trauma. These considerations may entail a re-working of traditional notions of therapeutic boundaries in therapy (Heitzler, 2013), instead aiding novice clinicians in being accountable and responsible for where and when they place and enact agential cuts in their therapeutic intra-actions in their specificity.

Strengths and Considerations

In employing a diffractive methodology, the research apparatus of this dissertation was attuned to the participants of this study in their situatedness and specificity. Beyond researching a participant sample that has not been examined related to trauma disclosure, this dissertation considered the specific material configurations of each participant in their practice while intra-acting with client trauma disclosure. The diffractive methods of this dissertation did not seek to provide a roadmap for experiencing client trauma disclosure for pre-licensed MFTs, but instead was attuned to moments of difference and of connectivity, following the trace of trauma and tracking how it materialized in the participants of this study and their intra-actions. As Barad (2007) highlighted, “making knowledge is not simply about making facts but about making worlds, or rather, it is about making specific worldly configurations” (p. 91). In this dissertation, we see the configurations of therapeutic intra-actions, of the ways in which trauma is materialized and enlivened in the material-discursive bodies of novice clinicians and in the entanglements of clinician and client through disclosure. While not providing a script for what happens when trauma is disclosed, this dissertation attends to the reality that intra-acting with trauma produces differences that matter for the therapeutic assemblage, which open up new possibilities for entanglement and intra-action, of becoming differently in the therapeutic space.

As Jackson and Mazzei (2014) underscored, “thinking with theory...can signify *temporary meaning that can escape and transform at any moment*” (p. 6, emphasis original). While temporary, transforming meaning does not negate the significance or import of the work, nor does it disqualify the findings, this work was conducted on the move and is therefore located within the specific situatedness of this study. Because this study was not focused on generalizing and reducing findings, but on opening space for complexity and connectivity, the findings of this study are bound by and determined through the cuts that were made. While I sought to make every attempt to be faithful to my participants, including their experiences and their “voice”, as well as to their clients who are bound up in their words and the theory that guides this study, enacting agential cuts through my own situatedness entailed prioritizing some knowings while excluding others.

Additionally, as noted in Chapter Two, the participants of this study are not fully demographically representative of the MFT field. For example, while data is limited on the demographic make-up of the field, reports from COAMFTE-accredited programs in 2020 indicated approximately 17% of MFT students were male, as opposed to only 8%, or one of the 12 participants in this study, who identified as such (AAMFT, 2022). Notably, the diffractive methods employed throughout this study are not aimed at reducing and generalizing findings across entire populations, nor was the goal of this study to identify *the* results related to experiences of trauma disclosure by researching a demographically representative sample of the MFT field. Even so, the findings of this study serve as an entry point to exploring the complexity of entangling with client trauma through disclosure, yet more remains to be known. For example, while this inquiry has explored the experiences of pre-licensed clinicians, future inquiries may

explore how these findings are aligned with, or divergent from, the experiences of licensed clinicians or within expert populations.

Future Research

These knowings and realities are not the only ones to be known, experienced, and understood through this research. There are more research apparatuses to enact (through asking different questions, placing new cuts, and engaging in different analytic practices), more to observe, and more to continue to entangle with. First, I intend to construct a research apparatus aimed at exploring how race, ethnicity, and gender impact trauma disclosure and how trauma comes to matter in therapist bodies with varying intersecting racial and gender identities. I will explicitly attend to what differences are materially/discursively enacted for therapists who hold minoritized and subjugated identities during and following trauma disclosure. Additionally, I will explore how clinicians discussed their entanglements with clients whose race or gender differed from their own, and how these intra-actions of trauma disclosure were performed as part of being accountable and response-able to these differences. Next, as participants across interviews and focus groups described not only how they responded to client trauma disclosure, but why they responded as they did, I will investigate how novice clinicians make attributions and meaning of their responses to trauma disclosure and how those meanings matter for their therapeutic process following disclosure. Finally, as all participants were still under supervision or in training programs while participating in this study, I will consider their recommendations for increasing preparedness in hearing client trauma disclosure, attending to how therapeutic training in the classroom and in practicum may foster increased awareness of the reality of intra-acting with client trauma while in the therapist role.

Conclusion: Enacting the Final Cut

*The past is never finished once and for all and out of sight may be out of reach
but not necessarily out of touch.
(Barad, 2007, p. 394)*

Even as I write these final words, we are passing the two-year mark of living through a pandemic that continues to ravage the globe, and from which millions have been affected, and are watching events of escalating violence and attack in Ukraine. Amir Locke, a Black 22-year-old man in Minneapolis, was recently killed by police, re-calling²¹ the murders of George Floyd and Breonna Taylor and the experiences of systemic racism that are carried as traumatic in the lives of many Black and brown bodies, particularly in the US. The need to understand the embodied experiences of intra-acting with trauma, both outside of and within the therapy space, therefore continues to be crucial for MFTs and other clinicians in helping professions. Entangling with trauma while performing the role of therapist entails attending to the relationalities at work in each moment, the connections of materiality, and the ways in which being accountable and response-able to the client produces opportunities for new becomings.

As I enact this final cut, hemming in the bounds of this dissertation and defining its ending, I echo the words of Jackson and Mazzei (2014): “[I] acknowledge that [I] alone am not the author of this assemblage; the research participants and the theorists inserted themselves in the process” (p. 2). Indeed, my hope is that my participants’ voices are enlivened in this work, and not just theirs, but those of their clients that bravely opened themselves up to new becomings by naming their pain and sharing their historicalities. They are bound up in these relationalities and in this work. Through entering their intra-actions, this study has illuminated how trauma

²¹ Calling up, again and again, as their lives and their deaths are not past/passed but carried on/in/through the relationalities in which they were/are entangled.

materializes in the therapeutic assemblage in ways that matter, with pre-licensed MFTs experiencing shifts in their own material-discursive bodies, and the intra-actions of client and therapist changing in response to trauma materializing in the therapy space. Trauma is therefore not past/passed, but a dynamic part of the therapeutic process that comes to matter in new ways when disclosed. In tracing and tracking these entanglements of therapist, client, and trauma, we can explore new possibilities for becoming differently, together.

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Appendix A



Tucker Hall, Room 212
 310 E. Campus Rd.
 Athens, Georgia 30602
 TEL 706-542-3199 | FAX 706-542-5638
 IRB@uga.edu
<http://research.uga.edu/hso/irb/>

Human Research Protection Program

EXEMPT DETERMINATION

October 24, 2021

Dear [Desiree Seponski](#):

On 10/24/2021, the Human Subjects Office reviewed the following submission:

Title of Study:	Trac(k)ing Trauma: Exploring the Entanglements of Trauma, Client, and Therapist in Marriage and Family Therapy
Investigator:	Desiree Seponski
Co-Investigator:	Amber Kelley
IRB ID:	PROJECT00004450
Funding:	None
Review Category:	DHHS – Exempt 2(ii); DHHS – Exempt 3(B)

We have determined that the proposed research is Exempt. The research activities may now begin. Since this study was determined to be Exempt, please be aware that not all future modifications will require review by the IRB. For more information, please see Appendix C of the [Exempt Research Policy](#). As noted in Section C.2, you can simply notify us of modifications that will not require review via the “Add Public Comment” activity.

A progress report will be requested prior to 10/24/2026. Before or within 30 days of the progress report due date, please submit a progress report or study closure request. Submit a progress report by navigating to the active study and selecting Progress Report. The study may be closed by selecting Create Version and choosing Close Study as the submission purpose.

In conducting this study, you are required to follow the requirements listed in the [Investigator Manual \(HRP-103\)](#).

Sincerely,

Benilda P. Pooser, Ph.D., CIM
 Director, Clinical Research Compliance

Appendix B

Dear Program Director/Director of Clinical Training,

My name is Amber Kelley, and I am a doctoral candidate at the University of Georgia in the Human Development and Family Science department, with an emphasis in marriage and family therapy. I was hoping you could distribute this email to your students and recent alumni:

I am currently inviting pre-licensed marriage and family therapists, including master's level, unlicensed post-master's, and associate licensed marriage and family therapists to take part in a study regarding experiences of client trauma disclosure. Participation is part of a doctoral study entitled *Trac(k)ing Trauma: Exploring the Entanglements of Trauma, Client, and Therapist in Marriage and Family Therapy*, which is required to fulfill the requirements for the Degree of Doctor of Philosophy at the University of Georgia. The project chair for this study is Desiree Seponski, Ph.D.

This research study has two parts. Part 1 is an individual interview, conducted virtually for approximately 60 minutes. Part 2 is a focus group, also conducted virtually for approximately 60-90 minutes. Both parts of the study are interested in learning more about experiences of client trauma disclosure, including the effects of disclosure on the clinician, therapeutic relationship, and therapeutic process. Participants may choose to participate in only Part 1 of the study or both Part 1 and 2. Participants can receive up to \$100 in gift cards for participating in this study: all participants in Part 1 will receive a \$50 gift card and all participants in Part 2 will receive a \$50 gift card.

If you are interested in participating in the study, please click the link below to learn more and see if you are eligible:

https://ugeorgia.ca1.qualtrics.com/jfe/form/SV_8rlaFfJKxYPVGOG

Your participation in this research is entirely voluntary. If you choose to participate in the study, your identity will be confidential in the final publication. There are no consequences of any kind for choosing not to participate. Thank you for helping us learn about this important topic! If you have questions or would like more information about the study, please send an email to amber.kelley@uga.edu.

Thank you for your time.

Amber Kelley, M.MFT
Email: Amber.kelley@uga.edu
Phone: 720-207-7616

Appendix C

UNIVERSITY OF GEORGIA CONSENT FORM TRAC(K)ING TRAUMA: EXPLORING THE ENTANGLEMENTS OF TRAUMA, CLIENT, AND THERAPIST IN MARRIAGE AND FAMILY THERAPY, PART I

You are being asked to take part in a research study. The information in this form will help you decide if you want to be in the study. Please ask the researcher(s) below if there is anything that is not clear or if you need more information.

Principal Investigator: *Dr. Desiree Seponski*
Department of Human Development and Family Science
seponski@uga.edu

Co-Investigator: *Amber Kelley, M.MFT*
Department of Human Development and Family Science
amber.kelley@uga.edu

Purpose of the Study

We are doing this research study to learn more about the experiences of pre-licensed marriage and family therapists (MFTs) during and following client disclosure of a past traumatic incident or history of trauma. Part one of this study will explore how pre-licensed MFTs experience the moments of client trauma disclosure somatically, affectively, psychologically, and relationally, both in the moment of disclosure and in subsequent moments/sessions. The research questions that guide this study are: 1) what is materially/discursively produced in the bodies of pre-licensed MFTs when a client system discloses trauma? And 2) how does the disclosure of trauma impact the process of therapy and the therapeutic relationship?

Eligibility Criteria

You are being invited to be in this research study because of your role as a practicing, pre-licensed MFT. You are eligible to participate in this research study if you are an active MFT who has not received full licensure as defined by your state, including but not limited to master's-level, unlicensed doctoral-level, and associate-licensed MFTs. Additionally, you are eligible to participate in this study if you have had at least one experience where a client disclosed a traumatic event or traumatic history to you as an active clinician in the therapy session (e.g., primary or co-therapist).

Study Procedures

If you agree to participate in this study:

- We will collect information about your clinical education and training, including training specific to the treatment of trauma and traumatic stress.
- We will ask you to participate in an individual interview, conducted online via Google Meet. We will ask you to bring a creative work (e.g., photograph, art piece,

- poem, song) that represents your internal experiences when a client discloses trauma to the interview. You will be asked questions during this interview about your experiences as an MFT when a client discloses trauma, including how you react physically, emotionally, and psychologically and how your creative piece represents your experience. The individual interview will take about 60 minutes and will be audio recorded.
- Following completion of data collection and analysis, you will be contacted to optionally review the findings and interpretations of the study. You may optionally elect to give your review of the findings and interpretations through written or audio feedback.

Participation is voluntary. You can refuse to take part or stop at any time without penalty.

Risks and Discomforts

There are questions that may make you uncomfortable. You can skip these questions if you do not wish to answer them. Additionally, participating in this study may include psychological risks of feeling stress, discomfort, sadness, or other potentially distressing emotions when discussing the disclosure of trauma in a therapy session. To minimize this risk, the interviewer will check in with you throughout the interview and the focus group to assess if distressing emotions are arising. If you are experiencing distress, the interviewer will offer to guide you in brief grounding or mindfulness exercises or pause the interview as needed to minimize distress. External mental health resources and referrals will also be available if requested.

Benefits

We do not anticipate any direct benefits to you for participating in this study. However, there will be benefits based on how this study will contribute to knowledge regarding the experiences of pre-licensed therapists responding to and working with trauma. The findings generated from this study will contribute to clinical knowledge of how therapists experience and respond to client trauma by providing in-depth knowledge of therapist experiences in these moments. This research will help describe and normalize the experiences of MFTs during and following trauma disclosure and can be beneficial for developing clinicians and marriage and family therapists in early stages of education and training.

Privacy and Confidentiality

We will take steps to protect your privacy, but there is a small risk that your information could be accidentally disclosed to people not connected to the research. To reduce this risk, we will store all data and participant information in an encrypted folder accessible only through multi-factor authentication. Additionally, we will employ pseudonyms for all participants, linked to a master list of participants that will be stored in a secure folder. We will only keep information that could identify you for five years, and then will be destroyed.

De-identified information obtained from this research may be used for future studies (or shared with other researchers) without obtaining your additional consent.

Incentives/compensation for participation

You will receive a \$50 gift card following the individual interview. You will be asked to electronically sign that you have received your gift card following completion of the interview.

Audio Recordings

Audio recording devices will be employed to record the content of the individual interviews and focus groups. Interview and focus group audio will be transcribed. Both audio recordings and transcriptions will be analyzed to explore the embodied experiences of client trauma disclosure in pre-licensed MFTs. Audio recordings and transcriptions will be stored in a secure, encrypted folder to protect the security and confidentiality of participants. Audio recordings will be stored securely for 5 years, at which time they will be electronically destroyed.

As part of this study, you can also select to have your recorded audio shared in the dissemination of the study findings and results. Please provide initials below if you agree to have your audio used to disseminate the findings of this study. You may still participate in this study even if you are not willing to have your audio used for dissemination purposes.

_____ I do not want to have my audio used for dissemination purposes.
 _____ I am willing to have my recorded audio used for dissemination purposes.

Internet Data Collection

This research involves the transmission of data over the Internet. Every reasonable effort has been taken to ensure the effective use of available technology; however, confidentiality during online communication cannot be guaranteed.

Please feel free to ask questions about this research at any time. You can contact the Co-Investigator, Amber Kelley, at 720-207-7616 or amber.kelley@uga.edu, or the Principal Investigator, Dr. Seponski at seponski@uga.edu. If you have any complaints or questions about your rights as a research volunteer, contact the IRB at 706-542-3199 or by email at IRB@uga.edu.

If you agree to participate in this research study, please sign below:

_____	_____	_____
Name of Researcher	Signature	Date
_____	_____	_____
Name of Participant	Signature	Date

Please keep one copy and return the signed copy to the researcher.

Appendix D

Semi-Structured Interview Guide

-
- I. Re-introduce me and the dissertation topic, highlighting that this interview will build off of the focus group and dive deeper into the experiences of in-session trauma disclosure, particularly focusing on their experiences during the disclosure.
 - II. Verbally engage in informed consent
 - III. Begin interview questions
 - a. How did you get into the field of MFT? Populations you work with/are interested in?
 - b. Tell me about your training related to trauma and traumatic stress.
 - i. What did you learn in your master's level training?
 - ii. Have you gotten any additional training and if so, what?
 - iii. How prepared would you say you feel to work with a client who has a trauma history?
 - c. How do you see the experience(s) of trauma change/impact a client or client system?
 - i. What are some types of trauma that you are listening for when in therapy?
 - d. Can you describe an instance in therapy when a client disclosed trauma?
 - i. How did you know the client had disclosed? What did you notice in them? Examples?
 - ii. What did you feel in your body?
 - iii. What emotions came up for you?
 - iv. What thoughts emerged?
 - e. You were asked to bring an item or a piece of art that represents what it's like for you internally when a client discloses. Can you show me what you brought and describe what about it fits your experience?
 - f. Can you think of a separate instance of trauma disclosure in therapy?
 - i. How was this experience similar/different to the one you just discussed?
 - g. During that instance of trauma disclosure, what changes, if any, did you notice in your interactions/relationship during that session? (What was produced when the client disclosed?)
 - h. How would you define or describe the experience of trauma disclosure to someone who hasn't experienced it (e.g., an incoming graduate student)?
 - i. Is there a picture or metaphor that best defines this experience?
 - i. Describe how you end sessions with a client when they disclose trauma.
 - i. What do you do after you have left the therapy room following disclosure? Can you tell me about a time when you did that?
 - j. Is there anything that would help you feel better/differently prepared to experience trauma disclosure?
 - i. What do you think is important for MFTs to know/do to engage in therapeutic work where a client discloses?
 - k. Is there anything else related to trauma and its disclosure in therapy that you think is relevant to talk about or that I didn't ask about?
 - IV. Thank the participant for participating in this portion of the research. Let participants know when and how they will receive their second gift card and outline how I will be in touch
-

with them regarding participant approval as part of the ongoing consent process in this research.

Appendix E

UNIVERSITY OF GEORGIA CONSENT FORM TRAC(K)ING TRAUMA: EXPLORING THE ENTANGLEMENTS OF TRAUMA, CLIENT, AND THERAPIST IN MARRIAGE AND FAMILY THERAPY, PART II

You are being asked to take part in a research study. The information in this form will help you decide if you want to be in the study. Please ask the researcher(s) below if there is anything that is not clear or if you need more information.

Principal Investigator: *Dr. Desiree Seponski*
Department of Human Development and Family Science
seponski@uga.edu

Co-Investigator: *Amber Kelley, M.MFT*
Department of Human Development and Family Science
amber.kelley@uga.edu

Purpose of the Study

We are doing this research study to learn more about the experiences of pre-licensed marriage and family therapists (MFTs) during and following client disclosure of a past traumatic incident or history of trauma. Part one of this study will explore how pre-licensed MFTs experience the moments of client trauma disclosure somatically, affectively, psychologically, and relationally, both in the moment of disclosure and in subsequent moments/sessions. The research questions that guide this study are: 1) what is materially/discursively produced in the bodies of pre-licensed MFTs when a client system discloses trauma? And 2) how does the disclosure of trauma impact the process of therapy and the therapeutic relationship?

Eligibility Criteria

You are being invited to be in this research study because of your role as a practicing, pre-licensed MFT. You are eligible to participate in this research study if you are an active MFT who has not received full licensure as defined by your state, including but not limited to master's-level, unlicensed doctoral-level, and associate-licensed MFTs. Additionally, you are eligible to participate in this study if you have had at least one experience where a client disclosed a traumatic event or traumatic history to you as an active clinician in the therapy session (e.g., primary or co-therapist).

Study Procedures

If you agree to participate in this study:

- We will collect information about your clinical education and training, including training specific to the treatment of trauma and traumatic stress.
- We will ask you to participate in a focus group with approximately 6 other pre-licensed MFT participants, conducted online via Google Meet. You will be asked

questions about how you respond to a client following trauma disclosure, including discussion of how the therapeutic process and relationship were impacted by the disclosure. The focus group will take approximately 90 minutes and will be audio recorded.

- We will ask you to participate in a collaborative collage as part of the focus group with all focus group participants. You will be asked to discuss your experiences of trauma disclosure and draw connections or points of difference between one another.
- Following completion of data collection and analysis, you will be contacted to optionally review the findings and interpretations of the study. You may optionally elect to give your review of the findings and interpretations through written or audio feedback.

Participation is voluntary. You can refuse to take part or stop at any time without penalty.

Risks and Discomforts

There are questions that may make you uncomfortable. You can skip these questions if you do not wish to answer them. Additionally, participating in this study may include psychological risks of feeling stress, discomfort, sadness, or other potentially distressing emotions when discussing the disclosure of trauma in a therapy session. To minimize this risk, the interviewer will check in with you throughout the interview and the focus group to assess if distressing emotions are arising. If you are experiencing distress, the interviewer will offer to guide you in brief grounding or mindfulness exercises or pause the interview as needed to minimize distress. External mental health resources and referrals will also be available if requested.

Benefits

We do not anticipate any direct benefits to you for participating in this study. However, there will be benefits based on how this study will contribute to knowledge regarding the experiences of pre-licensed therapists responding to and working with trauma. The findings generated from this study will contribute to clinical knowledge of how therapists experience and respond to client trauma by providing in-depth knowledge of therapist experiences in these moments. This research will help describe and normalize the experiences of MFTs during and following trauma disclosure and can be beneficial for developing clinicians and marriage and family therapists in early stages of education and training.

Privacy and Confidentiality

We will take steps to protect your privacy, but there is a small risk that your information could be accidentally disclosed to people not connected to the research. To reduce this risk, we will store all data and participant information in an encrypted folder accessible only through multi-factor authentication. Additionally, we will employ pseudonyms for all participants, linked to a master list of participants that will be stored in a secure folder. We will only keep information that could identify you for five years, and then will be destroyed. De-identified information obtained from this research may be used for future studies (or shared with other researchers) without obtaining your additional consent. Additionally, even though the investigator will emphasize to all participants that comments made during the focus group session should be kept confidential, it is possible that participants may repeat comments outside of the group at some time in the future.

Incentives/compensation for participation

You will receive a \$50 gift card following participation in the focus group. You will be asked to electronically sign that you have received the gift card following the completion of the focus group.

Audio/Video Recording/Photographs

Audio recording devices will be employed to record the content of the focus groups. Focus group audio will be transcribed. Both audio recordings and transcriptions will be analyzed to explore the embodied experiences of client trauma disclosure in pre-licensed MFTs. Audio recordings and transcriptions will be stored in a secure, encrypted folder to protect the security and confidentiality of participants. Audio recordings will be stored securely for 5 years, at which time they will be electronically destroyed.

As part of this study, you can also select to have any visuals and artwork created during the focus group shared in the dissemination of the study findings and results. Please provide initials below if you agree to have your created visuals/artwork used to disseminate the findings of this study. You may still participate in this study even if you are not willing to have your visuals/artwork used for dissemination purposes.

- _____ I do not want to have my artwork used for dissemination purposes.
 _____ I am willing to have my artwork used for dissemination purposes.

Additionally, as part of this study, you can select to have a screen recording with or without audio of the collaborative collage process shared in the dissemination of the study findings and results. Screen recordings will not include recordings of your face or likeness but will only include recordings of the collage process and may include corresponding audio. You may still participate in this study even if you are not willing to have a screen recording used for dissemination purposes.

- _____ I do not want to have a screen recording with my audio used for dissemination purposes.
 _____ I am willing to have a screen recording without my audio used for dissemination purposes.
 _____ I am willing to have a screen recording with my audio used for dissemination purposes.

Internet Data Collection

This research involves the transmission of data over the Internet. Every reasonable effort has been taken to ensure the effective use of available technology; however, confidentiality during online communication cannot be guaranteed.

Focus Groups or Other Group Activities

Even though the investigator will emphasize to all participants that comments made during the focus group session should be kept confidential, it is possible that participants may repeat comments outside of the group at some time in the future.

Please feel free to ask questions about this research at any time. You can contact the Co-Investigator, Amber Kelley, at 720-207-7616 or amber.kelley@uga.edu, or the Principal Investigator, Dr. Seponski at seponski@uga.edu. If you have any complaints or questions about your rights as a research volunteer, contact the IRB at 706-542-3199 or by email at IRB@uga.edu.

If you agree to participate in this research study, please sign below:

_____	_____	_____
Name of Researcher	Signature	Date
_____	_____	_____
Name of Participant	Signature	Date

Please keep one copy and return the signed copy to the researcher.

Appendix F

Focus Group Facilitator Guide

-
- I. Introduce myself, my background, the focus group topic, and how the focus group will be conducted
 - II. Remind participants of informed consent, highlight confidentiality among the group
 - III. Ask participants to introduce themselves (via their pseudonym), how many years they've practiced and in what setting, and what forms (if any) of trauma-informed training they have received
 - IV. Begin focus group questions
 - a. When you hear the word "trauma," what comes to mind?
 - i. How do you define trauma? What are some examples?
 - ii. How do you "know" trauma has entered the therapy?
 - b. When you think about a client disclosing trauma in the therapy setting, what comes up for you in this present moment?
 - i. What do you feel in your body as you reflect on instance of disclosure? Emotionally? What thoughts emerge?
 - c. Tell me about a time when a client disclosed a traumatic event/history in session.
 - i. What was that experience like?
 - ii. What questions did you ask, or how did you direct the talk of the session?
 - iii. What were you listening for/attuning yourself to?
 - d. Tell me about how you prepare for sessions with a client after they have disclosed trauma
 - i. Is it different than how you prepare to see other clients? If so, how?
 - ii. If not, why not?
 - e. Can you describe any differences you notice in your sessions with a client following trauma disclosure?
 - i. How does what you orient your questions and talk towards in therapy change? Examples?
 - ii. How does the trauma disclosure impact the therapeutic relationship? Examples?
 - f. How do you debrief following a session where a client discloses trauma?
 - g. Is there anything else you would like to share that I haven't asked about related to this topic?
 - V. Thank participants for their time and note that there is an opportunity to engage in the second part of this study and that I will contact them to see if they are interested in participating. Let participants know when/how they will receive their gift card incentives and offer for participants to remain on the call to ask any lingering questions that emerged during the focus group.
-

Exhibit A: Additional Poetic (Re)Presentations

Tuning in [Nicole]

I feel it in my own
Body.
A pain.
“Oh shit,
I know what this feels like.”

Clenching chest,
I cry, I get tired.
We practice listening to our bodies.
We mourn together.

Encountering [Erin]

Either it's
A big, gaping wound
Or it's
Been resolved,
A part of history.

They've put it in their box,
Moved the box over to a shelf.

But I'm experiencing
Their pain
For the first time.

(Un)safe [Nicole]

One event or a
Million micro events
Teaches them they're
Not safe.

It manifests in the body.
Visceral, physiological, somatic.
It takes a toll,
Leaves a mark.

How Fucked Up Is That? [Dana]

I felt like I was gonna
Throw up.
I felt ashamed
To feel that way.

She looked at me,
“How fucked up is that?”
I just looked at her.

“Yeah, that’s fucked up.”

That’s all I could say.
I can’t fix it,
Can’t change it.
No words of wisdom.

All I could do was
Maintain my composure.
Calmly.

“Yeah, that’s fucked up.”

Harm Doers [Dawn]

First, I might be ready to
Hit somebody
Want to hurt someone

But—

People who are harm doers,
They’re the unhealed.

The Body Then, the Mind [Sabrina]

My heartrate skyrockets.
 Hands sweat.
 Pressure on my chest.
 My head hurts because of
 how much information it's processing.

My initial reaction:
 "I don't know what to do."

Then, I talk to myself:
 "No.
 I am here.
 I am present.
 I am consistent.
 I am showing up.
 I am dependable.
 I am making a difference.
 I am providing a safe place."

Embodied [Nicole]

We're zooming in,
 Slowing down.
 Time almost stops still.

It's no longer about the words,
 It's about our bodies' experiences
 As the story is being told.

We're in the foxhole together.
 I'm willing to get my hands dirty,
 I'm not afraid of the sludge.

We turn from the story
 To the essence of
 What it is to live with trauma.

The Imposter [Courtney]

I know how to
Sit with clients,
Listen, make a
Safe space.

But imposter syndrome
Tells me:

“You’re not helping.”

“You should read more.”

“Maybe this should be transferred.”

“Ask more questions.”

It’s hard enough
Clients have to be vulnerable,
Re-live, explain again.
It’s harder to talk the imposter voice
Down.

I Get Chills Thinking About It [Aladdin]

It was a doozy:
Suicidal. Sexual, physical abuse.
It was all intertwined
With different pieces of
Him.
Toxic masculinity,
What it means to be
A man.

I couldn’t hold onto
All of that.

(Un)feeling [Courtney]

Therapists are expected to be
Robots—

Have all the answers to
Everybody’s feelings,
Not going through anything
Themselves.

EMDR: 12 Years Old [Lena]

I dug my nails into my leg to keep it together.
Lump in my throat, face hot, tightness
In my chest.
I cried afterwards, called my supervisor.

As a human being, as a therapist I
Wanted to comfort him,
Do something warm. But I couldn't.
With EMDR, you just keep going.

With an adult, I'm much more easily able
To regulate myself. But with a child
I have to work harder.

Abortion: Forced at 14 [Lena]

I definitely felt very sad for her, the
Heaviness was there. Yet—
I'm much more able to hold space now. Witnessing,
With genuine empathy.
I lean in to listen, nodding, the occasional,
“Oh, that must have been awful”.

It's not made me more cold, just
More regulated, more present.
I'm there with her, honored, humbled.
Wow, it feels good that she feels safe enough
To talk about this with me.

Soft [Courtney]

I get a little softer.
My outward emotion has to
Change, so
I'm not there smiling
While she's boohoo crying.

Gentle, soft.
Soften my voice a bit.
It's weird, you have to be
Quick on your feet.
Keep calm,
Make the space comfortable.
Softer.

(Dis)connection [Nora]

I was re-thinking. Remembering,
Re-remembering.

“Oh my gosh, me too.”

Then, feeling guilty.
Existing more in my head.

“I've heard those exact words.”

It's opposing emotions:
A moment to connect

A moment I'm disconnected.

Pulled [Erin]

My brain turns off a little bit,
A cloud,
I'm being pulled downward.
Almost feel I'm going to crumble.

The problem solving is shutting down,
Everything's pulling down to an emotional place.
Like falling asleep in class,
I'm becoming one with the story.

I must pull myself back,
Pull myself out of it.

There [Courtnee]

Even though
You didn't experience it
Personally,
You were
There now.
Feeling the same
Emotion.
Devastating.

You can't believe it.
You feel
Hurt,
Anger,
Sadness,
Betrayal.

Those stories stick with you.

Breaking Through [Dana]

She was the first one to
 Break my shield.
 I know it's going to happen again.
 She broke through to
 My real self.
 Not just my clinical self.

It was wild.
 She told the story like
 It was normal, common.
 Gave me chills.
 That's dark.
 It's fucking dark.

On Feeling Hopeless [Sabrina]

There are times when I feel overwhelmed
 By their trauma. I don't know how
 They're gonna make it through this.
 If I were them, I'd feel completely hopeless. But—

I want to help
 Provide hope things will get better.
 Believe they will be able to see some light
 Experience some change.

No person should have to live like that,
 I feel a lot of grief about the life they've had.
 Most of the time I wish
 I didn't feel hopeless by their trauma.

A Guide for Walking the Forest [Nora]

No matter how dark or scary, keep walking.
 Ask for help from those who have
 Walked before you.
 If you get pebbles in your shoes,
 Hear something rustle in the brush,
 Stay with it. Catch up. Walk.

Focus [Nora]

It's pressure,
 They're sharing something
 Personal
 Difficult.
 I'm silent.
 But in my head:
 "Okay, we're doing this now."
 "Okay. This is going to be okay."
 "Your client is safe with you."
 "You're here for them."

I give myself this talk
 To focus back in.

Branch of Hope [Candace]

Scorched earth
 Fire burning all around
 But still
 A branch of hope.

One tiny branch,
 A little leaf
 Trying to reach out.

We water the branch
 To see one day
 The tree re-grow

Little Seeds [Dawn]

Attunement, connection.
 The therapeutic alliance is powerful,
 They know I really care.

Keep planting little seeds,
 They're going to grow.
 Understand what noble work this is.

Resilience [Candace]

Collaboration
Hope co-created
Strength
Within themselves
To carry on

When It Goes Well [Lauren]

I can be comforted in the fact
I met them in their risk
I did it and it went well
I can do it again

-If they're ready to risk with me again