

Affective Alteration
Co-Constructing Resilience in Alternative Psychotherapy Counselling Practice

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Abstract

The conceptual use of resilience has gained much popularity since the 1970s, positioning post-trauma resilience parallel to the paradigm of Posttraumatic Stress Disorder to offer a new possibility for healing and a new understanding of illness and suffering during the course of a neoliberal turn in psychiatry. In this thesis, it is shown how suffering and vulnerability becomes a source of authenticity rather than a source of a pathological illness. Through fieldwork with Resilience Summit, an alternative private counselling practice for psychotherapy that combines a feminist intersectional approach to traumatology, resilience is approached as a prototype capable of changing subjectivities because it permeates everyday feelings and actions. It does so by utilizing the flexible framework of resilience, as both inherent and cultivated, to create new capabilities, existential perspectives, and relationships in a therapeutic social network. There is the reconstruction of a condition of being through life narratives that are formed and reworked by the labour of emotional regulation and interaction. A new sense of resilient identity can consequently follow by achieving posttraumatic growth and collective engagement. However, Resilience Summit operates by means of affective governance which has been seen in contemporary resilience neoliberal discourses. It is possible to question to which degree Resilience Summit embraces neoliberal discourses of resilience in the context of a private practice.

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Introduction: Tracing Post-Trauma Resilience

You need to talk to someone...

I was sitting in an office, directly opposite a university professor in the social sciences faculty because I had asked her for guidance and resources relating to an ongoing trauma when I was first exposed to the term 'resilience'. She was not part of the psychology department, and still, she seemed familiar enough with the term as her personal research focused on interpersonal violence which included trauma by extension. She said that I was resilient, and I recall not fully understanding what she meant. I had just spent the last hour talking about my past trauma and she was the first professional I had told (but not the first person). I had recently started to be more open about it, and here I was confronted with a new concept. It wasn't just some abstract concept I was learning, it directly applied to a fundamental sense of who I was. I probably looked at her with a blank expression on my face until I gradually began to understand her tone. I was supposed to be something else... I should have another condition at this moment, one associated to mental illness. The trauma I lived could have triggered a textbook case of Post-Traumatic Stress Disorder. Was I even normal? What does it mean? Should I be feeling guilty? She still said I was "damaged". Am I so damaged that I can't feel anything anymore and thus completely bypassed mental illness? Those questions tormented me for a brief period.

I eventually found myself sitting in a second office. It was quite similar to the first with bookshelves, computer desk, and a table separating me from another professional. But this one had a big red comfy chair that was meant for long sessions of psychotherapy. I couldn't help but think that they were modelled after Sigmund Freud's couch. The psychologist that was with me could have even looked like him. But I wasn't the patient; the person who caused me trauma was. The psychologist wanted to get my side of the story or maybe that was just the justification for that meeting. Quickly enough, I realized it was an assessment of me and felt tricked. Surely, this was not the usual procedure for psychological assessments or psychotherapy. He wanted to make sure I didn't have an issue somewhere in my head or in my behaviour. This psychologist eventually became more explicit about the fact that he wanted to make sure I didn't have any identifiable mental illness and I didn't. By then, his expression of bewilderment made it even more confusing for me. I supposedly had "a good head on my shoulders". The pathology or illness he was looking for was absent, and I wouldn't have to come back and see him. I still had the sense that I was quite

abnormal, and he mentioned that my resilience may not last. I wasn't supposed to be this functional. Maybe I would eventually need his services.

Post-trauma resilience is an important concept in psychological research that addresses what is thought to be a natural capacity to rebound from traumatic life events within the dominant paradigm of Posttraumatic Stress Disorder (PTSD). Through my prior experiences of being defined as resilient, I noticed the assumption that trauma, engrained in memory, is deemed pathological to healthy psychic development and functionality. A trauma victim is rather seen to be bound to psychic vulnerability, affecting their daily quality of life, when illness is considered a normal understandable response to tragic life events and suffering. I was made to feel abnormal because I responded to my lived experiences with resilience contrary to common expectation. I could not help but feel a source of tension. Indeed, the resilient subject who undergoes a traumatic event without receiving a PTSD diagnosis is often positively juxtaposed against traumatised subjects in research. The vocabulary, 'damaged' and yet 'resilient', introduced a conceptual and practical paradox when it carried conflictual meanings. Post-trauma resilience depends on a traumatic event, and still, it is also often assumed that trauma will ultimately impact present and future wellbeing.

Resilience, in the context of the biomedical system, is a problematic concept because it counters some of the prevailing assumptions of the PTSD treatment paradigm. The condition of resilience presumes the absence of mental illness, an individual quality to rebound from a trauma that only negatively serves a diagnosis system focused on the detection of disease. But then again, the diagnostic category of PTSD is not very fitting to a biomedical system either. The symptomology does not depend on biological markers. It depends instead on a memory that can

recall a traumatic event, capable of triggering many responses such as anxiety and depression (Young, 2004). Medical interventions have been incorporated to treat such responses in the biomedical system with the use of pharmaceuticals by targeting neurotransmitters that are responsible for mood and behaviour. However, the use of pharmaceuticals have often been questioned for their efficacy, treating symptoms rather than underlying causes because the biomedical notion of mental illness entails that disease is understood clinically and scientifically similarly to physical illness (Watters, 2010: 5-6).

In Western traumatology, dominant belief indicates that the practice of psychotherapy is then necessary to health because it offers an individual path to introspection and the possibility to vent emotions through speech instead of maintaining unhealthy silence (Watters, 2010: 73). The intervention of psychotherapy would respond to the broad category of trauma, encompassing a wide range of lived experiences that can entail feelings of fear, helplessness, and horror. These experiences can include actual or threatened death and violence and exposure to repeated distress, learning of the occurrence of traumatic experiences for close others, witnessing violence made to another, and exposure to extreme or repeated details to events leading to vicarious trauma as indicated in the DSM-V (American Psychiatric Association, 2015). The current description of PTSD and exposure to trauma included in the DSM-V result from the progressive expansion of the category, eventually broadening its boundaries to become an international signifier for human suffering (Watters, 2010: 71). Western traumatology proposes whom will be most affected by damage to the human mind in the aftermath of trauma and how to most efficiently heal from it by working with individual memories of trauma (Watters, 2010: 72-73).

In psychology, the inherent capacity of resilience is described as a healthy functioning after trauma in the absence of pathology or significant trauma reactions (Bonanno, 2004: 22). Post-

trauma resilience places itself as a different trajectory from that of posttraumatic stress within a range of responses to trauma (Bonanno, 2004: 22). I consequently find it important to refer to Nikolas Rose and his latest work, *Our Psychiatric Future* as a starting point to discuss the incorporation of resilience as a non-pathological posttraumatic response. “What would a diagnostic system look like if it focused neither on disease entities nor on neurobiological markers, but on patterns of capabilities, impairment and resilience and which would thus help identify the kinds of support that might alleviate or mitigate them?” (2019: 30). Rose imagines a completely different system for care and services in mental health. It would most certainly offer an alternative to the medical apprehension of psychological abnormality. Post-trauma resilience is in fact found to be acknowledged within alternative psychological care and literature where the focus of mental health abnormality is not premised on biochemical processes and its consequent symptomology like panic-like reactions of distress, persistent negative mood, sleep problems, and difficulty concentrating. Seen as an inherent natural capacity, resilience rather requires the emergence of alternative programs to build resiliency in a process seen to parallel how vaccines help develop immune system responses.

‘Building’ resilience thus involves professional effort and deployed resources to cultivate it and possibly mitigate suffering and hardship (Gill & Orgad, 2018: 41). There is the possibility to enhance future wellbeing after adversity by learning resilience strategies. Modern notions of wellbeing entail a growing movement towards alternative positive psychological care to outline the positive traits of human psychology (Tedeschi & Kilmer, 2005), often oriented against a deficit model of pathology that focuses on dysfunction, chemical deficiencies, genetic susceptibilities, and uses of pharmacotherapy. While this movement connects with ‘natural’ ways of healing and inherent capacities, it also links to a neoliberal shift of individual and collective wellbeing. The

necessity of intervention, both in alternative psychological care and contemporary sciences, proposes a logic of transformation and self-governance (Rose, 1998) to better correspond to a ‘true’ and authentic self. There is an assumed value in suffering to address personal and existential comprehensions of the self (Janaway, 2017: 164), leading to a character shift that is considered authentic, formed by unique experiences of suffering in a natural process of healing. With logics of self-transformation, there is a privatisation of public services and healthcare (Gill & Orgad, 2018: 479) in an alternative movement that enables the development of professional expertise to nurture and enhance inherent capacities such as resilience (Rose, 2019: 163).

My thesis examines Resilience Summit¹, a private counselling practice for psychotherapy located in the region of the North-West Pacific of North America². Founded in 2015, it explicitly focuses on resilience-building and is designed for women and queer individuals with past trauma. The practice does not exclude male clients, but strongly attracts a female and queer clientele³. Using a feminist intersectional approach to acknowledge modes of oppression, injustice, and structural inequality that impact mental health, the clinical setting of this organization differs from the standard practices of biomedical clinics. The organization is oriented against a deficit model of pathology that places blame on the individual, instead highlighting the natural resilience of individuals to strive in a harmful society. The organization is more generally organised to offer a cultivation of the natural ability for resilience and moves away from practices such as pharmacotherapy without denying its utility for certain people and circumstances. Resilience Summit does not necessarily oppose the biomedical system, but suggests a different avenue for

¹ The name of the organization has been changed to protect anonymity to the best of my ability.

² The location of the organization has also been anonymized to protect the identity of the participants.

³ Resilience Summit explicitly uses the vocabulary of ‘client’ rather than ‘patient’.

practice by adopting resilience-building strategies to an intersectional feminist perspective and trauma informed approach that promises authentic meaningful living:

We are a leading counselling practice specializing in empowering all people to live authentic, meaningful lives. Our goal is to equip you with the tools and self-knowledge to manage emotions, overcome anxiety and depression, achieve your goals and see the world in a new perspective. We work with you to inspire confidence, peace of mind and, ultimately, lifelong resilience.

The organization refuses modes of hierarchy to form a divergent relationship between the therapist and the client, claiming a more effective mode of healing by offering guidance instead of authority. The counsellors working with Resilience Summit all have master's degrees and post-graduate training in a variety of evidence-based therapies that focus on hardship, suffering, and trauma. What distinguishes the counsellors working at Resilience Summit is most importantly their ability for empathy and compassion, and not sympathy, because most have personal lived experiences of trauma and suffering even if not indicated in their public biographies. The ability for empathy and compassion better corresponds to Resilience Summit's aim to achieve better wellbeing by cultivating the natural individual capacity for resilience to construct ideas and representations of a healthy resilient individuals against a hostile environment containing modes of interpersonal and societal oppression.

I especially aim to understand the modes of healing that are incorporated into resilience-building and what resiliency means for authentic personhood in the aftermath of trauma and suffering. Resilience, as a natural and inherent capacity, would be connected to a process where individuals can transform into a new kind of person and are oriented towards newly made desires and aspirations of wellbeing in psychotherapy (Rose, 1998: 114). It is therefore interesting to ask what practical and therapeutic processes define and produce new forms of resiliency as it not only emerges from an inherent capacity but also from alternative medical intervention when resilience

is made to be cultivated. Throughout the thesis I seek to explore the following questions: If resilience is understood as a natural capacity, what therapeutic abilities are enhanced to achieve a form of an authentic resilient self during the course of psychotherapy?; How is resilience a discursive and/or culturally constructed product of various therapeutic technologies and modalities?; And so, what kind of person might it produce and by what affective means?; In addition, how do modern therapeutic modes of healing operate within tensions surrounding the notions of illness and resilience while maintaining legitimacy in psychological care?

The Pathology of Trauma

The current emergence of post-trauma resilience is tied to an understanding of traumatic events and elements of trauma necessary to victimhood. Using Fassin and Rechtman's work in *Empire of Trauma* (2010), I would first like to illustrate the relationship between victimhood, trauma, and the psychoanalytical field of psychology in the context of the Second World War and the Holocaust. Amidst the horrific events brought on by war and the concentration camps, trauma gained a new form of attention on an international scale. The idea of traumatic neurosis⁴ was inadequate, the repercussions of trauma had to be anchored in a set of collective moral beliefs to make sense of an experienced tragic historical event (Fassin & Rechtman, 2010: 38) in the frame of organized destruction (Fassin & Rechtman, 2010: 111). By referring to a tragic event, the idea of trauma becomes less abstract. There is the possibility to use specific words, representations, and concepts to better explain a concrete lived experience of trauma.

⁴ Traumatic Neurosis was the precedent of PTSD. The notion of traumatic memory emerged from the 'trauma' found with physical injuries. It included psychogenic ailments produced through nervous shock and its later connection to fear, seen as traumatic pain (Young, 1995: 6). See Allan's Young work *Harmony of Illusions* (1995) for the genealogical transformation of the category of PTSD.

There is, by extension, the possibility to address new symptoms of trauma and a new syndrome among civilians, called the ‘Survivor Syndrome’. Trauma is no longer isolated to the individual, but applied to a community (Fassin & Rechtman, 2010: 113). Survival refers to the trace of those who no longer exists because social life has been destroyed under radical and extreme circumstances but who are still functioning civilians (Fassin & Rechtman, 2010: 114). The survivors of Shoah, for instance, are notably recognized for an extraordinary persistence (Fassin & Rechtman, 2010: 147). However, the survivor is also a victim that is traumatised because of a traumatic memory while also being tied to guilt because they question their responsibility to have survived compared to others (Fassin & Rechtman, 2010: 116). Survivor guilt, causing doubt and suspicion about their very existence, becomes an indicator of illness in suffering when the victim uses their traumatic memory to find the true source of this guilt (Fassin & Rechtman, 2010: 116-117). The Survivor Syndrome indicates that there is a relationship between trauma and the moral qualities of the victim that need to be reconciled through psychotherapy while also remembering the absence of others who could not testify to the manner in which human beings can be annihilated (Fassin & Rechtman, 2010: 117). Trauma is made to have a social moral value in human psychology to address historical events of oppression, injustice, and violence such as with the holocaust and the survivors of Shoah (Fassin & Rechtman, 2010: 147). There is a psychological trace of the intolerable made visible by trauma and its persisting victim-survivors (Fassin & Rechtman, 2010: 147).

Resiliency here incorporates elements of trauma found in the PTSD paradigm when it is embedded into the relationship between survivalhood and victimhood, referring to a functioning victim. The notion of psychological trauma is both precise and abstract enough to incorporate many tragic events and understandings of personhood. The key term of trauma is indeed

generalizing and powerful. Rechtman explains that in 1980, with the introduction of the category of PTSD to the DSM-III, the relationship to traumatic events also later serves as kind of revolution in American mentality to explain the different ways in which an individual can be a victim of their environment and circumstances, leading to unavoidable suffering (Rechtman, 2004: 914). The pathology of trauma is caused by an external event where the victim is not to be blamed because the event is said to not be part of normal human experiences (Rechtman, 2004: 914). The changes that were brought to the category of PTSD were strongly influenced by the women's rights movements of the 1960's as well as American veterans of the Vietnam War. Trauma was tied to a specific socio-political setting to argue for larger political rights and access for those who have suffered under national authority and social norms (Rechtman, 2004: 914). The traumatic event should be distressful to almost everyone (Young, 1995: 124) and can mirror a social collective pathology where there is a denial of suffering and a demand for collective recognition (Young, 1995: 142). Nevertheless, as the category PTSD can be generalizing and politically powerful, the medicalization of a traumatic past in psychiatry encounters the specific problem of indistinct boundaries (Young, 2004: 127).

Many symptoms of PTSD are not diagnostically specific and are interchangeable with other categories such as depression and anxiety. The category of PTSD is heterogeneous (Young, 2004). It is defined by a distinctive memory, producing pervasive thoughts and memories (Young, 2005: 43). It became necessary to make a clear bond between the pathology of trauma and its etiological traumatic experience and event with memory, capable of causing symptomatic re-experiences (Young, 2004: 127). PTSD is a demonstration of the repercussion of trauma rather than directly connect to the traumatic event because it is only now real in memory (Rechtman, 2004: 915). Traumatic memory is conceptualized as a clinical object by an epistemic culture that uses flows of

time and causality to explain the assessment and treatment of the pathology of trauma in an institutional structure withholding technical and moral vocabulary (Young, 2004: 138). It relies more particularly on the architecture of traumatic time that has been produced by psychiatric discourse with the understanding that the traumatic event can be re-experienced when it is imprinted in the memory (Young, 1995: 121). Young's work on the genealogy of the category of PTSD argues for the creation of diverse categories of victims under a medical system accessing a wide patient population (1995: 142). The later revision of the DSM-III to DSM-III-R, in 1987, included less devastating events to encompass a more diverse category of everyday victims and more common events, explaining PTSD as a pathological response to "uncommon but not necessarily extraordinary [experiences of trauma that] are successfully managed by most people." (Young & Breslau, 2016: 136-137).

Psychological research on trauma responses have more recently looked to expand the comprehension of post-traumatic behavior further such as in the fundamental work of psychologist George A. Bonanno that argues for the absence of significant symptoms and introduced important discussions surrounding resilience when it was still strongly contested. Other critics of the medical system using the diagnostic of PTSD have critiqued a 'trauma industry' where victimhood is made far more politically and economically useful than survivalhood to contribute to the industry of pharmaceuticals and expensive therapy (Summerfield, 2001: 96). Derek Summerfield has alternatively argued for a culture of vulnerability where individuals are encouraged to understand themselves as 'impaired' due to long-term psychological damage caused by trauma (Summerfield, 2001: 96). Deviance is rather what preoccupies medicine to prescribe intervention and opposes wellness with morbidity (Foucault, 1963: 61-62). The conceptualisation of traumatic memories as being a fixed pathological entity is recent (Summerfield, 2001: 97). This is perhaps where the

"wild" nature of illness is only denaturalized in a social context and as social networks become more complex and intertwined. In other words, illness multiplies and diversifies beyond its natural and simple emergence (Foucault, 1963: 67). The discipline of psychology has been limited by its study of the 'normal', a social vocation to understand and remedy the pathological (Rose, 1998: 82).

According to research conducted by psychologist George A. Bonanno, the dominance of the PTSD paradigm also entails a limited and simplistic comprehension of trauma that maintains a binary distinction between pathology and the absence of pathology (Bonanno & Mancini, 2012: 75). As a result, the recognition of a continuous range of responses to trauma has largely been ignored (Bonanno, 2004: 2), limiting data on the broader subject of adjustment and posttraumatic stress reactions (Bonanno & Mancini, 2012: 75). In an effort to nuance the relationship between victimhood and survivorhood, the divergent psychological work of Bonanno argue that not all individuals react abnormally to normal tragic events or events of suffering. Some individuals may show "the type of healthy functioning suggestive of the resilience trajectory" (Bonanno, 2004: 22) and Bonanno explores the absence of trauma reactions within the tension of aberration of superordinate health (Bonanno & Mancini, 2012: 75). In fact, post-traumatic healthy functioning is the most common response to trauma, making resilient individuals "neither exceptional nor pathological" (Bonanno & Mancini, 2012: 77).

The Emergence of Resilience in Popular Discourse

Epistemologically, resilience can be traced to its Latin root *resilientia* and can be defined as 'fact of avoiding' or an 'action of rebounding.' In modern English, the current definition for resilience can be associated with Francis Bacon's similar conception: "The action or an act of rebounding or springing back; rebound, recoil" (Rogers, 2016: 114). It is given sense with the

imagery of elasticity and resistance, a capability to take one's original shape after an event that would have caused a distortion. Resilience is then framed as positive capacity to rebound from negative events (Rogers, 2016: 14-15). Prior to being adopted in the social, psychological, and biological sciences, resilience as an academic concept emerged from the discipline of ecology in the 1970s (Winston & Fage 2019: 738). The original ecological conception referred to an environmental capacity to rebound and adapt positively to natural disasters. In contemporary approaches, the ecological conception of resilience has re-emerged in social-ecological thought, exposing a further dimension to the interplay between human agents and ecosystems in terms of stable equilibrium (Rogers, 2016: 16).

The socioecological framework adopts resilience to explain the ability of communities to respond to their changing social, political, and environmental system. It explains the resilience ability shown by disadvantaged communities in the face of difficult circumstances and challenges (Winston & Fage 2019: 738). In psychology, the influential studies of Nicholas Garnezy in the 1970s followed a parallel movement. Resilience indicates the trajectory of an individual towards a positive outcome when faced with adversity as opposed to the development of posttraumatic stress symptoms. There is a capacity for positive adaptation following exposure to risk and adversity (Rogers, 2016: 15). Early developmental psychology studies on resilience are marked by a focus on childhood, risk factors, and protective factors when children are found in a hostile or disadvantaged socioeconomic environment (Winston & Fage 2019: 738). As such, developmental theorists explored the idea that resilience in children reaching normal healthy developmental stages in the context of adversity is part of normal human functioning and adaptation (Bonanno & Mancini, 2012: 77).

The early conceptual uses of resilience were therefore seen as inherently good or a positive natural process (Winston & Fage 2019: 738) whereas an entity, whether human or environmental, could be resilient rather than be destroyed or permanently damaged. Resilience invokes adaptability as well as sustainability. However, the discourse of resilience has also been utilized as a political strategy, critiqued for serving a purpose rather than community wellness (Winston & Fage 2019: 738). In the implementation of neoliberalism and especially in the United States and United Kingdom, political strategies were formed into national resilience projects which aimed to cultivate resilience in citizens in response to global strife and terrorism as an ability to cope and return to a better 'normal' after the occurrence of a crisis (Winston & Fage 2019: 738). For political authority and statehood, resilience offers to restore power by displacing national responsibility onto individuals. The interest for political authority and statehood towards resilience parallels the use of PTSD which was also used to displace national responsibility onto individuals suffering from the Vietnam War until there was a demand for collective recognition (Rechtman, 2004: 914). Policies of resilience become "a means to auditing risk" to empower individuals while diverging public attention away from a system that needs to be changed (Winston & Fage 2019: 738). The concept here additionally infiltrates defence and urban life along with high finance (Gill & Orgad, 2018: 478).

The political implications of resilience in the realm of national defense and state responsibility were particularly prominent in the aftermath of the September 11th, 2001 terrorist attacks in the United States. Resilience policies served as way as to respond to an event with no historical precedent, but one that caused persistent anxiety and drew national attention to trauma (Young, 2005: 47). The repeated diffusion of the attacks on the World Trade Towers through the media caused collective anxiety and trauma (Young, 2005: 45). The government's effort to

produce a war on terrorism and promote national resilience generated epidemiological research on remote trauma to better build an infrastructure for public health against the psychological consequences of terrorism (Young, 2005: 48-49). The Department of Health and Human Services as well as the Department of Internal Security created an educational culture of resilience while pushing mental health resources towards the attenuation of anxiety reactions in the American public (Young, 2005: 48-49). The American Psychological Association enthusiastically embraced these new policies just as media campaigns created a desire for resilience-building in the mass public (Young, 2005: 49-50). Resilience would bring a new significance to a post 9/11 life where American citizens could properly resist challenges brought forward by the fear of terrorism (Young, 2005: 50).

Resilience strategies, often implemented under the direction of health authorities who assure public health, are then also applied more largely in healthcare systems to better assure individual wellbeing through a sense of ‘responsibility’ (Winston & Fage 2019: 738). A responsibility for resilience implies a shift in academic interest to better articulate the way in which public services of healthcare are framed by policy-making, privatisation, cutbacks, and closures (Gill & Orgad, 2018: 479). Political strategies are individualizing by laying blame on citizens who have to take care of their own wellbeing. Otherwise, they are seen as failing or non-resilient (Gill & Orgad, 2018: 479). This sort of resilience discourse has, of course, predominantly affected the vulnerable and lowest socioeconomic class. With wellbeing being tightly related to personal crises and accomplishments (Gill & Orgad, 2018: 479), neoliberal political strategies are seen to maintain the status quo in the interest of national entities, authority, and free-market capitalism (Winston & Fage 2019: 738). Capitalist accumulation and dispossession are therefore detached from circuits of wellness as the individual is responsible (Gill & Orgad, 2018: 479).

The recent popularity of resilience discourse can thus be read in different ways according to personal and academic interest. Just as the concept of resilience is often described by a capacity to ‘bounce back’ through elasticity and adaptive flexibility, the discourse is also seen to be elastic, flexible, and even ‘sticky’ to have colonised and crossed many disciplines (Gill & Orgad, 2018: 478). The malleability of resilience discourses fits to ideological neoliberalism that accentuates the need for continual adaptability to challenges (Gill & Orgad, 2018: 478). While resilience is made to be a quality or an inherent good to strive for in a neoliberal society, the promotion of resilience also participates in a psychological turn within neoliberalism itself (Gill & Orgad, 2018: 478). In the frame of increasing austerity, there is production of “new ways of being, relating, and apprehending the self” (Gill & Orgad, 2018: 478) as the psychic life of neoliberalism is turned towards modes of affective governance (Gill & Orgad, 2018: 478). For this reason, there is a turn of character within neoliberal discourses (Gill & Orgad, 2018: 478). The turn of character encourage the formation of an idealised neoliberal subject that can bounce back from hardship in affirmation, inspiration, and resilient positivity (Gill & Orgad, 2018: 490)

Strongly manifesting itself across media and popular culture, resilience policies and promotion encourage individuals to move past docile compliance towards an active psychic agility to transform negative experiences into opportunities (Gill & Orgad, 2018: 490). It is a daily labour to build and perform resilience, but one that is not recognized to be work by political entities and civilians promoting it (Gill & Orgad, 2018: 490) as it is freely and actively embraced (Gill & Orgad, 2018: 491). In a contemporary form of neoliberal governance, there is an individualistic psychological framing that isolates marginalised groups, silencing declarations and affirmations of structural inequalities and injustice (Gill & Orgad, 2018: 491). Resources to develop resilience are made accessible to navigate and mitigate pain, risk, hardship, suffering, and more broadly

unhappiness (Gill & Orgad, 2018: 491). A popular resilience discourse is accordingly suggested to be made more central to contemporary neoliberal affective governance (Gill & Orgad, 2018: 491), arranging itself to necessary notions of vulnerability and trauma in recent years.

The Development of a Medical Expertise

Resiliency can be understood in terms of subjects and representations, where strategies of power come into play to produce negations, experiments, theories and assertions on the matter (Foucault, 2008: 13). Indeed, Foucault indicates that psychiatric power constitutes a regime, a way to manage and administrate, prior to becoming a mode for therapeutic intervention (Foucault, 2008: 173). Contemporary resilience discourses can be seen as an apparatus of power that can produce discourses of truth and therapeutic practices. The governmentality it exercises through promotion and policy-making can be seen as a locus for relations of production, bringing resilient individuals together as a collective (Foucault, 2008: 13). The development of resilience discourse consequently extends into the sphere of mental health as a moral response to the pathology of trauma. By means of therapeutic care, mental health programs and strategies are developed by engaging notions of scientific truth and discourses (Rose, 1998: 83) of resilience. The elaboration of resilience in psychological programs and strategies are formed by medical expertise on traumatology and resiliency. Knowledge and practice are offered as a complex combination, inviting a subsequent pedagogic practice to be applied to human ethical virtues (Rose, 1998: 86) of the victim and survivor of trauma.

Following preliminary research on childhood and adversity in the 1970s (Winston & Fage 2019: 738), resilience in psychological programs and strategies were developed as connecting to the recovery approach movement in the 1990s (Rose, 2019: 163). The recovery approach was first seen as a radical alternative to psychiatric practices, especially after the use of asylums. Rather

than finding a treatment or cure, 'recovery journeys' could more tangibly surpass the limitations of a mental illness (Rose, 2019: 161). Individuals with mental illness would be supported and enabled to create a meaningful life for themselves following a diagnosis (Rose, 2019: 162). The recovery journey would promote self-reflection, experiential learning, as well as the capacities for self-reliance and self-management, distancing itself from service dependency (Rose, 2019: 162-163). Even so, recovery professionals would develop programs that included recovery stages and desired outcomes (Rose, 2019: 63). Psychiatrists and social workers could become 'recovery experts' as manuals and programs for recovery multiplied, allowing for medical expertise to take precedence over patient autonomy (Rose, 2019: 163).

Resilience was connected to the recovery approach movement as a result of studies conducted on childhood adversity and challenging human trajectories due to natural disasters, injuries, terrorism, and other forms of crisis (Rose, 2019: 163). The natural capacity for human beings to survive and strive suggests that hardship and life challenges are key to the connection between resilience and recovery (Rose, 2019: 163). Human beings would be able to 'bounce back' by using informal support and care networks (Rose, 2019: 163). Like the trajectory of the recovery approach, professional expertise would be exercised to nurture and enhance this natural capacity for resilience. The patients of these professionals could learn to mitigate feelings of hopelessness and despair when challenged by adversity, hardship, and suffering (Rose, 1998: 163).

There is indeed a certain 'elective affinity' between ideas of recovery and resilience and the fear of dependency that stalks contemporary welfare and social work practices. Practices of 'responsibilization' stress 'self-management' and translate these ideas - each of which stressed that these capabilities grew out of particular forms of social relationships - into psychological capacities of individuals that, on the one hand, are natural and essential elements of human nature - to wish to recover, to be resilient - and, on the other, can be brought forth from them, shaped and developed by expert practices for fashioning the self. (Rose, 2019: 164).

The medical expertise used by the professional body was thereby critiqued for maintaining a deficit model of mental illness. Some patients of the recovery approach movement found some of the vocabulary and insinuation patronizing, refusing the sympathy and facilitation that psychiatric experts offered (Rose, 2019: 164). Similar to the popular and political use of the resilience discourse, the movement most importantly ignored the realities of poverty, social injustice, and normative structural inequalities while leaving the promotion of resilience in the hands of experts (Rose, 2019: 164). Resilience and recovery were developed according to expert claim and attention for what ‘goes right’ and seeing resilience as a protective factor (Tedeschi & Kilmer, 2005: 231) in a system that fails to address many disparities. The recovery approach model embedded itself in the contemporary form of neoliberal governance, placing responsibility onto individual health trajectories. This contributes to a new norm for personhood in therapeutic care and mental health services that reconstructs the individual with mental illness as entrepreneurial managers of their own life trajectories and outcomes. In fact, the movement was most successful because it fit the dominant ideas and technologies of neoliberalism (Rose, 2019: 164), applying psychological ideas with neoliberal intellectual technique (Rose, 1998: 83).

In the anthropological work of Laurence Kirmayer, the conception of individual resilience in health trajectories are reframed by a collective understanding of resilience for marginalized groups, specifically aboriginal communities in Canada. Resilience can also serve as an alternative framework to articulate dynamic processes of survival and positive development among individuals and communities when adopting an aboriginal perspective of resilience as dynamic, systemic, and ecological. “These are not discrete or independent factors but interact in ways that reflect historical processes of colonization, marginalization, and oppression that have resulted in particular patterns of persistent inequality” (Kirmayer & al, 2011: 85). This means that resilience

is seen as a contribution to stories of identity in the context of personal and collective transformation because it resides in how lives are narrated, providing sense to experiences and identity formation (Kirmayer & al, 2011: 85-86). Narrative resilience assures the vitality of a community and culture when faced with historical systematic suppression, dismantling, and dislocation from indigenous ways of life (Kirmayer & al, 2011: 85-86). According to Kirmayer, resilience is grounded in persistent cultural values and emerging forms of renewed identities despite historical adversity in collective agency and activism (Kirmayer & al, 2011: 88).

Even still, some of the most recent development on resilience links itself to initial comprehension of the recovery approach movement; that of positive psychology in an attempt to move away from a deficit model. There is a growing attention for positive aspects of human nature in social sciences and for a possible silver lining in lived trauma (Tedeschi & Kilmer, 2005). There is then a subsequent attention for the notion of posttraumatic growth (PTG) that stems from ideas of resilience while also being distinct. Like resilience, the victim and survivor of trauma have adjusted to a new reality after trauma, but they are also positively transformed by their struggles and suffering (Tedeschi & Kilmer, 2005: 233). PTG is an outcome in the phenomenon of resilience instead of a coping mechanism (Tedeschi & Kilmer, 2005: 233) that can be brought forward by narrative and constructivist approaches in psychotherapy (Tedeschi & Kilmer, 2005: 235). A comprehension of PTG, along with strength and resilience, still aligns itself well with competence-enhancement or skill-building approaches (Tedeschi & Kilmer, 2005: 235) in neoliberal mental health discourses.

Understanding a Prototype: the Ethnographic Method

I would first like to outline post-trauma resilience as prototype, a point of logic from which it is possible to use multiple connecting concepts (Hacking, 1995: 83), that I attempt to articulate

through ethnographic method. Rather than explore it as a definition, the prototype of resilience would be an articulation of an object of thought in the specific setting of alternative private counselling practice. A definition of resilience would not encompass its full capacity when 'definition' does not apply itself well in psychiatry as a concept (Hacking, 1995: 82). Additionally, a definition of resilience would only reify the simplified use of 'bouncing back' in the resilience discourse. A prototype of resilience however, would be understood where there is a multiplicity of connected understandings and concepts to explain the meaning and practical (Hacking, 1995: 83) use of resilience in clinical work such as suffering, posttraumatic growth, and affective governance.

The prototype can then be described by common understanding instead of scientific authority alone (Hacking 1995: 82-83). What is considered to be 'true' about resilience does not only come from scientific facts, but also from the constructed perspective of the individual that identifies with it (Hacking, 1995: 85). When employing Ian Hacking's application of Foucauldian methodology, understanding the possibilities of resilience as a prototype means to apprehend its idea in its matrix or niche containing peculiar and idiosyncratic details inhabiting a material existence. The matrix refers to a social setting; a complex that can include materials in a particular environment (Hacking, 1998: 1). Through ethnographic fieldwork, resilience can be seen as a broader phenomenon in which different conceptions can be associated to form a common understanding of the individual's personal being as resilient. Therefore, an ethnographic account is necessary here to the articulation of the social condition of the matrix as well as the production of the resilient subject.

This practice has focused exclusively on psychotherapy sessions with clients for the past five years since its opening as a private counselling practice. The initial team counted three

counsellors including the clinical director and founder, Melinda⁵. Melinda had designed and constructed her practice out of personal experience as a victim of both vicarious trauma, being repeatedly exposed to the traumatic stories of her clients as a clinical therapist in the dominant biomedical system, and personal trauma due to a traumatic birth experience and postpartum depression. She attracted many counsellors for the pairing of her intersectional feminist approach and trauma informed approach. The organization now operates as a team of female counsellors, most of whom are part-time workers. At the time of my fieldwork in July and August 2019, this small-scale organization was in expansion and was expected to gain bigger infrastructure within the next year. Melinda informed me that they have a 90% retention rate of clients in comparison to 50-60% retention rate for non-alternative psychological care centres in the same region at the time of my fieldwork. Now, Resilience Summit has found their home in a larger space with 13 offices and a waiting room, as oppose to the smaller space of four rented offices they previously had.

My ethnographic fieldwork was initiated through semi-structured interviews and discussions, first with Melinda, and then with ten other counsellors who occupied part-time positions and volunteered to participate for a total of 12 interviews. I was not introduced to all counsellors at once as I was only able to meet a few of them at a staff meeting on a Sunday morning of my second week in the field. The summer schedules had proven to cause more difficulty than anticipated, but nevertheless I had the opportunity of meeting ten of 15 counsellors. These semi-structured interviews were usually paired with casual conversations and sometimes allowed for other conversations on different occasions. The interviews aimed to open discussion on how these

⁵ The names of all individuals involved in this research were changed to protect anonymity to the best of my ability.

counsellors understood resilience, practised resilience-building, and applied counselling techniques or ideas in the wider frame of their own experiences or interactions with clients during private counselling sessions. Discussions were limited to the counsellors and did not include sessions with clients to respect their confidentiality and the nature of private psychotherapy practices.

I originally gained better access to some of the counsellors, including multiple conversations with Melinda, by adopting a volunteer position. Many of my informal conversations with Melinda revolved around the work I did for the organization through stock photography and blog post writing. By working more closely with Melinda, I was then invited to a public event that was being organised for the first time with the help of Kate, a counsellor who proved herself very efficient for event planning and networking. It offered me the opportunity for participant-observation with many of the counsellors present along with sponsors, possible clients, and friends of the organizers. Seeking to open discussion and disseminate taboos around the topics of suffering, shame, and menstruation, I attended a Period Party. I attended this event as a fund donor, like all other guests and attendees, since it aimed to raise funds for the Women's Initiative Association of the Downtown Eastside. I was also invited to arrive early and help with a few preparations before the start of the event. The format of the Period Party was a casual panel where discussion and participation were strongly encouraged, giving me the chance to talk to many counsellors and hear from other attendees during the course of the public event.

Reading Forward

This work will help to build on insights from the anthropology of psychiatry that analyze the construction of personhood within the mental health sphere and anthropological understandings of subjectivities as developed by Nikolas Rose in *Inventing Our Selves* and Ian

Hacking in *Rewriting the Soul*. It implies human technology where psychological practices are organised to produce a desired human conduct associated with true or authentic personhood (Rose, 1998: 88). As Rose notes, the character of the person can be transformed by problematizing the way they act and feel through a relationship that includes ethical standards, social judgment, and individual pathology (Rose, 1998: 88). The expertise of psychological programs and professionals can manipulate and change existential comprehension about life and suffering into technical problematics to achieve quality of life (Rose 1996: 151). The subjectivities of the self are altered so that the resilient individuals can understand themselves differently according to the guiding practice of therapeutic care (Rose, 1998: 151). With this in mind, this research project will provide insight into how resiliency connects more broadly to discourses of neoliberal wellness that reflect new paradigms for approaching mental health in the 21st century. Not all practices of management and governance over individuals operate on repression and domination as it is often explored in studies of psychiatric power. There is a way in which individuals become new kinds of persons when they are subject to new forms, shaping, and (re)organizations of their psyche and oriented towards new fabrications of desires and aspirations (Rose, 1998: 114). Subjectivities, in other words, are not only directed by coercion and constraints within mechanisms of power (Rose, 1998: 114).

Hence, I also propose to understand the modalities of management embedded in personhood formed by transformed lived experiences within alternative psychological care. It is not only the question of categorizing post-trauma resilience according to the modalities of normality and abnormality. It also functions on the modalities that direct how those two categories are constructed, reformatted, and changing. What is considered possible and made actual resonate with new modes of medical thought when engaging with a therapeutic discourse of resilience. This

research study more precisely aims to understand how alternative psychological resiliency care aims to transform an insecure and potentially traumatized subject into a resilient subject. The articulation of a resilient subject can furthermore be situated in a complex set of technologies of the self. The discourse is oriented by its link to temporality and causality according to the pathology of trauma (Young, 1995), its capacity for affective governance (Gill & Orgad, 2018), and narrative approach in the context of PTG (Tedeschi & Kilmer, 2005). In this thesis, I argue for a new kind of personhood and transformed subjectivities where clients and counsellors are affected by therapeutic co-construction of resilience. With the notion of posttraumatic growth, resilience is meant to be cultivated by placing value in suffering and moving past the status of victim or traumatized subjects. Individuals are to be understood as active resilient subjects, capable of transforming their narratives and, by extension, their realities. Transformations of the self however also move past the individual. Ultimately by sharing narratives, Resilience Summit attempts to create a sense of community where individuals are affected more profoundly by others.

This first chapter focuses on the shaping and elaboration of Resilience Summit, an alternative private counselling practice for psychotherapy that combines a feminist intersectional approach to traumatology. Taking my first interview with the clinical director and founder as a starting point, the chapter provides insight into the personal experiences of social oppression and inequalities engaged in clinical and therapeutic work both in and out of the clinic. The role of the counsellor in this practice is subject to many tensions and expectations because they have to develop new knowledge claims and modes of healing to refuse the notion of professional hierarchy over clients. The counsellors I spoke to do not refer to themselves as experts with scientific authority since they are not only professionals but also possible previous victims of trauma and clients in external psychotherapy. As such, the counsellors of Resilience Summit uniquely have a

double title as clients and counsellors. They operate in a space that offers new modalities for transparency and knowledge in the client-counsellor relationship in a therapy session. In this space, resilience is exposed as a flexible concept because it both embraces aspects of the psychological neoliberal movement towards resilience while opposing previous understandings of professionalism in psychotherapy.

The client-counsellor relationship is significant to understand the therapeutic approach and the way in which resilience is co-constructed between the counsellor and the client leads into the second chapter. This chapter understands the process of therapy for its affective value in time. Combining notions of time and affect, therapy is seen as a moment for potentiality where individuals can be formed as resilient subjects through a re-assessment of their experiences in time. Resiliency is cultivated when clients and counsellors are in the process of posttraumatic growth. 'Growth' proposes a distinct relationship between past, present, and future by looking at the primary moment of the present and reconfiguring the past and future to strategies of resilience-building. Trauma, feelings, and sufferings are reconceptualised in time to allow for affective affordances and modulation, leading each person to think of themselves otherwise and feel differently. They are ultimately brought to think of themselves as agents that can actively change and reconstruct their narrative according to new values oriented by resilience-building.

Being re-affected also implies techniques of the self to make sense of a formed narrative once trauma and resilience are reconfigured through time. In the third chapter, the narrative is a story they have constructed about themselves, showing their ability to be resilient while permitting them to refuse anonymity. A person is re-affected in interconnection with others, encouraged to achieve transformative acts of the self in a collective. The third chapter exposes therapeutic processes in the public rather than the private alone. Shared narratives and public transformations

become essential techniques in therapeutic events, such as a Period Party, where counselling practices are transposed from offices to the wider open spaces of everyday life. A sense of collectivity with ideal narratives of resilience are made to encourage empowerment and agency against a flawed social structure. There is value in authenticity to cultivate resilience because it shapes a new kind of person capable of politically engaging the harmful environment they are in. Feeling empowered justifies action when healing becomes a matter of creating a divergent post-trauma psychological state of subjectivity. It engages with the idea of a 'turn of character', where there is the promotion of a best self and a secular representation of the human soul. This chapter is, lastly, most useful to question the position of Resilience Summit between neoliberal resilience discourses and a rhetoric of resilience as resistance for the marginalized.



Image 1. Looking into the Therapy Space. Photo by Chloé Desjardins

Vulnerability is the essence of connection and connection is the essence of existence. – Leo Christopher⁶

⁶ Trending quote on social media platforms by poet Leo Christopher, author of *Sleeping in Chairs*, published in 2015.

Chapter 1 – Space and Claim: The Formation of Resilience Practice

Alternative Architecture

It would have been impossible to guess that the Resilience Summit offices were situated in one of many dark business high rises of the downtown area. Glass accents, dark shiny stones, and black leather did not seem to fit the typical image of counselling spaces, nor was it very inviting. It gave me the immediate impression that I was too casually dressed once I entered the building for the first time. Admittedly, I rapidly glanced at the directory to make sure I was in the right place even if I had already confirmed the address. Resilience Summit only had four offices accessible through an elevator on the first floor. They were hard to pinpoint on the directory and hard to notice on the floor itself. The offices were surrounded by a business law firm and some offices for a newspaper. The people I saw walking in the halls were quite clearly law firm workers. I was reassured as soon as I saw Melinda walk up to where I was standing by the elevators.

Once greeted by Melinda, who already looked out of place with a light blue blouse, I was able to see the offices. The difference between the hall and the counselling space they had designed was drastic. The offices were well lit, but not harshly, by several small lamps and the rooms took on the look of trendy Scandinavian living rooms. A light-coloured couch and chair were surrounded by rustic wood accents and decorations along with a few plants, some artificial and some real. The walls always had a single mirror, perhaps a painting of the sea, or enlarged sand dollars. Even the mugs they used for tea or water fitted to the style that was chosen. Everything was in beige, light blue, white, teal and soft green. What was a bit less appealing like the water dispenser or less practical for a counselling session like a desk and chair used for writing case notes, were at the beginning of the room while the rest was by the windows. It corresponded to

what I had seen on their equally well-designed website. The design had the effect of being calming and cozy.

It was evident by the appearance and my conversation with Melinda that a lot of effort had been put into the design of the space to feel comfortable. Jokingly, we also discussed the difference with the rest of the floor. It was like stepping into another world and that was the intention. The space was, however, not enough anymore and it was acknowledged that it was confusing to find their offices. These four rooms would have been sufficient for their team of three to four counsellors for the first three years of the organization, initiated in 2015. Over the last two years, their team grew quickly to 15 members. Most of these individuals only work part-time with the organization while having another or multiple other contracts. Of course, the space would not allow more of them to be full-time counsellors with Resilience Summit. Only four of them could have a session with a client at the same time and they also needed the time and space to write their case notes. Rushing clients one after the other was not an option.

As the founder and clinical director, Melinda told me she was taking a risk by taking on a huge loan. She had the opportunity to gain a new space across the street with 4000 square feet, 13 offices, and a waiting area. Having a waiting room alone would be more efficient to have more clients at once, not to mention enough counselling rooms for multiple sessions. It would permit her private counselling practice to hire more counsellors full-time if they wished to do so, hopefully attract more clients, and legitimize the practice as it gained more success within the community. They would also be able to see most people on their team regularly. When I was there, quite a few counsellors mentioned this difficulty. If their schedule was different, they would very rarely see some of the others and that created an issue for solidarity and support. Melinda could only organize

meetings on Sundays, in a borrowed space away from the downtown area, to try and build collaboration and solidarity. Yet, not everyone could always make it on an early Sunday morning.

The new space and the expansion would not necessarily change the type of clientele. As all counsellors identified as female, the clients were mostly but not exclusively women; some of whom identify as queer or non-binary. These clients, though, are privileged enough to afford private counselling. Most of the counsellors had a secondary contract as front-line counsellors working in underprivileged communities and Resilience Summit gave them very different clients to work with. Many of them explained that it was an adjustment for all of them to be working with clients that are more privileged. But they also recognize and acknowledge the presence of adversity and resilience in all socioeconomic groups. Ideally, Resilience Summit would serve underprivileged communities too but the organization cannot meet the financial criteria to do so. Serving underprivileged communities would have to be later achieved after gaining more clients and profit. Melinda did not clarify whether she offered sliding scale fees or not to reconcile personal income and access to psychotherapy. According to their website, an individual session of 50 minutes is offered at the rate of 150\$ before Goods and Services Tax and a lower rate of 110\$ is offered to post-secondary students.

This tension is acknowledged by Melinda who created the organization with a feminist intersectional approach in mind. She shares an identifiable feminist Marxist perspective on capitalism that refuses free labour for herself and the other counsellors. While initiating the practice, she wanted to protect herself and others from burnouts, the lack of support, and lack of services which she had experienced in her engagement with the dominant medical authority. She wanted to prevent the bad outcomes from vicarious trauma and burnout that she experienced from happening to her employees. They would not work more than they needed and would respect their

boundaries to maintain wellness. The counsellors on her team feel appreciated for that reason; they felt like they were actual human beings that could be transparent with their clinical director. They seemed to feel safe and supported. There is already a lack of feminist businesses especially when it comes to mental health, therapy, and empowerment which encouraged Melinda to maintain the growth of her business. Nevertheless, there is a paradox.

While she wants to protect counsellors from selling their work for free, she also has to come to terms with the idea that her private practice would have to generate profit in order to eventually serve a larger clientele. It remains a for-profit feminist therapy practice, charging a service fee to the clients who seek and need it. Melinda struggled a lot with the idea. She questioned herself as to how she participates in capitalism even if she tries to practice therapeutic care in a feminist way. There is a lot to figure out, she said. There is a subset of economically privileged people who do have jobs or positions and still are not getting the services that they deserve and require in mental health too and that's the subset she is currently targeting. "And then eventually when we are successful enough and have the room to do it sustainably, we will provide services to people who can't afford it. But, that's been quite a journey of reconciling the money aspect of things and the therapy aspects of things." She took comfort in the idea that she wanted to infiltrate the capitalist system from within to offer better alternative counselling focused on resilience to the underprivileged and deconstruct the system she is bound to in the end. With the expansion they could grow their presence, they could really change things and lobby for more benefits. There is also a risk that it might not happen.

In the following section, I would like to outline the conditions and events that led to a newly formed alternative mental health practice that questions the roles and representations of

counsellors, victims, and clients. In an ‘on our own’ alternative service (Rose, 2019: 157), space and knowledge claims are brought forward to revoke binds to a mental health apparatus and dominant medical authority that tangles individuals in multiple expectations. Health professionals at Resilience Summit vindicate their lived experiences with trauma and suffering to better serve clients as therapist. Still, many of them are also currently clients that also need to access therapy for personal reasons. In some therapeutic settings, it is standard for the clinical practitioner to access psychotherapy as a client. With the counsellors I spoke to however, they had to learn to accept their need for psychotherapy while being professionals offering therapeutic services. It sometimes led to a feeling of imposter syndrome or guilt that they had to overcome. Similar to the ‘Survivor Syndrome’, explained by Fassin and Rechtman to explore the condition of the victimhood, the practices of Resilience Summit re-engages logics of victimization and survivalhood to form a team of specialized counsellors that argue for post-trauma resilience in their private and public lives.

Laying the Foundation: Counsellor Wellness

Melinda had first spoken of the development of an alternative practice that joins intersectional feminism and trauma to resilience through counsellor wellness⁷. What she called counsellor wellness referred to the wellbeing of the women working for her who deserved better recognition. In her mind, the intersectional feminist approach she adopted started with a focus for the very people that exercised psychotherapy as a profession. Almost all of the counsellors I spoke to later confirmed that it attracted them to work for Resilience Summit. They felt more supported and engaged with a particular group. Counsellor wellness integrates a system of support within the

⁷ The term ‘counsellor’ was more often used than ‘therapist’ in my interviews and interactions. The official terminology on their website and promotional material also indicates ‘counselling practice’ instead of therapeutic practice.

team, bringing each person to be honest and authentic to their mental state, to self-efficacy and professional development. Most evidently, it entailed a balance between case-load management and self-care while supported by a network of counsellors who can identify with each other. All members of the current team are woman, whether queer or not, with a dominant specialization for sexual and interpersonal violence. Melinda had intended to form a practice in this way when aiming to maximize resilience. During that first interview, she explained that the values came from personal experience, notably from the normative binds of a female mental health practitioner counsellor within the dominant biomedical mental health system.

Professionally, she had experienced and witnessed the lack of support for the difficult clinical work of helping people heal from trauma. As a woman, though, the professional lack of support became intertwined with further expectations. Being part of an over-representation of female workers in mental health practice at an estimated 80%⁸, she felt the pressure of being a 'natural' caregiver, able to work overtime and spend more energy because it is supposedly easier for her and her female coworkers. It is her belief that there is a lack of support in a system that accelerates them towards burnouts when women are supposed to be more caring and able to take on heavier caseloads. Additionally, she clarified that it was not only burnouts. The professional and gendered expectations could also precipitate them towards vicarious trauma when the traumas of patients or clients are internalized. The heavier caseloads do not always allow for personal distancing and self-care. Melinda had personally experienced both burnout and vicarious trauma. It had been difficult for her to find support that responded to the circumstances she had outlined.

⁸ The estimated statistic was given by Melinda in an interview and would only be representative of the city in which she is a mental practitioner.

Vicarious trauma is usually seen as separate from assumptions made on personal experiences of trauma even if the DSM-V does include its occurrence in the PTSD paradigm, especially for first responders. For Melinda, vicarious trauma did not happen immediately and only becomes noticeable after repeated exposure to accounts of trauma told by clients in psychotherapy sessions. Melinda said that it slowly started to make itself apparent when her world view changed, meaning when she internalized a daily accumulation of "hearing basically horror stories". She specified that it was not the same feeling as watching a horror movie where it is possible to be a passive listener and watcher without directly engaging with the very real person sitting in front of her. In reality, she had to offer empathy or, at least sympathy, to the person she was with. She had to acknowledge their experiences as lived and not fictional. Vicarious trauma was seen to be more insidious and less preventable in a way. Melinda did not mention resilience in the context of vicarious trauma even though self-help movements would apply resilience discourses to mental health practitioners. Then again, Melinda seemed to say that she later acquired resilience because of the system she worked in, not specifically because of vicarious trauma.

Melinda described herself as working under the system of a health authority that would only allow for a certain amount of funding per year, harming the clients by limiting the resources and the number of individuals that can access therapeutic care. As a result, she tried to see as many people as she humanly could because some may potentially die, certainly when working in the addiction world. She emphasized, "They will die. So then, you're seeing as many as you can". After perhaps a year, two, three, or five, vicarious trauma symptoms included nightmares and stress responses of the same nature. Like many others, she could deal with the symptoms for a long time. It does not automatically render them unproductive. She was rather slowly affected and functioned less and less. In her experience, it reached the point where she needed to temporarily

stop working because she had started to dissociate with clients in session. Vicarious trauma occurred alongside a burnout when she had tried to see as many clients as possible to assure their wellbeing which then affected her capacities in psychotherapy.

In terms of burnouts, Melinda thought of herself as having a ‘shelf life’ of a few years in each position she previously had with the health authority, organized by the Ministry of Health and regulated by provincial health measures, where she was expected to highly perform as a mental health practitioner. She felt like she was expected to see so many clients with limited resources, leading her to exhaustion, anxiety, and then burnouts. She mentioned that she had been a relatively new counsellor at the time. Regardless of that fact, she also indicated that having a ‘shelf life’ as a therapist is considered normal for many operating in that line of work although there are still some professional paths that will lead people to burnouts faster. ‘Frontline work’ is considered the hardest because it serves underprivileged at risk communities, prone to a disproportionate lack of resources and funding, and characterized by necessary immediate emergency care. It includes the frontline work of crisis, shelter, and addiction workers among others. She added that front line work is also difficult on the mental health practitioner due to a lack of recognition for their work and effort. Front line work include some of the lowest-paid positions with the health authority and many mental health practitioner feel that they are not appropriately financially compensated for their professional experience and dedication. Melinda created Resilience Summit as a response to these systemic conditions. She joked that she wanted a ‘Counsellor Heaven’.

The foundation is made of counsellor wellness and care as a prerequisite to provide good therapy. An understanding of counsellors as individuals who need happiness, health, and wellbeing when providing a service is at the core of her business. It is the determinant of a ‘good’ business that relies on an organizational structure where choice and self-determination are given to the

people who operate it. At first, the roles were simpler. Melinda could take care of the administrative work by herself. The private practice grew and the organizational structure became more complex to assure continuing counsellor wellness even when an individual can adopt diverse roles including therapy services, administrative services, event planning, and outreach through media and blogs. She wanted to assure, first and foremost, that all labour is appropriately financially compensated to give proper recognition to her employees. She did not want to replicate the conditions in which counsellors are underpaid and underappreciated.

Melinda knew that she could not continue to manage all aspects of the business alone and that others would have to take on further responsibilities. The counsellors have a set income to have sessions with clients and do the case notes. She decided to add an hourly wage for those who chose to do blog writing, event planning, or other similar tasks. Those other roles do not require a continuous and prolonged commitment. Counsellors can choose to do blog writing one month when needing more income. “Then they are building their resilience and getting paid so nothing is for free. No one is expected to do anything for free here because, to me, that is one of the ways women, especially and even more so women of colour and indigenous women, are oppressed [and it is through] free freakin’ labour.” Melinda actively lobbies for further benefits in that way while trying to avoid stress and uncertainties that can be brought on by a possible lack of funding, resources, and overwhelming client demand. Private practice was a logistical choice since she wants to actively recognize that it requires both time and money to take care of oneself as a trauma therapist.

At that moment, Melinda acknowledged with enthusiasm that Resilience Summit emerged out of resilience because she managed to mitigate risk and suffering amidst conditions that precipitated her towards vicarious trauma and burnouts to then create a new organization. She did

not simply want to submit and fall victim to those conditions. The boundaries that limited her wellbeing and, by extension, her professional role in clinical work, are not only relatable to the counsellors on her team but to her clients as well. Attracting a dominant female clientele without excluding male or non-binary clients, the pressure of gendered and normative expectations transcends itself in a wider network than one of solely female mental health clinical workers. The idea of a victim can be applicable and used beyond the simple status of 'client' certainly when many of these counsellors are clients themselves in the context of their own therapeutic process. Self-care and self-efficacy, whether for personal matters and feelings or professional development and responsibility, relies on being transparent about one's past experiences of suffering and current states of distress. Melinda valued honesty and authenticity in the making of her practice.

The subject of transparency was often present in many of the conversations, but particularly predominant with Beth. Beth had joined this private practice in 2016, shortly after graduating from her master's degree in 2015. She is part of the first few members and also overlooks mental wellness programming in a large non-profit organization. Like some of the other counsellors, I only had the chance to see her once as she was returning from a summer trip to England for professional purposes. She wanted to start with a reminder: "I'll make a general statement. Folks that are working in this line of work have usually gone through some shit themselves. And so, this is and even to the point where sometimes I have imposter symptom of 'I don't have my life together'." Beth explained how she could go to Melinda when struggling and trying to figure things out while also attending counselling sessions as a client. She does not keep that reality from her clients, it rather helps her foster a better relationship with them.

The successful relationships Beth had with her clients was not necessarily about the feminist analysis and queer theory they use in private practice. It is about therapeutic alignment,

stemming from transparency and disclosure. It is often new to her clients and they may feel like they should ask ‘Oh can I, am I allowed to ask you that? Is it ok?’ when Beth tries to offer a different experience in what she called the helping realm to those seeking active help and support. She offers a reparative experience by expressing understanding and empathy. She added she could certainly express herself on her coming out process, being in a same-sex relationship as well as navigating heterosexual friendships. This sort of transparency and self-disclosure is however even more broadly practised between the counsellors where Beth can participate in reparative and healing experiences both inside and out of sessions, continuously practising and expanding the boundaries of her professional development. The boundaries between the public and private spheres of experiences are blurred. According to a feminist critic they have adopted, healing does not only belong to the private but also to the public to avoid the perpetual silencing and isolation of victims of trauma.

Transparency made her like her work at this private practice. She was able to speak to the fact that she does not have to perform as a perfect expert that knows all the answers even though expectations sometimes made her feel like an imposter. She stated that she is a human being, not a ‘blank slate’. She is neither on a ‘hamster wheel’, running as fast as she can because a clinical director recognizes her wellbeing as an asset. The transparency brings a level of vulnerability with her clients and most importantly with her coworkers. It translates to shared moments where she can concretely visualize resiliency as it circulates to deconstruct binds that can be detrimental to their mental wellbeing, a notion of identity, and professional relational development. “And so, I think, for me, that fosters more resiliency within myself is to sort of see that we can all be real and witness each other’s struggles and strengths, and sort of ride that metaphorical wave. Yeah, it’s a

really special thing. I haven't had that experience in my other work." In the frame of alternative practice, transparency reaches a new depth to offer relief.

It is nonetheless a delicate practice to navigate binary tensions between expertise, transparency, and the juxtaposition of personal and professional expectations. Many of the counsellors at Resilience Summit have to operate between the dominant mental health care system and alternative private practice. A constant play between enforced binds and the breaking of those very same binds between the two different medical systems and approaches comprehends that the pressure of expectations is not erased. Beth was not the only one to refer to the feeling of imposter syndrome in her therapeutic session and work. Counsellors understood that joining in alternative private practice and adopting a focus on resiliency in a newly defined specialization will include a therapeutic process of its own. Breaking away from the binds that Melinda had outlined would add a therapeutic layer to address the professional role of the women who had developed their resiliency by experiencing the therapeutic process themselves and internalizing the values they promote to their clients. Resilience is built alongside their peers by enacting elements of psychotherapy more publicly and more frequently in every day routine.

Breaking the Binds of the Victim-Client

The organization created by Melinda inscribed itself in a patient activism movement that extends itself from the 1980s onwards. Enclaves of professional power in education and clinical practice had already been targeted by this movement while the mental health apparatus was subject to a new wave of consumerization of professional services (Rose, 2019: 157). The professional enclave had a form of power over patients who were denied a choice when the expert withheld irrefutable knowledge. It was understood that it could perpetrate that same power by limiting clients into a monopolistic system of suppliers requiring absolute passivity (Rose, 2019: 158). And

so, consumers of health services had to be transformed from a ‘patient’ patient to a ‘free to choose’ client in a new wave of neoliberalism (Rose, 2019: 157-158). They did not simply have a voice. They also had a choice, capable of accepting or refusing what was prescribed to them and choose from the many services that should be offered by the health care professionals in an alternative setting. Still, this was considered an ideal, a dream (Rose, 2019: 158). The client activism it entailed proved itself difficult in practice when objective knowledge remained paired to the professional experts. But through a lived experience or another, the counsellors I spoke to were sometimes first victims or victims in parallel, breaking away from victimization through resilience-building to become (better) professionals.

The legitimacy of the representation of the victim and the experienced trauma is fragile. This alternative practice wants to make visible what is ignored, whether that is systemic experiences of violence and suffering or the capacity of a victim to move beyond the limits of vulnerability and symptoms of illness. The purpose is, in fact, to move away from victimization and internalized guilt and shame that can come with the status of the victim. It is to go against the expectations that surround its representation as it is often detrimental to the individual who may feel powerless when facing what harms them. But what if being resilient in that manner takes away from the legitimacy of the traumatic lived events and feelings? What if it means that the person has not had it bad enough? How would one justify the severity of trauma if the person cannot even correspond to the prevailing idea of a victim? Aileen is a counsellor that often sees the shame and guilt that stems from those tensions and confusion. Being a client in a resilient focused approach would go against common expectations of victimization. She explained that being a resilient victim or going against common expectations of victimhood can often feel good inside but she knew that there is often opposite feedback on the outside.

Aileen seemed quite familiar with those dynamics, questions, and uncertainties. She stood out as a counsellor having an unconventional number of nine different contracts and jobs. She primarily is the only member of the team that works with an Aboriginal Reserve as she lives close by to attend to children and adolescents at a school that goes from kindergarten to grade 12. It is the place where she witnesses the most resilience. Similarly to Kirmayer's work with aboriginal groups in Canada, there is a dynamic collective and ecological view of resilience that stems out of communal historical processes of colonization and systemic persistent inequality (Kirmayer & al, 2001: 85). Aileen could very strongly perceive resilience in a community that survives and develops in continual conditions of oppression and marginalization that affects individuals from childhood. The living conditions tied to Aboriginal Reserves are essential to understand how and why resilience is developed to reinforce a sense of community and personal aspirations. She has further witnessed resilience by maintaining long-term relationships with some of her outreach aboriginal clients because she knows them from the age of 14 and are now young adults in their 20's.

While her work with an Aboriginal Reserve took much space among her nine contracts, she went on to mention that she also helps implement mindfulness programs for the YMCA and teaches at her yoga studio. She did not specify the nature of her other few contracts but the difficulty she experiences with having an unconventional professional path. Her professional performance was not affected. She rather suffered in her personal life, certainly in the context of intimate relationships with partners who were dissatisfied with the instability and lack of time that occurred with her professional engagements. Her perspective often shifted from feeling the pressure of not fitting in, feeling deep unhappiness when trying to be conventional, and accepting what she wants despite disapproval. Aileen knew that navigating personal relationships in the

presence of those tensions repeatedly tested the legitimacy of her actions and desires. She had to learn to be resilient to properly retain a commitment to the desires and aspirations that are part of her character. She sometimes struggled with posing judgment and criticism against herself because she felt shame or guilt for those desires and aspirations that are part of her. She could witness the same sort of identity struggles in her clients as well.

Aileen mentioned how one of her clients with whom she had met earlier that morning had been pathologized their whole life because of their experiences of trauma. They were always told that something must be wrong with them. It resulted in shame and guilt towards resilience. They were not expected to be resilient and they were not expected to be doing ok. “It sounds like maybe you can relate to that too.” Certain things that I had forgotten about were suddenly fresher. For instance, I had forgotten what it had felt like to be under the pressure of pathologization, to have people tell you that you must be fixed because you should be damaged and dysfunctional in some way or another. Some of those people had been professionals but some others had also been people who were close to me. I had forgotten some of the guilt, anger, and frustration that emerged from that pressure. I was supposed to be a certain kind of victim and mental health patient. Some of them concluded that I had not went through enough or that it was not as bad as it could have been. This last conclusion was a major source of frustration and was somewhat alarming to hear. I knew by experience that being resilient countered the idea of how a victim should be. Aileen continued by saying that there are certainly expectations of how a person should feel, should do, or should not do when something traumatic happens. It is as if the person is not traumatized or troubled enough otherwise.

Working with the mainstream public health authority, Aileen had been reprimanded by her supervisor when trying to support and give further access, such as psychiatric care, to patients who

had demonstrated resilience. Patients who have shown signs of resilience are often not given any support because they do not correspond to a diagnostic category and consequent treatment even when they choose to seek out therapeutic services. She was not discouraged from using a strength-based approach but had been reprimanded when trying to support patient autonomy and initiative towards further therapeutic care outside of her personal counselling sessions. The responses she encountered were often along these lines: 'Why are you sending this person when their behaviour is not extreme enough?' or 'this is something you can't deal with' or again 'how come you haven't written in your notes more of the symptoms of what's wrong'. They were supposedly not victims enough. The lack of symptoms and apparent vulnerability may take from the trauma, hardship, and suffering that pushed them to find care and services in the mental health apparatus. Under the health authority, the representations of a victim-client are to be clear, not complicated and messy as several of the counsellors explained it to be as if these individuals were denied happiness and could only feel pain and dysfunction.

Even in the case of visible symptoms and diagnosis of severe PTSD, Melinda had similarly witnessed tensions and confusions in her clients because they were faced with an approach that would not emphasize their impairments, disorder, or problems. The internalization of a victim-client is to be pushed back against. They may have severe PTSD, cannot sleep, and do not function well in school, but she pointed out that we are usually already experts in the problems. We know what is wrong, what we are doing wrong, and why we have that problem. She often witnessed the difficulty of doing the opposite. Her clients often did not know what to answer when she asked what coping mechanisms they were using or how they managed to be in a therapy session. She noted that in some ways, it is very weird that we sometimes cannot have an answer to those questions. Managing to be at a therapy session alone can be very difficult to do in action and so

they cannot be defined by their illness. It is not that symptoms and mental illness are denied. Most of the other counsellors believe that the client is already an expert of their experiences that remedies the negative by identifying possible symptoms and illness. Melinda wanted to remedy to the negative by providing a sense of positive self-awareness. Through positive self-awareness, they could identify false beliefs or discursive thinking about their experiences and re-work them to identify the ways in which they have been protecting themselves and coping with suffering from trauma. In this case, authenticity, knowledge, and truth are grounded in personal experiences that are re-assessed in psychotherapy. As seen in contemporary New Age practices, Melinda applies mindfulness, a form of psychological awareness, to interrupt discursive thoughts that enable further trauma (Kirmayer, 2015: 456) to introduce resilience instead.

The consumerization of professional mental health services is hence extirpated from the monopoly of professionals over 'madness' by a kind of sustained action, durable organization, and politics (Rose, 2019: 152) just as 'madness' is removed from the monopoly of a critical and deficit oriented medical practice. 'Madness', compromising both illnesses or dysfunction and the lack of perceivable damage, is itself undone from its legitimacy in therapeutic practice and intervention. The client is not required to necessarily be mad, ill, or impaired. They are not expected to act and behave in the mainstream image of the victim. They are neither discounted because the professionals withhold objective verdicts over access to therapeutic care while those same professionals are supposedly unaffected by the conditions of their work. The consumerization that is exercised in this private practice relates more so to a form of hybridity when there is a transparent interdependency between the status of the client and the counsellor, between victimization and expertise. Hybridity is used to access divergent knowledge claims that were not previously transferred to action and active practice.

Yet, further tensions occur within the expertise of the client through their lived experiences when many are also oppressed by social norms and expectations as the realm of the mental health apparatus are tied to normative injustices. Their practice is formed by the many individuals affected by a social structure that can be damaging to many women, racialized and/or queer individuals and more generally the underprivileged. Reaffirming the fact that trauma has a social moral value in human psychology to address historical events of oppression, injustice, and violence (Fassin & Rechtman, 2010: 147), private practice applies these understandings of collective trauma to the condition of the victim. It is a testimony to the oppressed when Resilience Summit efforts extend from the aspirations of the feminist movements in the '70s to demonstrate psychiatry's new capacity to respond to the expectation of the ones oppressed by social order (Fassin & Rechtman, 2007: 132). The way they should feel and express themselves is bounded to an avoidance for what causes systemic trauma when societal expectations and normative injustices appeal furthermore to the idea a passive victim-client or 'patient' patient. Expressing active resistance against the social norms, especially through emotions like anger that are understood as healthy and protective responses by the counsellors I spoke to, can lead to further pathologization. While systemic trauma is paradoxically de-legitimized, anger is often understood be a sign or outburst of unhealthy behavior, indicating the individual to have a potential attribute of PTSD.

Being 'emotional' is largely opposed to rationality, being part of the subjective, the chaotic, and the feminine, reinforced in a system of relations of power that are embedded in a distinction between 'fact' and 'value' as well as Western gender ideologies (Lutz, 1986: 288). Anger is inscribed in Western thinking of emotions as subversive to knowledge that necessarily engages with the trope of the mentally ill, dominated by emotions and who suffers of public outbursts. The anthropological work of Catherine Lutz on emotions refers more precisely to the connection

between rationality and intelligence which articulates the pervasive cultural assumption that the emotional cannot be part of reason because rationality is based on socially accepted ways of reasoning on problems (Lutz, 1986: 290). There is the assumption that too many uncontrolled emotions diminishes an individual's ability for intelligence when emotion is an impulse to intention, a vulnerability instead of control (Lutz, 1986: 289). "Both rationality and intelligence are taken as signs of mental vigor and of the potential for success in one's endeavors; both are morally approbated. To be emotional is to fail to rationally process information and hence to undermine the possibilities for sensible, or intelligent action." (Lutz, 1986: 291). Swirling tangled emotions inside a person can lead to 'explosions' of anger. Sensible or intelligent actions are replaced by self-serving and aggressive actions that are not appropriately socialized and associated to a weakness of character that renders behavior dangerous (Lutz, 1986: 294).

Of course, those who are seen to experience emotions more strongly are the ones dominated by a social system that legitimizes underprivileged socioeconomic positions (Lutz, 1986: 294). Melinda had an interesting wording for it. She called it a beautiful trap. She explained that anger is the perfect trap for the less privileged. While harm can occur daily, the people who are suffering from that harm and expressing anger are rejected as psychologically impaired. "It's designed beautifully and I say that with humour. It's a genius to be able to hurt people and if they're angry about it, they're even more discounted because they're crazy. We talk to clients about that trap." Speaking of emotions like anger in a time affected by trauma in this way acknowledges Young's understanding of patients as victims twice over. They are victims of their perpetrators and victims of an indifferent society. Regardless of the dominant paradigm of PTSD, there is "willful ignorance of traumatic acts and denial of posttraumatic suffering" (Young, 1995: 142) and to Melinda "trauma is often ongoing within a harmful society", producing vast

interpersonal suffering. Even if it is broadly assumed that traumatic events can lead to pathological emotional expression, the description of 'emotional' to 'irrational' identifies those labeled as emotional to be discounted, perpetually harming women, people of colour, children, and the lower class (Lutz, 1986: 292). Talking about the beautiful trap targets emotions and awareness building to deconstruct the binds of the victim-client that is it to remain passive.

By associating emotions to knowledge against the Western cultural assumptions of irrationality, counsellors fuel a way to accelerate the healing process by deprogramming socialized unconscious beliefs of the 'emotional'. In recent feminist movements, anger more precisely expresses reactive resentment towards a modernity that contains an empty promise of democracy, equality, and freedom (Kay & Banet-Weiser, 2019: 603) while Western philosophical traditions has described anger to be antithetical to political justice (Kay & Banet-Weiser, 2019: 604). With a development of 'emotional intelligence' Melinda understands anger as a way to legitimize emotional responses to lived traumatic experiences in an indifferent harmful society to externalize shame and guilt. As used in traditions of Black feminism, anger becomes a productive resource (Kay & Banet-Weiser, 2019: 604) to resiliency when the client vindicates against the circumstances that causes their victimization. It is a way to counter anticipated regimes of medical and health outcomes of stress-related disabilities when the physical, mental, and emotional wellbeing can be affected by the anticipated regimes and engagement (Adams, 2009: 251) with dominant performances of 'healthy' emotional states and behaviours.

The status of victim or client is opened to new translations and representations which, in turn, can mobilize individuals in the realm of the professional to become mental health practitioners with experiential knowledge claims. There is a legitimate reason for anger to be used in meaningful political power because it acknowledges the intimate link between the experience

of despair and hope in mental health. This relationship can be described by ‘respair’, a word that encompasses the interdependency of despair and hope to anger in politics of wellbeing that hope to achieve genuine transformative change (Kay & Banet-Weiser, 2019: 607). Respair is part of a feminist endeavour that recognizes the different forms of injustice and violence that impose further harm, causing trauma and despair (Kay & Banet-Weiser, 2019: 608) which then invites therapeutic intervention. Respair is a kind of hope that stems out of brokenness and defies emotional estrangement to imply a need for care, mutual support, and collectivity (Kay & Banet-Weiser, 2019: 608). It gives importance to human vulnerability and interaction to be able to repair amidst affective injustice (Kay & Banet-Weiser, 2019: 608).

The therapeutic work that Melinda exercises on emotional awareness aligns with contemporary feminist ideas on emotions that celebrates the label of ‘emotional’ rather than outlining the negative behavior that arise from experiencing emotions. Women especially are celebrated in this approach for being closer to the natural conditions of a human being, capable of better engaging with others in more profound interactions (Lutz, 1986: 301). Interpersonal relationship produces affect (affective responses, feelings, perception, moral/ethical positioning or even passion which all belong to the psychological phenomenon of emotions) (Lutz, 1986: 301) and cannot be removed from reason or intelligence. Melinda’s practices embraces the idea that emotions and thoughts are representative of internal character and authentic relationship in an ethnopsychological view, also present in Western ideology (Lutz, 1986: 289). Thoughts and emotions are psychic events that are the property of the individual and essential features of a psychological phenomenon that are important to the quality of social relations (Lutz, 1986: 289). Having ‘emotional’ interactions adhere more strongly to a sense of self and authentic realities that can be shared with others instead of being estranged from one’s emotions, emotional interactions,

and self (Lutz, 1986: 289). For Melinda, it produces possibilities of healing in the presence of affect.

A New Subversive Epistemic Community

With the formation of new interdependent relationships, Resilience Summit could follow the analysis of Rose towards alternative movements in psychiatry in terms of a new epistemic community. The grounds for knowledge claims are formed in a newly made privatized space for an emerging epistemic culture of those who may have experienced treatment (Rose, 2019: 169), over-pathologization, victimization, as well as a lack of access and/or support in the dominant mental health system. They are both users and survivors of psychiatry and psychotherapy who comprehend lived experiences and emotions as a legitimate claim to a source of divergent reason rather than irrational when new rigorous forms of knowledge can be rendered possible by those deemed ill, dysfunctional, or unfitting (Rose, 2019: 169) to the dominant paradigm of PTSD. The experiences of the users and survivors are consequently structured into collective action by multiple practices. Acts of resistance are juxtaposed with sharing and transparency of accounts to gradually assemble an alternative style of thought and an alternative way of rendering experiences into thought (Rose, 2019: 168).

This new epistemic community also becomes subversive as many of the counsellors may circulate between the dominant realm of the health authority and the resilient focused space made for intersectional feminism and trauma-informed alternative thinking. The practices of knowledge and power in the dominant mental health apparatus are then made comprehensible with a perspective that inherently challenges the conditions and claims it perpetrates (Rose, 2019: 168-169). The counsellor breaks away from guilt and shame to practice new subversive knowledge claims and actions, inviting more than an appeal to lived experiences. It is constructed and shaped

by a system of thought in a particular time and place existing through a collective production (Rose, 2019: 168). The therapeutic actions that are taken after its collective production are to be ultimately linked to a political one to bring society to awareness (Fassin & Rechtman, 1995: 142) in an emotional response to being discounted. It denounces the social ignorance towards the complexity and hybridity of the client-expert relationship along with the necessity of practices of transparency.

As I remarked earlier, this sort of practice remains delicate and bounded to ongoing tensions between the already dominant knowledge claims, expectations, and normative understanding posttraumatic feelings and behaviours. Operating in the alternative space requires a procedural reconstruction of how therapy should function in a time that is affected by trauma to better be consciously aware of building resiliency. I want to emphasize the word 'affected' because it invites new circuits of affect when reflections on emotions and events can be particularly obscure and difficult to untangle to achieve what Beth called posttraumatic growth, surpassing the capacity for emotional intelligence. The emotional work of re-affecting responses to past and current experiences, after trauma and societal pressure, depends on its reflexive nature while in interactions with others, and inner time (Mattley, 2002: 36). Beth mentioned to me that there is a growth quality that is not necessarily about getting 'better' or 'healthier'. The growth quality she spoke of is about the newly formed affect that corresponds to a subversive epistemic community that includes emotional regulation and labour to an experience of personal time. In the following chapter, psychotherapy strongly depends on affective affordances and an orientation of therapeutic time to cultivate resilience in character.



Image 2. Growing Self on Mural. Photo by Chloé Desjardins

It's an awful truth that suffering can deepen us, give a greater lustre to our colours, a richer resonance to our words. – Anne Rice⁹

⁹ Trending quote on social media platforms from the horror/fantasy novel *Queen of the Damned* published in 1997 by the novelist Anne Rice.

Chapter 2 – Affective Affordances in Potentiality: Understanding Therapeutic Time

It's like We Grow out of Muddy Water

Beth had mentioned posttraumatic growth when speaking of resilience-building practices, transparency, and authenticity. The cultivation of resilience implies a specific perspective of the concept. Most of my conversations with counsellors at Resilience Summit started with what resilience meant to them. It was a big question. Even though they worked in a resilience focused practice, many of the counsellors were either unsure, hesitant, or cautious when answering that question. Some even started by saying that they had hesitated before accepting to talk with me for an interview. They already knew it would be a question they would have to answer, but they did not know if they were 'qualified' enough. Others explained that the conversation made them think about it as they realized that they had to reflect on the meaning of resilience throughout the interview. Having a clear answer to explain what resilience meant to them was difficult. It relied on feelings and experiences, difficult to untangle first and foremost. The standard definition to 'bounce back' did not make sense when they understood that a person could not go back to how they were in the past. People constantly change whether that includes trauma or not. The definition of resilience had to be reframed and understood differently. It referred more so to the ability to have healing relationships with themselves while harnessing strategies through suffering to benefit personal wellbeing.

Many started by reflecting on their own experiences, certainly with anxiety. Laura noticed her anxiety and how it kept increasing when she found herself driving on bridges and highways. She explained to me that her hands would start to shake and she did not know why. She could usually do it all with no problem. It was altogether unsettling and scary. There was a certain loss

of control that made her realize she was missing something from how she viewed herself and her capacities. She was not previously exposed to the possibility that she could be in risky or dangerous situations because she was taught to refuse and deny weakness by controlling all aspects of her daily life. She was taught to only focus on qualities such as strength, independency, capability, intelligence, and the ability to heavily multi-task. She had not thought that vulnerability, using it as a synonym for suffering, was an essential component to how she understood herself as it permits her to identify and admit what may be causing her harm and suffering. Vulnerability had to be felt and described as an asset to resilience-building.

It was through going to therapy that oh my gosh no, I have to learn, first of all, what vulnerability is and how do I expose myself and develop [it] so I can be vulnerably robust [...] I see vulnerability as almost like the thing under the car that lets you kind of... like suspension. It was my suspension system. It allows me to like roll over, roll with it, adapt, be more flexible and be way less critical and way more self-compassionate because I had none of that ability before. It's still something I'm learning how to do. I have very high expectations for myself and then I project that on others. That vulnerability is something I only started to realize and having to sort of cultivate.

Laura worked at Resilience Summit twice a week while having a full-time job as a teacher on sexual wellness in the public health sector. She notably trains youth educators in their early 20's and gives workshops on safer sex, relationship education, media literacy, and critical awareness. As a counsellor she focused on transparency and honesty to untangle what is painful, allowing the person to be vulnerable in a therapeutic session as well as to themselves. The focus on strength alone can be detrimental and she understood that from her upbringing. She had been taught to be independent, effective at heavy multi-tasking, and very smart without being phased by anything that would make her weak. She was driven to achieve high performance, a testimony to success and overachievement. She had not questioned it and thought it normal. However, that changed when she started to go to therapy for herself in her 30's. Her account of anxiety and

performance was not only her own. Several of her clients would have to go through a similar process of self-assessment to understand the source of their anxiety and she would understand profoundly. She acknowledged vulnerability as a gateway to be able to describe the etiology behind her anxiety, targeting the areas where resilience-building is required.

She had to go back on her childhood beliefs and values to assess her difficult situation with anxiety, performance, and expectations to understand the reason for the manifestation of anxiety while driving on bridges and highways. She suffered a burnout. This is not the professional burnout that has been mentioned before. The critical lens she had learned to adopt to achieve the qualities of an independent and successful women refused to acknowledge self-care practices because they are associated with weakness. The lack of self-care, especially the practice of self-compassion, rendered her less permissive, adaptive, and flexible when faced with a challenging situation. She realized that she had never used suffering and the moments where she felt vulnerable to develop resilience in times marked by hardship and anxiety. The value in suffering seemed to be linked to an approach that can be described by 'growth' and 'cultivation'. I better understood what that that value meant when I spoke to another counsellor, Gabrielle.

Gabrielle had seen me first at a staff meeting on an early Sunday morning. We were sitting at a round table in a neighbourhood co-working shared office space called Suite Genius for entrepreneurs and freelancers, a place they had a membership for since their current offices could not allow for many of them at once. She had listened to the reason why I was interested in the meaning and experiences that surround the notion of resilience along with Melinda and a few other counsellors. A few weeks passed by before I could see Gabrielle again and have the chance to talk to her. I have previously explained how most of them only work at Resilience Summit part-time while they hold other positions elsewhere. Combined with the lack of space, it was difficult for

them to even have full staff meetings and ultimately difficult for me to be able to interact with them. I had the chance to talk to Gabrielle on her day off and since she would not be in their offices, I had a video call with her while she was at home. Gabrielle has professional training as a yoga teacher, counselling with members of the LGBTQ community, as well as group therapy that includes families.

She did not hesitate when we started to talk about what resilience meant to her and therapy nor did she try to give me a definition. It rather started with an image. She thought of a lotus flower growing out of mud, being experience. The flower is a metaphor for how she sees personal self-transformation when she becomes a different person. She would no longer be a victim of her suffering and distress but actively grasping at a better life quality that momentarily engages with a better self. The flower is the representation of an alternative, where the status of victim can be challenged because she wanted to be defined otherwise. Victimization is associated with passivity where trauma renders the person powerless because they are only negatively affected by it. Gabrielle could use her experience of suffering and hardship to attain psychological strength and change, visualizing it with the lotus flower. The flower becomes a representation of transformed capabilities when the label of victim is especially limiting. There is a sense of beauty in growing resilience out of the destruction of a previous self. The beauty that is found through the metaphor of the lotus flower is a necessary condition to freely engage with the cultivation of resilience and the willingness to change her being. Her metaphor was indeed intriguing in that sense and will be further analyzed in a moment.

Gabrielle had previous experience with overwhelming anxiety, later becoming a counsellor because she understood the impact it had on her life. She explained that her anxiety had been a barrier to enjoy her daily life. For most of her life, it had strongly affected the areas in which she

was involved such as academics, necessary to achieve the professional development she needed. In other words, it could be said that she was a victim of her anxiety. But that same experience also permitted her to take on counselling and relate to others struggling with it. Her lotus flower was a metaphor for the new capabilities and identity she attained by adopting new knowledge claims in post-trauma resilience. It permitted her to actively pursue personal healing and wellbeing, cultivating new ways of feeling and acting. “I tapped into my own healing to learn that actually I’m the strongest now from what I’ve gone through. So again, with that idea, you know, with mud and [...] dirt and things like that [where] you think nothing can ever grow, everything will be the same. So that’s why I have the very strong image of the lotus flower kind of rising up above all of that and something really beautiful coming out of all chaos.”

She did not only see this happen in herself. Gabrielle told me that she could sense resilience in her clients, like it already existed. But it needed to be made explicit, to be shaped and to be applied to personal healing. She worked to cultivate growth with her clients. As they narrate and explain what they have gone through, she helps them co-construct resilience in the moments where they might have protected themselves, navigated a painful situation, or acted in a way that was beneficial to their wellbeing. Gabrielle mentioned how challenging and uncomfortable that process can be when we are so used to focus on what went wrong. Traumatic events have to be purposely recalled in memory to place a new value in suffering regardless of the pain it might bring forward. Suffering could be utilized to understand and enact resilience-building practices. Gabrielle mentioned that she could see posttraumatic growth with many clients. She had started by describing one of her clients who had gone through the traumatic loss of someone close.

That person considered life as precarious. It became risky to have affection and love for someone that could be lost. Gabrielle said that she eventually ‘broke open’ to accept the suffering

she experienced as a necessary means of healing. By tapping into pain, she was able to open to the rawest emotions she had not let herself feel before. With emotional affordance, she was able to create interpersonal connections while moving past fear and anxiety that surrounded loss and grief. Yet that was only one example, one insight into different lived experiences. As our conversation went on further, Gabrielle continued to illustrate what she meant through some of her other clients. It could be chronic depression, the kind that would limit someone from living to the fullest. It could be the many women they worked with that have been victimized because of sexual and interpersonal experiences of abuse, harassment, and violence. It could also be the client who witnessed kidnapping and torture but managed and committed to daily functions as well as wellbeing after such a traumatic event. Gabrielle was often surprised by the capacity for resilience they all had shown even prior to therapeutic sessions.

Like other counsellors, Gabrielle had the general understanding that resilience is a latent attribute that can be cultivated. Through the therapeutic work and space they offered, it was a process of perspective change to notice the innate ability for resilience to then materialize it in action. Once the innate ability is translated to lived experiences, resilience is made present and available to cultivation. Resilience was often spoken of in ecological terms because it reflected the necessary therapeutic labour for psychological development. The mind is a site for posttraumatic growth where memory, emotions, and feelings are reconfigured towards potential resilient subjectivities and actions. While the lotus flower is a metaphor, ‘cultivating’ resilience is not. It mirrors environmental movements that attempt to counter environmental destruction by introducing a sustainable lifestyle that attempts to achieve an ecological balance. Resilience itself is a concept that psychologists imported from ecological models that explain how ecosystems maintain themselves after ecological damage (Rogers, 2016: 16). It also defines a process of

resilience-building that is absent from the biomedical practices of the PTSD paradigm since it demands a given positive importance to suffering and trauma. Growing out of muddy water was an unspoken and sometimes denied reality that is reified in alternative private counselling practice.

As Posttraumatic Stress Disorder is understood to be an illness of time (Young, 1995), post-trauma resilience can also be configured within relationships and experiences in time. A past traumatic event links itself to present and possible future psychological states as the person may show signs of illness or resilience. Their past personal experiences are analysed to understand suffering as an integral component to a narrative of healing. Their temporal personal experiences are interconnected with others which includes the present counsellor-client relationship. Drawing from anthropological approaches using hermeneutical philosophies, personal experiences of time can be analysed to look at the social life of resilient individuals. “In such approaches, social practices of time are collapsed into internal, personal experiences of time, or qualities of personal or social time are seen as expressions of the real force of time in and of itself.” (Bear, 2014: 15). Post-trauma resilience poses a time-oriented relationship to a new epistemic community that proposes new knowledge claims to be re-affected.

Therefore, how is the past channeled into present therapeutic work in order to affect the future? Posttraumatic growth implies future aspirations when personal experiences of time in therapy are intertwined to emerging affectional regulations, affordances and potentiality. This chapter looks at representations of resilience where hardship and suffering do not only belong to the past but also to a present state that marks the focus of therapeutic counselling. It is therefore not a question of past trauma and future resilience where risk is managed and control by medical expertise. It is rather a question of tracing affective states between re-appropriated traumatic events

and potential modes of subjective power that are formed once the healing individuals develops new ways to act and feel. There is the development of creative productions, new identities that better correspond to new modes of wellbeing. I am interested by the comprehension of time as a medium for transformed possibilities and agency when resilient individuals are seen to ‘grow’ something new.

Gabrielle and Laura were not the only counsellors that I had spoken to that understood resilience-building and their therapeutic practice in this way. Jane, Beth, and Melinda also provided useful insights and some will be mentioned briefly throughout the following text. I have however chosen the images they brought forward, the experiences they recounted, and what they saw in their clients to better grasp abstract notions of time and affect. Defining resilience as it is presented was not always an easy task for many of them certainly when their approach very much differs from the dominant biomedical mode of practice. Their alternative services fit more largely into neoliberal ideas and promotion of the best self by attaching a sense of beauty to resilient self-transformation when proposing a new process to healing. Laura’s experience and the metaphor given by Gabrielle marks important conversations that illustrates what resilience might feel like or if it has a feeling at all, once positioned in a therapeutic time-scape.

Reworking Time to Affect

“There is kind of infinite possibilities. For a while, I feel like a spectrum opened conversations up [...]. It’s not just black or white or this binary like, you know, one thing or the other. It’s a spectrum. Now we are just trying to open that even more beyond the spectrum.” – *Jane*

There is a constant play between how experiences are framed in time and how the configuration of time can open to affectional affordances, modulation, and regulations. Time is not immutable, but re-understood for the purpose of therapeutic intervention. There is an

importance given to what is felt ‘today’ to explain what happened ‘yesterday’ and what could happen ‘tomorrow’. Yet, it is insufficient to talk of what is simply felt without recognizing the concerns and suffering that give meaning to personal existential presence at this very moment in the aftermath of a traumatic event. Post-trauma resilience, ultimately connected to vulnerability, can be associated to Paul Ricœur’s notion of narrative time¹⁰ as it understands preoccupation (a sense of worry) to be a fundamental temporal axis for existing in present time (Ricœur, 1985: 150-151). Preoccupation is a primary project for the comprehension of being (Ricœur, 1985: 126), locating every day concerns in the existential (Ricœur, 1980: 172).

Preoccupation becomes a matter of interpretation and comprehension when (Ricœur, 1985: 126) it determines the sense of time, grounding what happens in tangible concern instead of an abstract instant (Ricœur, 1980: 173). In the framework of posttraumatic wellness, preoccupation holds an important position because it provides a reason to seek psychotherapy while legitimizing the value of lived suffering to shape a personal story. It is seen as necessary when transformative acts, such as in the therapeutic space of counselling, are initiated by it. There is even a fascination for preoccupation because it makes-present our authenticity and future aspirations that stem from unique personal experiences (Ricœur, 1985: 415). Time framed by preoccupation aligns the present to action, and with action, being re-affected is intertwined to personal experiences of time. Preoccupation is a requirement for time to pass, allowing for affect to appear in therapeutic present time.

¹⁰ In *Temps et Récit: Le temps raconté*, Paul Ricœur contributes to the philosophical debate on narrative time and effective action. Following the thoughts of Augustin and Heidegger, Ricœur elaborates on an aporetic of time that mobilises historicity and fiction into a narrative that can be made-present. Preoccupation is dependant to the notion of *Souci* (translated as worry) where the authentic structure of time is attached (1985: 116). Le *Souci* may provide an existential structure to an individual who is trying to achieve a criteria of authenticity in moral consciousness (1985: 119-121).

Affect belongs to an in-between space where interpersonal connections are forged, mediated, and undone (Lester, 2019: 70). It operates within an affectional institution that has the purpose of reshaping the emotional, behavioral, sensory and interpersonal lives of participants, clients, and counsellors alike (Lester, 2019: 110). Processes of treatment are themselves said to be affected by the purposes of the affectional institution (Lester, 2019: 110). Each person is guided to understand the ‘how’ and ‘why’ of the suffering they experience to question what it was and may still be doing for them when reaching for continuous growth (Lester, 2019: 123). In other words, affect is an in-between space when it offers possibility for diverging potentiality, awaiting its materialization. It is a translating force between different levels of analysis and abstraction, and between the material, social, and ideological (Lester, 2019: 70). I would also add that affect is the point of convergence, virtual coexistence, and interconnection (Massumi, 2002: 33). There is a time for potentiality when counsellors are co-constructing resilience with their clients through shared experiences that are relatable to one another. Interconnection serves to offer new identifications based on new knowledge claims as described in the previous chapter. Interconnection is key to a time for potentiality when therapeutic work is done between individuals who cultivate resilience.

This notion does not exclude affect, in the sense of potentiality, from emotional modulation and labour. Emotions and feelings are personal resources of affective regulation that can be used in the realm of the intersubjective and intimate realities. They are mutually dependent components that inscribe themselves in the development of a kind of client. With the regulation of affect, treatment is a time of gathering potentiality (Lester, 2019: 180). New trajectories are forged and mediated when “it is a time of dismantling, reconfiguring, and rebuilding, of radical dislocation from a world of illness, pathology, and misery and relocation (if all goes well) within a world of

hope, growth, and health.” (Lester, 2019: 180). It is maybe the reason why I was so intrigued by Gabrielle’s lotus flower and how she applied it to not only herself, but also to her clients and perhaps the other counsellors she knows best. The lotus flower is a product of emotional modulation and labour and is often linked to representations of higher consciousness. Gabrielle seems to refer to its anatomy and way of functioning to speak of that very representation. The flower is a visible product, at the surface of the water, after the roots have made their way through mud and obscure water. The flower can live and strive while the rest of the plant works underneath.

The idea of growth and cultivation had often dominated the understanding of resilience in several of my conversations with different counsellors. Gabrielle’s explanation of that idea was the most descriptive and explicit. She indicated that we grow out of mud. The roots stem from a chaotic mess where suffering, pain, and vulnerabilities are attached to difficult experiences and traumatic instances. The roots submerged, are living under water where it would ordinarily be more difficult to breathe. But then again, there is also something that emerges from muddy obscure water and attached to those same roots. It was important to focus on that flower at the surface of the water as it testifies to the present, how that person came to be standing where they are. It is a product of emotional modulation and labour that further leads to potentiality by internal experience of time and marking events. It was especially necessary to do when the next step is to trace the roots back into the mud to understand the cause of current suffering. The event that was conducive to trauma can be re-appropriated rather than pathologized. It serves to transform negative affect, such as guilt and grief, (Young, 1995: 127) into a positive and politically active affect that induces a power of self-transformation.

Posttraumatic growth, in this sense, is not necessarily indicative of future healing or future distancing from trauma and possible symptoms. Growth postulates time as a necessary element to

self-awareness and reorientation. Using Gabrielle's floral metaphor, growth is a conception of psychological development and awareness where emotions and feelings are oriented towards strategies of resilience. Emotional modulation and labour first work to understand the 'how' and 'why' of hardship and suffering to then make a narrative of personal experiences of time. The narrative cultivates resilience in posttraumatic growth by utilizing emotions and feelings for new identification. There is a relationship between past, present, and future as it addresses personal experiences of time while also disrupting the linear movement of time from past to future. Understandings of the past can be reconfigured from a therapeutic present that includes future aspirations of healing. Growth thus entails a relationship between reversed time and future potentiality when the present is affected by resilience-building practices in a therapy session.

Tracing the roots back into the mud, by preoccupation, is an example of the construction of resilience as the person is seen to undergo growth at the same moment to later achieve future potentiality and aspirations. Growth proposes time, and most importantly present time, as a medium for transformative acts of the self. The co-construction of resilience in interconnection between the counsellor and the client aims to argue for psychological growth through suffering. The contemporary psychology used in this alternative practice reflects Nietzsche's conception of the truly personal and existential value of suffering. "[...] within an individual's own life narrative, particular sufferings may (though equally they may not) be an essential part of a whole 'sequence and interconnection' in which the individual gains depth of self-understanding, psychological strength, and new capacities for feeling and action." (Janaway, 2017: 164). Transformative acts of the self are hence made-present by the relationship of posttraumatic growth to time. In this relationship, affect denies suffering as impoverishing, pervading the present.

Laura had spoken of the value of suffering and its necessary acknowledgment. She had used the word ‘vulnerability’ instead. Its denial could lead to a sort of burnout when there is a loss of control over physical and psychological abilities. She had originally been performing in overdrive when she denied the presence of her own suffering. To gain deeper self-understanding as well as new capacities, she had to commit to exposure and to risk what she actively tried to avoid through performance and idealised autonomy. Adopting new value-guided actions, she had to expose herself to her own preoccupations without hindering herself with a critical view. This new commitment shifted her perspective from a critical lens to one of self-compassion, requiring continual practice. She had and still has to actively change her values of success and wellbeing by confronting the harmful values she was conditioned to foster. Her actions are meant to build psychological strength and sustainability when faced with difficult lived experiences in a present that attaches itself to past historicity and a time for potentiality.

Suffering is here addressed between past, present, and future rather than a matter of the past alone. Posttraumatic growth regards suffering as a useful component to enact transformative acts by maintaining personal historicity as well as identity. It is a matter of action and suffering at once (Ricoeur, 1985: 415) when the present and past mutually belong to each other to form an enlarged present. For that reason, Paul Ricoeur’s notion of narrative time is useful to think of the present as a *point-source* where everything deriving from it belongs to it (Ricoeur, 1985: 57). The present can be qualified as a time of initiative as it holds the weight of history, suspended and interrupted, as well as the dream of history to make and to transpose into a responsible act (Ricoeur, 1985: 375) of healing. The historical present leads to continuous growth, a start to continue (Ricoeur, 1985: 415). The *point-source* of the historical present can navigate and transcend layers

of virtual interconnection, offering a new space for the therapeutic dialogue and by extension, affective regulation in thoughts and action.

Having the present as the *point-source*, incorporating the past as it extends backwards, offers therapeutic space in a time that can move in reverse without forgetting future aspirations. In the dominant framework of PTSD, it is presumed that time moves from the etiological event to the posttraumatic symptoms. It is well known from the clinicians' standpoint, however that the relationship between time, symptoms and event is ambiguous (Young, 1995: 135). In the frame of resilience focused therapeutic practices, time actually becomes independent from etiology. Even though therapeutic practices want to understand the etiology of suffering, the 'how' and 'why', to make a narrative of personal experiences of time, time belongs to cultivation. Time relates to posttraumatic growth when there is a perception of potentiality in time by suffering. Resilience-building occurs in potentiality, offering a fork a time where clients have the option of becoming resilient subjects instead of traumatic ones (also previously referred to as victims) by choosing an alternative practice and affectional institution that holds value in suffering.

The idea of inverted or reverse time, on the contrary, is not as ambiguous or new. A historical present sees time as flowing from the main and current psychological states back to the event. It is an old idea brought forward by Ribot in an 1881 publication, *Les maladies de la mémoire*, where the conception of the self was considered a made object that continuously remakes itself when the past is appropriated (Young, 1995: 135). It inverts reverse time and an old psychological concept of the self from 1880's to contemporary neoliberal ideas of healing. It is precisely that conception that is used to transform negative affect into a creative production of new actions, new affectional affordances, and new trajectories. In making sense of a temporal narrative, Ricœur referred to individuals as temporal patients in trajectories. But with all the counsellors I

spoke to, there is the development of a sense of agency and authenticity, moving them away from the idea of patient.

Agents in Reconfigured Temporality

“Does resilience have a feeling whatever that is? What does that feel like to be you? It would feel different to someone else.” – *Jane*

The client and counsellors experiencing growth have previously refused the connotations of ‘patient’ as it is often associated to the passivity of patient who is directed by medical authority. Hence, in temporal therapeutic work, they do not only receive care and management in a timely fashion. The individuals involved with Resilience Summit are also agents who channel past events of trauma and suffering into a present to transform future desires and potentials. They await the future while maintaining and nurturing a sense of belonging to an effective history (Ricoeur, 1985: 151). By nurturing a sense of agency, there is a way in which the person orients themselves temporally (Adams, 2009: 247) to make sense of emotions, feelings, and identity. They are in a temporal affective state where time is oriented and changing while they permeate the possibilities of the everyday and its experience (Adams, 2009: 247). In so doing, the individual is an agent capable of bringing coherence into the narrative, by the virtue of controlling one’s self, (Rose, 1998: 177). The clients and the counsellors do not simply react to past traumatic events. They exercise change in an idealized vision of an actively engaged resilient subject.

When speaking of themselves and their clients, the counsellors emphasized their personal ability for action, a crucial component to agency. It’s what made them in control of their unique temporal story. Through the emotional modulation and work implicated in posttraumatic growth, they are brought to act with value guided actions. In growth, there is a uniqueness that is cultivated when central to human experience. There is a process of individuation by time (Ricoeur, 1985:

340). Once the relationship between past, present, and future is recalibrated by therapeutic means, the individual is changed, in a process of individuation, because they are now capable of forming realities (Debaise, 2004: 17) that affect their experiences of time. Individuality is given a deeper dimension (Debaise, 2004: 18), allowing for epistemic authenticity. The person is ‘tuned’ to values that better correspond to who they consider themselves to be (Lester, 2019: 162) in their complex lived experiences. Gabrielle along with other counsellors had mentioned how they had passed from passive victims to active resilient subjects by using value guided actions. Those actions gave them the sense that could exercise change in their narrative trajectory. They had narrative agency once they could ‘break open’ from previous habits to new healing ones.

Even in this process of attaining agency, the value of suffering stood out to me once again. They did not want the idea of being an active resilient subject to be romanticized. Breaking open includes hardship. Gabrielle and Melinda were two counsellors that had strongly emphasised on the danger of doing so in our conversations. To Gabrielle, a romantic notion can be damaging when it often focuses on linear experiences and disregards the different lived experiences that can occur outside of the past. Painful experiences can indeed infiltrate the present and future. Resiliency itself cannot cover all aspects of every experience and it does not equal to the cultivation of unattainable superiority over trauma. It is neither forgetting nor detaching oneself from the traumatic experiences and feelings. ‘Breaking away’ is a way to affectively manage difficult experiences and feelings to be capable of bringing coherence and new subjective control. Similar to Cognitive-Behavioral Therapy (CBT), the psychotherapy of Resilience Summit provides a way of breaking out of past patterns and habits. Yet, a different vocabulary is adopted to appeal to resilience-building and affectional affordances. She and her clients had to ‘tap into’ a new affective modes to grasp their healing and build onto to their resiliency. It required a certain painful effort

to acknowledge that something really bad happened, testifying to the necessary suffering and challenge that can provoke resilience-building.

Suffering would be encountered in therapy because of painful memories, conditions, and feelings while also being encouraged towards decision making. I understood what she meant but I had not thought of it as something to 'tap into'. Melinda had reminded me that it was important to acknowledge what is painful in the process. Resiliency does not give you a 'super hero' status. She explained that resiliency should not be a synonym of privilege, a doctrine of ableism. Even once in control of the traumatic experience, daily life is not always 'pink' and easy. In reference to the previous chapter, continuous hardship would be present due to a harmful society and expectations. Otherwise, it would only disregard so many of their clients and themselves as truly resilient because hardship is continuous. It would deny their rights to counsellor wellness and their access to care and therapy they also need. Resiliency would look and feel different because of the wide variety of lived experiences but often still included grief, guilt, shame, anger, and sadness. Those feelings are confronted, sometimes externalised if they are not linked to a personal flaw or failure, or sometimes used to own personal experiences and validate the fact that they have a right to care and authenticity. It was messy and certainly murky. It was part of the muddy water Gabrielle spoke of. It would all take part in the making of an agent of temporality.

To Laura, it is knowing that she will have to mitigate her lived experiences with anxiety. It becomes a matter of living with the idea of anxiety instead of anxiety causing her harm. It is fear inducing to think that her anxiety could take control again. Her marker of mental wellness becomes the grip she has over her lived anxiety and how it directs her everyday life trajectory. The meditation she started to practice once she went to counselling allows her thoughts to be overviewed with compassion rather than judgment when she attempts to deconstruct her

tendencies for continuous planning, complete independency, and high performance. She would then actively choose to turn on a television show or fully engage in a conversation she is having by tuning out of anxiety inducing thoughts that made her think that it is unproductive. Sometimes, it also entailed difficult decisions like trimming her social circle to more meaningful relationships and saying ‘no’ to events she could attend when she needs time for herself.

Laura explained that she slowly and steadily tapped into a richness of life that was not previously available to her. She would never fully be ‘there’ before, not feeling present for herself and others. She could only allow herself a limited amount of it before. She wanted to be self-serving. She explained that it is a way to choose and act according to resilience-building strategies that make herself feel present by exercising self-compassion instead of exercising judgment when feeling suffering and hardship. She encouraged her clients to do the same as many of them were also high-achievers and struggling with anxiety. There was a sense of making-present the suffering to better orient one’s narrative. It would mitigate the triggers for anxiety by tapping into a different affective state. It is an affective state that would make them feel vulnerable first and foremost to build psychological strength.

[...] A lot of people that gravitate towards us are again high-achiever type that do tend to be driven by a lot of personal value from accomplishment and all the rest of it. I think that it is people that are particularly driven that are particularly prone to that internalization and being like I must have been part of this failure or this lack of ideal results. So the liberation can really come from yes the externalization and... what was I going to say about that... yeah, working with clients to cultivate an internal locus of control too that doesn’t necessarily need to be about having to control and pre-plan and put into place external factors will bring them ease and peace that they can actually bring [...]. That’s huge with my clients, being able to be able like wow so regardless of if there is calamity or, you know, unforeseen circumstances, or things that were beyond your control or prediction, that’s ok. That may be. We recruit skills that we develop to tap into our new internal locus of control and when that has been established, again, people can be more resilient and just drive the waves of life way more successfully without it totally derailing

them or upsetting them terribly in a way that maybe be prior to that concept when bringing those skills and development. They just didn't have the capacity to call upon it in those tough times.

Her notion of internal locus of control caught my attention. I was already familiar with the understanding of an external locus of control, elaborated by Michel Foucault when referring to psychiatric power, medical institutions, and expert authority. Psychiatric power was seen as a regime, a way to manage and administrate, before becoming a mode for therapeutic intervention (Foucault, 2008: 173). Strategies of power come into play to produce negations, experiments, theories and assertions on the matter of mental illness and wellbeing. The external locus of control combines biopower, when in control of a patient's body and psychology, as well as governmentality in a locus for relations of production. The external locus of control participates to an apparatus of power that can produce discourses of truth and practices which is located in an institution (Foucault 2008: 13). The internal locus of control she was speaking of, however, is a regime for a locus of relations that is instrumental to posttraumatic growth. The internal locus of control participates in the development of new capacities in a therapeutic time for reorientation and potentiality. The active resilient subject develops self-governance once resilience is co-constructed, better able to form future aspirations of healing.

Her internal locus of control would permit her to manage and administrate her lived anxiety by means of therapeutic intervention. It is an innate capacity that is encouraged to be used when resilience is also seen as innate and previously latent. Laura had thought that her resilience was dormant without the recognition and use of her internal locus of control, her capacity to exercise control over herself and bringing coherence to her narrative. She had mentioned that it required the development of skills during counselling sessions to both locate it as an intimate part of singularity and a new centre for affective regulation. I would see it as the affective mode they have

to ‘tap into’. It is a strategy of power that prescribes authentic value-guided actions to direct the individual towards agency in a time of potentiality. It may correspond more strongly to the epistemic authenticity they adopted as a way to be more honest with how they see themselves. It would be more efficient to adopt the ‘rightful’ healing actions that corresponds to their needs. To many of the counsellors, finding a new affective mode for subjective control is self-serving, a way to exercise uniqueness with lived trauma.

There is thus subjective power in a process of individuation when therapy prescribes authentic value guided actions. They are agents capable of new modes of production of the self while acknowledging suffering in its process. Tapping into a new affective mode of regulation, an internal locus of control, leads to singular creative productions of subjective affectional and temporal agency. I think it to be self-serving, in appealing authenticity, when it specifically challenges the messiness and hardship of lived experiences first. Secondly, it challenges the disempowering feeling of oppression when health professionals often adopt an external locus of control to achieve therapeutic purposes. They are rather empowered, “founded on the value that each human being is a subject who can act. Human beings are not objects to be acted upon.” (Rose, 2019: 160). Using images such as the lotus flower to represent newly formed subjective power, it can give rise to a sentiment of empowerment when managing the ‘messy, chaotic, and ugly bits’. Individuals are supported to regain future aspirations act to transform (Rose, 2019: 161) in time.

Being Re-Affected in the Art of Telling

Laura and Gabrielle had re-gained a sense of psychological control by cultivating a subjective power for healing in therapy. Laura clarified that the only future guarantee is no guarantee, enabling her to regulate her desires for hyper-vigilance, safety, and absolute control. These conversations did not exclude the idea of future certainly when it is seen as precarious and

uncertain. Time is however oriented towards what is already known and felt to produce new possible trajectories in future actions. Melinda had also learned to control what was tangible and mentioned multiple times in our interviews that she cannot control all aspects of life. Subjective power acts on resiliency building as a way to better accept and navigate hardship. Time-induced relationships would be constructed by a historical present conducive to healing while future oriented practices are often seen to be counter-productive. The ability to trace and tap into new circuits of affectional affordances and potentiality passes through the medium of reversed time.

The development of a historical present is mediated in a world of growth and health when subjective power is encouraged by therapeutic means, leading to an internal locus of control. Suffering is transformed into new capacities for feelings and actions by the sense of self-governance. Creative productions of wellbeing are designed cultivations of an agent of temporality that has re-appropriated past traumatic events and affective states. Individuation by time, orients individuals like Gabrielle, Laura, and their clients in the in-between space of preoccupation and potentiality to be actively engaged affective subjects. Then again, I would forward a question that is central to Rebecca J. Lester's work on affectional institutions. "What kind of healthy subjects are cultivated and how?" The next chapter leads into the question of how resilient individuals are re-affected by utilizing *techne* when suffering and hardship is shared in mediated interpersonal connections.

It is certainly through techniques of the self that narratives can be further discussed as a medium for affect and transformation in time. Narratives are the modes of discourse to express our experience of time while time experience is the referent of the narrative mode (Ricoeur, 1979: 25). The next section centers on a therapeutic event, rather than individual conversations alone. Amidst moments of sheer vulnerability, I witnessed counsellors, such as Megan and Melinda, invite

different possibilities like empowerment as they spoke to traumatic lived experiences when sharing personal narratives. It is possible to be re-affected further, to adopt transformative narratives when in collective patterns of healing. It is the art of telling that maintains a sense of authenticity, when avoiding anonymity (Ricœur, 1979: 26). It marks a time of being together and of inter-time when action is tied to interaction (Ricœur, 1979: 26). Being affected further can be oriented in the public sphere, giving space to an interpretation of *l'être-en-commun* (Ricœur, 1985: 153). The next chapter moves from the individual to the collective to build a sense of political agency and action through therapeutic psychotechnologies.



Image 3. Wall of the Women's Initiative Association of the Downtown Eastside. Photo by Chloé Desjardins

For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. – Viktor E. Frankl¹¹

¹¹ Trending quote on social media platforms from *Man's Search for Meaning*, originally published in 1959 as a memoir by psychiatrist Viktor E. Frankl.

Chapter 3 – Re-affecting Continuum: Narrative and Public Transformation

Welcome to the Period Party

I walked up to Suite Genius not knowing what to expect. It was often a space they used when Melinda, the co-founder and director, wanted to gather the counsellors together on Sunday mornings. I had already been to Suite Genius for one of those Sunday morning meetings. It was a nicely designed co-working sharing office space that expended into different sections, a 15-minute subway ride from downtown and had not been hard to find. It was my understanding that Melinda paid membership to gain access to this space, divided on a second and third floor. It was designed with a similar Scandinavian feel they had adopted in their own offices with the rustic wood accents, soothing colours of blues, grey and white and wide windows. It offered meeting rooms, desk space, a lounging area, a kitchen, and a patio. I had never been to the floor reserved for events though.

With red balloons stationed outside the main entrance, I knew I was at the right place for a Period Party. I had wondered beforehand what a Period Party, organised by a private alternative counselling practice, had to do with their focus on resilience or therapy. Melinda had invited me to come early, and I was arriving before all the guests and some of the counsellors. It would be my first chance to see most of them in the same room since their current lack of space did not permit them to do so. Melinda and Kate, the main organisers, seemed excited but it also showed that their minds wandered rapidly from one task to another as they wanted this first event to go well. I knew Melinda well already and had met Kate before.

Kate, passionate for her role in public relations and promotion, was one of the first people to point out that resiliency and narrative work is much more than just a private and personal process. I had the opportunity to talk to her in the same space that was later on used for the Period Party, but one floor below. Our conversation was cut a little short because we had arrived

particularly early that morning and were quickly comically greeted by the loud security alarm for which we do not know the code. Once the alarm finally silenced, I was able to have a conversation with Kate that would in some ways be different from the others due to her particular role in the organization. She had made the point that resilience is supported by our networks, that we can draw from our own resources but that it is also important to draw from others. A network of supporting individuals for resilience could help consolidate our own story to make a meaning of it. In that network, we could own what happened as an integral part of ones' narrative and draw empowerment. Kate argued for the necessity of de-individualizing resilience through shared narratives and it is what framed both the event of the Period Party and my analysis that will follow shortly. She was indeed the ideal counsellor for the organization of the Period Party.

I offered my help, not knowing what else to do to integrate myself into their space. I was put on door duty along with Jane. I was glad to be. I had previously had a great conversation with her over coffee and I was glad to talk to her more casually. She was easy to talk to, and I felt comfortable to be helping with the event at her side. However, we soon became a trio as another nervous counsellor joined us. Megan, who was to be presenting on the panel due to her experience with Polycystic Ovary Syndrome (PCOS) and her openness about the subject of pain and menstruation, needed to take some air as the third floor was gradually crowding with people. She was nervous and self-conscious of her upcoming participation, and people tried to make her comfortable, complimenting her on the eye-catching red dress she had chosen.

Jane and I listened to her while trying to reassure her. She seemed to feel tensions about her implication on the panel but also frustration with another of the participants. A co-founder from Lunapads, a business producing sustainable menstruation cotton pads, had criticised the panel for not being intersectional or diverse enough that very morning. Megan added with sarcasm that

a man of colour was now on the panel and would think that it should be diverse enough considering the topic. Megan clarified that he was also a business co-owner of sustainable and 'attractive' period-proof underwear and bras along with his female partner under the name of Revol Girl. His addition was more of a last call while also providing the perspective of someone in a relationship with a menstruator. I learned that the panel consisted in fact of two business co-owners, two counsellors including Megan and Melinda, as well as a naturopath to be more so holistic.

Eventually, Megan, Jane and I made our way back up to the third floor where the room was now full and lively with people chatting, eating, and questioning some of the sponsors for the event. Some of us hovered around the counter of food, trying to make our way into a conversation or another. I found myself in a deeper conversation than expected with Megan. Under the circumstances of a Period Party where openness was strongly expected along with my personal attempt to distract her from her presentation, I was suddenly revealing more about myself than anticipated. I was describing to Megan the difficulties I was encountering with my menstruation symptoms, what sustainable products I was using, my experience with multiple different birth control pills and even certain medical conditions that I have like an allergy to Ibuprofen and a case of moderate scoliosis. Ordinarily, I would not have talked about any of these things so easily to someone I do not know very well. I started to think that there was maybe a certain pressure when surrounded by so many counsellors who had created a space for crude openness. At the same time, I felt like I was freely doing so and simply participating in the excitement of it all. But as exciting as it was, expectations for self-divulgence were also there.

Jane and I stayed side by side for the duration of the presentation and panel. We were in the first row, offering direct eye contact with Megan and the other participants like Melinda. Still, I did not know what to expect in terms of resilience and mental health. We were here to talk about

menstruation and it was obvious that the event had the purpose to demystify assumptions and the taboo surrounding the subject. As it started, it did not take long before it became clear. Stories were quickly being shared as the discussion was opened to the audience. Following Megan's difficult experience with PCOS and the symptoms it provoked during menstruation, a particular experience was then shared by another woman in the first row. PCOS did not only sometimes imply excessive bleeding and unbearable pain for people like Megan, but it also related to infertility. The woman to my left explained her feelings of vulnerability, sadness and frustration as she was going through hormonal treatment while apologizing for her tears. She wanted to be a mother but the process generated fears and anxiety. She was thanked for the courage she showed to share her experience, and Melinda expressed her own understanding.

I was reminded at that moment of Melinda's story, shared in an interview. It was an experience that had driven her to provide the care that Resilience Summit offered. After dealing with infertility and finally being becoming pregnant, she had felt excited but also disconnected, like it was unreal. She began to plan the perfect birth to have a sense of control over her reality. Nonetheless, the birth turned out to be traumatic. After her water broke and more than 24 hours of labour, she was rushed to a hospital for emergency delivery thinking she would die. Melinda remembered looking at her husband thinking, "Oh this is going to suck for you, having your wife and baby die on the same day." What she did not know was that her baby would be the trigger to her posttraumatic stress symptoms following a traumatic birth. "I would hold this super cute little baby and thinking to myself this is wonderful cognitively and then my body is in a panic, physically panicking. I didn't feel bonded because I was more terrified." Under the socialization of this society, she explained, she would think of herself as a horrible person, a horrible mother, and a horrible woman. Her mental health declined and was diagnosed with PTSD, post-partum

depression, and possibly anxiety. She got better once she started to put her self-care first, defying the assumption and association between motherhood and selflessness. "Otherwise I probably would have died." Even if this particular story was not shared at the event, the Period Party was made to express all suffering, frustration, societal expectations, and resilience through a feminist lens at once by offering for a chance to individuals to publicly position themselves more generally as resilient subjects.

Of course, it was the less shy and timid in the room that freely spoke about their experiences or asked questions. Although, something in particular caught my attention with one of the panel members. The co-founder of Lunapads earlier explained how she had developed a beautiful relationship with her menstruation. It had made her embrace womanhood and, with feminine spirituality, embrace the symbolic representations of lunar cycles and inner season change. She had not received many reactions. What she said seemed to be too romantic and too simple. Megan had followed, denying menstruation as a beautifully peaceful experience because she dreaded that very natural cycle of her own body. Her experience spoke and related to more people in the room. Most menstruators did not exactly like or enjoy it, it was a source of recurrent struggle month after month. After a few exchanges, the co-founder of Lunapads tried to retract her previous statement by saying that she did not mean to say that she had a completely positive experience. She went on to clarify what she meant without receiving much more response, saying that her relationship to her menstruation was not perfect. She seemed unsure of what she was trying to say, like she had not anticipated that her previous statement would not appeal to many people in the room.

When the panel ended, the raffle prizes given, the food eaten, and when the many appreciations and thanks were communicated, the level of energy in the room dropped. Melinda and Kate were relieved that the event was a success and discussed the new opportunities it offered.

The discussions could have gone on for hours, they said. It was something they wished to do again. In spite of that, they also expressed how they had to take care of themselves too because the organization had been stressful and nerve-racking.

The translation of experiences into narratives quickly became central to my interactions and inquiries about post-trauma resilience. This chapter addresses my understanding of therapeutic practices as techniques of the self that predominantly uses narratives as a human technology. Following the approach of Nikolas Rose, human technology does not suggest inhuman technology. On the contrary, it is a promise of personhood where psychological techniques correspond to the real nature of the person (Rose, 1998: 169). It is first a way to speak truth when the person becomes a confessional subject when opening a dialogue. There is subsequently the possibility to be shaped as a different type of person when accounts of pain and suffering are transmogrified into a narrative. The structure of the narrative withholds times, spaces, events, actions, emotions as a whole (Young, 1995: 169). With the utilization of techniques of the self, I would like to explore the function of narratives within a public therapeutic moment and its relationship to empowerment.

Narratives are professionally engaged in private practice in the context of cognitive-behavioural therapy, an umbrella category to narrative therapy. It is used within the feminist intersectional approach that overlaps a trauma-informed approach to offer a healing process of affective self-vindication. This specific combination leads to a value for authenticity in therapy, allowing for transformative acts and ownership of politically engaged actions. However, I would like to understand more precisely how transformative narratives permeate everyday life as it affects self-understanding through an intersubjective connexion with others in the transition between private and public. The public allows for the art of telling, a refusal of anonymization, where a

person can be affected further and empowered. Their narratives become concrete representations of resilience and potential when with others. The individual can become a new kind of person when a new concept is introduced to understand one's self (Hacking, 1999: 162) with a tangible representation of resilient narratives. And so, I would like to highlight Melinda's and Megan's narratives while also acknowledging the perspectives of other counsellors, such as Kate, that contribute to the notion of empowerment and interconnection.

Confessions in Procedural & Ethical Cultivation

Since my first meeting with Melinda, I was informed of the importance of narratives. It started with the realization that their private practice was strongly suited to the practice of narrative therapy within CBT and feminist psychotherapy. Just as resilience was usually considered innate to someone's capacities, a narrative was at the source of self-understanding and character. It would seem maybe more difficult to initiate a therapeutic process without it. It would seem even harder to make a connection between the client and the counsellor because it would lead to a dialogue, an openness between the two. It would take part in a successful therapeutic relationship where trust is predominantly valued. It is not just a question of revealing a story. It is merely about hidden intimate narratives. As seen in the previous chapter, it is more precisely to expose and help construct the resilience that was maybe previously unnoticed, showing the practical ways in which a person may have protected themselves through trauma. Resilience is made to be visible from invisible qualities and capabilities in the narration that was spoken and heard. Counsellors aim to expose strength where it would otherwise be ignored or confused for weakness. It is a practice of consciousness and awareness that they not only suggest and offer as a possibility to clients but have to exercise themselves to maintain legitimacy.

The identity of the self can be constructed within the narratives shared and manipulated. The need to express ones' life in narrative structure serves a function to express "the interplay of history, social conditioning, and the chosen behavior of the individual person." (Hacking, 1999: 15). This constructive narrative, as other social constructions, takes place in time because there is always a recourse to the person's historicity (Hacking, 1999: 37). According to my interview with Beth, it is to ask, 'How did you arrive here today?', 'How did you overcome that?', and also 'What do you need at this moment?'. But then again, hardship and suffering are not only part of a past event as seen in the previous chapter. The present is a *point source* that holds the weight of history (Ricoeur, 1985: 375) while also being a start to continue (Ricoeur, 1985: 415) that is inscribed into a personal life narrative. This practice leads to a re-orientation of the self towards self-serving thoughts, feelings, and actions. It belongs to the realm of ethics because it helps guide an individual towards an improvements of themselves and their guiding aspirations and norms, consequently shaping their lives from the minutiae of existence (everyday actions), to truth, and to a crafted desired kind of self (Rose, 1998: 95). The person would then perhaps attain qualities of sustainability, fluidity, and personal re-calibration, similarly to the resilient conception of ecological balance made in environmental movements.

Procedurally, these narratives are meant to be changed in continual practice and technique, or *techne*, while in the presence of others. The manipulation of a narrative first undergoes the *techne* of the confessional, a potent ethical technique of psychotherapy that looks at who a person is and what they do (Rose, 1998: 96). The confessing subject is identified when sharing feelings and desires (Rose, 1998: 96). The truthful rendering into speech and use of the 'I' inscribes itself to an ethical technology where the individual permits a personal narrative to be *in potentia* (to have the potential) ultimately making personal life into an identity project (Rose, 1998: 96). Truth is

constantly shifted as the counsellors often mentioned that their role was to offer a different perspective to introduce resilience-building into the newly constructed representation of the self. Truthful rendering into speech renders an action, an act of resilience they assumed ‘they *just* did’, into a valuable skill that is true to their person and capabilities. The use of the ‘I’ certainly enforces self-governance and permits new affectional affordances of suffering, but the person is also tied to a project of developing an alternative psychology when individuals scrutinize, interpret, and talk about themselves. They do not discover themselves as much as they are diagnosing how they apprehend themselves (Rose, 1998: 96). As such, the value of truth is translated into a project of forming an authentic self in a locus of experiences, one that aspires to true feelings and desires to achieve wellbeing.

Unlike most accounts of the medical relationship between the patient and the expertise held by the professional clinician, the *techné* of the confessional applies to many subjective positions in the therapeutic setting. This ethical technique is easily transferable and versatile between one locale to another (Rose, 1998: 96). A locale can easily be a person, such as the counsellor, client, guest or speaker seen at the Period Party, or a concept that connects to the broader experience of resilient personhood, such as posttraumatic growth and agency. With what counsellors called ‘appropriate disclosure’, the mental health practitioner does not refrain from taking part in the technique of the confessional because relatable pieces of their stories that are made accessible in a psychotherapy session, in blog post writing, or during the course of an event can accelerate healing. Whether it means being transparent of vulnerabilities to argue against the feeling of isolation or consolidating ways in which trauma can be surpassed, confessions operate in the frame of shared narratives to enable the recognition of peers during the course of the co-construction of resilience. The psychotechnology of the confessional necessarily amplifies with the trustful relationship

between individuals who are ‘freely’ and ‘truthfully’ engaging to an interaction producing affect. They speak truth to feelings and desires, identified as confessing subjects (Rose, 1998: 96) that position themselves in a process of cultivation.

This technique presents itself throughout therapeutic measures in and out of counselling where the narratives undergo multiple changes and transformations along with other psychotechnologies of the self like affectional and behavioural regulation. Psychological reform is reached by engaging a personal sense of success in a psychological regime of therapeutic remodeling (Rose, 1998: 97). Psychological ethics, included in resilient affective alteration, repose on “liberal aspirations of freedom, choice, and identity. Therapeutic ethics promises a system of values freed from the moral judgments of social authorities.” (Rose, 1998: 97). Personal existence can be shaped by ethics of autonomy, once recognized as a resilient subject, to free a ‘true’ self, similar to implications of citizenry in contemporary rationalities of self-governance (Rose, 1998: 97). There is the promotion of an ethical culture, already observed to be dependant to contemporary psychological techniques and social government (Rose, 1998: 97), which cannot be detached from the use of narrative therapy to attain liberal aspirations. Even if this a critical perspective of psychotechnologies, liberal aspirations and a personal sense of success are used to retain a sense of solidarity, when building a community, that exercises consciousness and a freedom from the moral judgments that are imposed by social authority over the counsellors and participants at the Period Party. The event was so emotionally charged and enticing for that reason. The use of psychological ethics permits them to address the fact that they have been discounted by an indifferent society (Young, 1995: 142). Their narratives of suffering problematizes reality because of an obligation for an ethic of self-governance in authentic subjecthood.

The narrative, specifically through hermeneutics, recognizes the influences of a past situation or event that is externalized for it to be included in a constituent conscience (Ricœur, 1985: 412). It is maybe through what we know as practices of 'mindfulness' or 'full consciousness' that the confessing subject does not only act and feel based on what is known. The hermeneutic nature of the narratives problematizes reality towards affects by recognizing the individual as an *être affecté* (Ricœur, 1985: 412). Pain and suffering can be inscribed in a story that is well alive, continuous, and open that leads to a certain potentiality and alternatives through a political act (Ricœur, 1985: 396). Laura had talked most of potentials. She believed that the act of re-authoring one's narrative could un-tap resilience, legitimizing psychotherapy and the cultivation of psychotechnologies as necessary to produce a catalytic reaction to cause transformation. She compared counselling to an enzyme that can unlock the potential of resilience. Beth, who had clearly referenced posttraumatic growth, added that to re-work a narrative was to act on a much-needed perspective shift to honour what feels true. It is curious to honour 'truth' speaking in a process of co-construction. There is a sense of responsibility that is linked to a political act of transformation caused by the catalysing force of psychotherapy.

Therapeutic intervention would accelerate the person towards true personhood, framed as an engagement towards an authentic self that can appeal to others who have suffered in a collective. The practice of confessing and re-working narratives serves a particular space and function to engage with resilience as it is integral to the true feelings and desires for wellbeing. 'Truth' is found in memory, participating to a locus of experiences, and found to be an essential criterion of personal identity (Hacking, 1995: 264). In Western moral tradition, it takes into account that it is possible to grow into a complete and self-aware person by being responsible for the formation of our moral selves (Hacking, 1995: 264). Truth is more profoundly necessary to subjecthood because

memoro-politics¹² has thought the belief that a person (or soul) is assembled through memories and character (Hacking, 1995: 264). Co-construction resilience by re-working narratives might imply a ‘discursive truth’ from what was originally believed to be real. However, the therapeutic work of psychotechnologies promises to free the truth in memory from societal moral judgement to achieve a successful sense of authenticity and autonomy. The co-construction of resilience does not create a discursive truth in personal narratives, but reveals new abilities for self-understanding and emotional affordance.

As I kept discussing resilience-building with several counsellors, re-authoring one's narrative to a story of the self that felt truer is framed by a specific emotion and ability to feel towards one's self. Narratives are modified with the ability of self-compassion, applied in action and thought to better afford self-understanding as well as interconnectivity with others in suffering. The person becoming a resilient subject has a responsibility to be self-compassionate and, in the role of the counsellor, to empathize and teach techniques of self-compassion by promoting self-awareness. Personal narratives become a way to argue against the critical lens adopted in the biomedical system while encouraging individuals to freely participate in the construction of resilience. The sharing of made narratives, used as a human technology for healing, can then become more enjoyable while the practice of affective affordance for suffering becomes less painful. Vulnerabilities are thus strongly engrained in a resilient narrative because self-compassion requires an acknowledgement what is painful and counterbalanced by resilience. In my

¹² Hacking refers to memory as an important site for politics, certainly when memories are elicited in therapeutic work (1995: 2010). There are two types of politics of memory, one that is communal and one that is personal. Communal politics of memory accounts for group identity and tales of origin while personal politics of memory accounts for politics of a certain type that relate to power dynamics surrounding personal knowledge claims and scientific assumptions about memory in science (Hacking, 1995: 210-212). Personal politics of memory are the ones that are subject to therapeutic work and further tensions premised on knowledge claims about mental health and (ab)normality.

collaboration with Melinda on blog postings, it is pointed out that resilience does not equal to an impervious super-hero. It is important to show the state of equilibrium in a resilient person where resilience is an act of labour that mitigates vulnerabilities. Communicating self-compassion became a crucial element when speaking of the labour used to become a truer self. Under the careful guidance of Melinda, I wrote three blog posts and the third focused on exactly that.

Thoughts, emotions, and perspective get jumbled all together. Everything that is both ugly, sad, and shameful is being just as accepted as what's beautiful, strong, and creative. Having and building resilience comes with self-compassion and acceptance for what we want, need and feel while potentially finding the right support. [...] It can also be so damn hard to go for what you really want, submerge yourself in what you really feel, or have self-compassion. It's all together terrifying. [...] I'm stressed, sad, scared, empowered, satisfied, and excited all at the same time. It's being comfortable with that that brings out resilience.

Slowly revealing certain details about myself by the end, I was actively participating in what had been called appropriate disclosure to strangers I would never see, but who might likely be clients. I did not reveal too much about my traumatic experience but I still recounted personal emotions and feelings that came with engaging with confusion about resilience in other blog writings with the encouragement of Melinda. I was sharing enough of myself to be a confessional subject on an online platform. Regardless of the very specific niche of readers, it was undoubtedly a written therapeutic piece available to a public space. I also began to realize that I had done it before. Since my initial conversations with Melinda and my first presentation at a staff meeting to a few counsellors including Gabrielle and Aileen, it had always seemed important to share my experience of tensions with the dominant biomedical system and psychology as well as how I was identified as resilient through it. It had been essential to initiate dialogue and open conversations with them.

By the Period Party, I felt compelled to participate more and more strongly in this manner. Sharing my experience initially started as an ethical decision I had thought important to not withhold my research interests from the ones who would allow me to explore the condition of resilience-building in psychotherapy. I considered it to be an ethical disclosure on my part considering the delicate conversations I could have on the topic of trauma and the collaboration I wanted to have with Melinda. I began to struggle with the idea of sharing even more of my story even if it was not necessary. It became more and more compelling to speak truth of events and feelings relating to a trauma that could potentially be consolidated by others according to therapeutic ethics that promises a freed true character and compassion. It was also difficult to not participate in something that would begin to seem political. Once at the event, I was wondering if I should share what I told Megan to everyone in the room. Not only was I in the first row facing Megan and Melinda on the panel, but I also felt like participating in the energy that was gradually charging the room. I wanted to engage with encouraged patterns of shared narratives that would seem to lead to possible wellbeing when speaking of vulnerability and resilience.

I wondered if the co-founder of Lunapads had felt the same way. She had alternated and even replaced her story during the event while she was on the panel when she started by saying "I didn't mean to say that...» She was not able to participate with the same confessional *techne* that allowed for an articulation of suffering and vulnerabilities. She was subsequently not able to enter the therapeutic dialogue on the same level as others. After multiple exchanges including the struggles expressed by Megan and the hardship of infertility by the women on my left, the original account provided by the co-founder of Lunapads had been completely lost from the conversation because she had not appealed to possible suffering. Her first account had seemed too 'perfect' and unrealistic for the lived experiences of most people in the room. It did not express or appeal to the

general state of equilibrium of human condition between suffering and resilience. In other words, her vulnerability had been left behind when the event itself was created to open a space for vulnerability and serve the function of co-constructing resilience. Maybe she also felt like she should participate in the energy in the room. Even so, she had not entered the dialogues in a synchronous manner or with the same kind of expected openness. I wondered what felt true to her, if her first account or the second corresponded to how she really perceived her experiences.

I began to question if this procedural technique of the confessional translated itself more efficiently and rapidly in the public. In the instance of the Period Party, the private sphere was relocated in the public for therapeutic measure. The intimacy that can be found during the therapeutic session in their well-styled offices, only really meant for two individuals, was transposed to a public event that could have gone on longer. Other possible clients and guests, including myself, can actively listen and maybe observe certain intimate interactions that would usually be reserved for those offices. The more pronounced and less timid, the bystanders, and the counsellors, can all be witnesses or actors to the patterns of shared narratives while being embedded in a specific network that consolidates truth to subjecthood. The possibility of individuation is interestingly offered regardless of the position of witness or actor in the frame of an affectional institution that promotes interconnectivity in an attempt to construct a ‘safe space’ for therapeutic remodeling.

The Interactive Construct of Resilient Authenticity

It was made clear to me that you can continuously be affected by suffering which is why it holds a perpetual value. Working with narrative therapy means to be re-affected differently. It does not erase how a person is affected by pain and suffering during moments of vulnerability. It rather creates another layer in hopes of problematizing the first. The narrative transforms because *l'être*

affecté (Ricoeur, 1985) is hoped to be affected in a much more profound way to alternate self-understanding and character. I have previously mentioned that I witnessed counsellors at the event, such as Megan, inviting empowerment as they spoke truth to suffering and hardship in sheer moments of vulnerability. The unique stories they shared, by use of the *techne* of the confessional, marks a demonstration of resilient authenticity where the now ‘true’ self is publicly made-present following on ongoing process of cultivating resilience. The public setting becomes a place where resilient labour is acknowledged and where its production can be seen and heard. Ethical psychotechnologies can be transferable to another locale, that of empowerment, where there is an appropriate presentation of the self to a community (Rose, 1998: 97).

When I first talked to Megan, before the Period Party, she had mentioned that it took resilience for her to be sitting in front of me during our interview. I could not know what she meant exactly and if something was bothering her that day. It was visible to me from her expression and tone of voice that the labour of resilience-building is not to be underestimated. But she most importantly mentioned how she had gained empowerment, leading her to become a counsellor. It was obvious by her expression that it is very important to her. We had been sitting in one of their offices when she explained to me the necessity to change narratives. She had to move away from victimization and powerlessness to then better serve her counsellor responsibilities towards her clients. While being a client in group therapy sessions, she was affected to adopt a specific therapeutic direction in a group of trauma survivors. Megan had witnessed how suffering could be overwhelming when she saw one of her group members retreating to a negative space because she did not change her narrative towards one that would make her feel like a better truer self. Without engaging in resilience and emotional labour to claim agency, Megan knew that she could withdraw into that same negative space which enables a critical and detrimental outlook on one’s self instead

of self-compassion and liberation. She suddenly had an example that showed her the conditions of suffering if she did not engage with posttraumatic growth and the awareness necessary to change an understanding of her character after trauma. She took what she witnessed as a point of reference to distinguish resiliency and her capacity to adopt therapeutic psychological reform. It was a moment of possibility where she could attain self-governance, and consequently a feeling of empowerment and freedom, by observing somebody else's trajectory.

I'm a survivor of a trauma and I was in a group therapy aspect and I saw someone over there that basically had retreated and completely gone into a space of utter darkness and I looked at that and told myself I want to be everything that they are not. And I took the opposite of that and that's how I gained empowerment and that's how I was able to restructure my narrative and in terms of this other person. I didn't say to that individual, but it gave me the objective perspective of comparing what the opposite was and understanding that this particular trauma was not going to hinder my development, wasn't going to hinder any kind of strength-based engagement that I was going to do. I was going to, in turn, change my narrative so that it would be constructive, and empowering, and do whatever thing that I could do. That's why I became a therapist.

Just like many of the others, Megan was considered resilient for being outspoken about her narrative, encompassing the way in which she mitigated her suffering and vindicated her wellness. She had implicitly suggested to me that she had suffered from interpersonal violence and her story, especially within their specialization, was important to guide and interact with others who also experienced such violence. Adhering to therapeutic remodeling, she chose to tap into an affective state of being contrary to the person that had gone into a space of utter darkness, aiming to grow her personal development towards constructive resiliency practices. By gaining agency, she had been able to restructure her narrative when thinking of the person that had caused her harm. She was able to mentally face them, owning her feelings and she considered herself to be in a new way. As such, her resilient narrative work offers new possibilities when trauma includes the reassuring idea that something in humanity can resist various forms of destruction, including dehumanisation,

violence, and oppression. There is a moral and political legitimate manifestation of vindication (Fassin & Rechtman, 2007: 149) in a new narrative. The boundaries of survivalhood are pushed and re-described by a new resilient person that plays with a value found in trauma. Trauma testifies to the permanence of being, through the transformation of character, when extreme experiences of suffering have resisted dehumanisation (Fassin & Rechtman, 2007: 36). There is no longer a focus on the trauma or the event of trauma in itself, as it is often the experience in the dominant biomedical system, but on the human being in its singularity and weakness. It is a different human being that adopts a unique authenticity (Fassin & Rechtman, 2007: 41) in therapeutic remodeling.

Megan's actions were oriented by posttraumatic growth but also took on a political nature as they argued for a refusal of victimization and powerlessness against a perpetrator. She found empowerment in subjective power when observing the opposite of what she aspired to be, moving beyond the status of victim and quite possibly the status of survivor. These categories are much too simplistic to explain who that person is and how they operate in reconfigured realities. The resilient person can rather be recognized as a political agent. Their 'activeness' is continuously necessary both on various levels of consciousness and introspection as well as in public care. In resilient authenticity, Megan affirmed that "You can construct your reality just like you can construct your narrative." The constructivist language that is adopted speaks to the idea that social constructs can be liberating, a valuable asset to political activism (Hacking, 1999: 2). Trauma and suffering are first framed by the realization that political discourses and social assumptions attempt to govern a presocial self that suffers from the inevitable condition it inhabits. It is liberating to see both trauma and the self as constructs to dismantle the idea of the passive victim or of simply 'surviving'. Secondly, it is also liberating to think of resilience as a construct that is attainable

instead of solely inherent. Posttraumatic growth is only conceivable if it is possible to exercise psychotechniques to co-construct resilience.

Still, liberation from knowing that resilience can be co-constructed comes with a recognition for psychological labour. There is supposed to be a sense of subjective fulfillment that follows. Having new agency and the strategies necessary to self-governance, the resilient subjects are made to feel empowered as a result of choosing to be affected otherwise. Empowerment serves as an indicator of success, oriented towards desires and aspirations of wellness, when a person is made responsible on the basis of self-compassion and affect in interconnection with others. Empowerment is not only a key theme to this alternative practice because it is often promoted in feminist perspectives and advocacy. There is empowerment when speaking of trauma and when in interaction with a collective that inspires change in a particular way of being in the aftermath of hardship. In fact, therapeutic measure emphasizes on a certain kind of people that are interactive. With Hacking's notion of kind-making in mind, events like the Period Party attempts to build a classification and the way individuals experience themselves. The network of the milieu in which they are promotes a kind of being and acting that encourages agency because the individuals come to be aware of their kind. In a collective setting, organized by an institution and its values, awareness is shared and developed to gain agency (Hacking, 1999: 104). Their experiences are both re-described and re-felt (Hacking, 1999: 130), allowing for political ethical action. Their consciousness is even changed (Hacking, 1999: 162).

Melinda had embraced the element of 'interactive-ness' when creating an alternative feminist private counselling practice that challenged the separation between suffering and reason. The creation of Resilience Summit was a political ethical action of her own to share awareness with others suffering, constructing a practice that permits new patterns of shared narratives to come

into existence. Just like getting a cold, the social constructs of vulnerability and trauma are needed to become more resilient, or immunized. The process of it might not be pretty but it can still lead to a creation and transformation of selves. In her case, the traumatic birth of her son had led her to develop a therapeutic practice that focused on resilience and recognized the interactive nature of suffering, mental health conditions, and self-efficacy. There is moral importance accorded to trauma (Fassin & Rechtman, 2007: 17) when it can lead to active resilient engagement in actions that affect others in the public while making sense of personal emotions and feelings. Melinda spoke of efficacy in those actions, a way to navigate and mitigate the confusion and complexity that stems from the relationship between trauma, creative productions, and functionality.

It was a sort of combo of PTSD and depression and maybe anxiety. I had suicidal thoughts and yet work (developing the therapeutic practice of Resilience Summit), because I love my work so much, was a protective factor. It was my outlet. So I can build this practice and feel satisfaction, self-efficacy, good things while at the very same time devastated in my personal life. Brutally really struggling and thinking of suicide all the time. So it's like not vulnerability or resilience. It's not weakness or strength. It's all at the freak'n same time and it's so confusing and everybody wants it to be simple. Everybody wants it to be you're strong or you're weak. But it's just a big mess. That's what I see with my clients too.

The therapeutic moment is then a product of authentic political vindication for those who have developed their true self against trauma and the moral judgments of social authority. It is people like Melinda who are material representations of the promise of true personhood by offering reason in suffering through the practice and application of psychotechnologies. There is the possibility to see a resilient narrative, one that can be made tangible and real, because Melinda had a direct impact on the common wellness of counsellors and clients that participate in the resilience focused private practice. Moreover I believe the Period Party to be a secondary political ethical action to materialize a resilient collective that aspires to reach empowerment when working with delicate testimonies to suffering relating to PCOS, infertility, and normative gendered expectations

surrounding menstruation. With a particular historicity of common gender oppression, the event allows for the ethical concerns of wellbeing to be transposed to the political in a public space (Ricoeur, 1985: 421). Ultimately, resilient growth would better be attained when there is a transposition from the ethical to the political. Psychological shifting would be involved in the invention of space, opening up fields for certain thoughts and actions that than impart a psychological character (Rose, 1998: 91). Collective healing belongs to action and suffering (Ricoeur, 1985: 415), justifying the resilient qualities of self-efficacy and consequent fulfilment.

Drawing from Rebecca J. Lester's work in *Famished* (2019), Resilience Summit depends on its ability to be an affectional institution to provide care and support for all participants inclusively. Affect and emotional modulation are both present in this affective institution when it depends on the circulation of intersubjective stories and transformations. It plays on the idea of “how interpersonal connections are forged, mediated, and undone” (Lester, 2019: 70). The presence of others is crucial to the experience of oneself while achieving consciousness and understanding in this interplay of connections. Lester notably focused on technologies of presence as presence becomes, in fact, an intersubjective process (Lester, 2019: 66). Her conception of presence is hence useful to understand the experience of presence in the sense of “‘being there’ [...] *and* being perceptible and recognizable as such to other as well as to oneself” (Lester, 2019: 66) as determinant of someone’s right to be in a therapeutic setting or even to exist. Being perceivable and recognizable, contrary to being invisible, may resonate with a personal awareness of who we are (Lester, 2019: 66). The Period Party used the presence of resilient active individuals to bring awareness and resonate with others who still need to develop their engagement with resilience, providing a sense of community

Presence, however, is not enough to affect others and engage with resilience-building. The resilient person can be recognized as a political and public agent through labour, actions and participative responsibilities. Affectional gestures may be the way by which they operate to encourage shared patterns of narratives and, by extension, a sense of empowered collectivity. A gesture is a movement that unfolds among intersubjective interaction and necessarily inscribes itself in a story that has restrictions and inertia. The expression of emotion is, therefore, an intersubjective event and a developed narrative can reveal itself useful to explain its significance (Citton, 2012: 91). An affectional gesture forms the relation between personal individuation and social lives, giving a face to particular subjectivities (Citton, 2012: 95). These gesture can then articulate themselves in the relation between 'what I am affected by' and 'the ones who I affect' through a narrative framework that needs to be re-contextualised to make sense of trajectories (Citton, 2012: 103). The empowerment Melinda, Megan, and Kate spoke of would come out of the collective act of making sense of themselves in an affective therapeutic moment shaped by an affectional institution. Intersubjective movement introduce transformation to resilient vindication.

Megan and Melinda, being on the panel of the Period Party, were both being affected by the event and affected others. The affectional gestures were spoken but were also present through their bodily acts whether they smiled, teared up, nodded, attentively looked at another person while they were speaking, or later hugged someone else. Their actions were the bridge between affectional gestures to politically engaged demonstrations in empowerment. Spoken and enacted gestures were meant to reinforce *l'être-en-commun* (Ricœur, 1985), empowered by subjects being affected by one another and being the ones who affect. It however transcended past the event of the Period Party. Affectional gestures are politically engaged demonstrations of resilience that produces feelings of authenticity and empowerment in daily actions and thoughts. Personal

existence operates through the potency of psychotechnologies that act on everyday liberal aspirations and the very occurrence of affectional gestures. The human technologies used to achieve singular and collective therapeutic remodeling function on the premise that they can easily be attached to mundane actions and an undoubted sense of identity and character.

Technologies Bound to the Soul

Seeing resilience as a product of circulating narratives in a public sphere, the cultural power of narratives when central to human experience causes a kind of empowerment when speaking of trauma (Young, 1995). The power of narrative stories does not depend on a way of thinking. To circle back to the question of a technique of the self, empowerment in narrative emerges out of an intellectual technique. "[It's] 'idea' here are bound into ways of seeing and acting: technologies" where reality is made thinkable and practical in a different and certain way (Rose, 1998: 83). It was people like Melinda and Megan who revealed narratives as a human technology for wellbeing when empowerment is considered an essential affect to a resilience-based therapeutic approach. It is not only a cultural product of an intersectional feminist approach. It responds to the possibility of different kind-making or *être affecté* (Ricoeur, 1985) that is absent from the dominant biomedical system and approach to psychology.

In the following conclusion, I would like to trace and deepen therapeutic affects, from narrative transformation, to Hacking's conception of reworking the soul. Affectional and empowered agency that emerge from a process of individuation here binds technologies of the self to a secular idea of the soul. Re-shaping narratives and realities, as it was mentioned by Megan, expends affective and politically charged actions towards politics of the soul. It is to see the soul as a centre for choice making, character, and self-understanding (Hacking, 1995: 215). Actions, feelings, and lived experiences speak to the procedural formation of character while clients and

counsellors are brought to understand it in therapeutic context. Resiliency practices are a therapeutic mode that engages changes at an intimate level of personhood, productive to new forms of posttraumatic wellness.

Conclusion: The Critical Usefulness of Therapeutic Affects in Resilience

Review

“[...] specializing in empowering all people to live authentic, meaningful lives. Our goal is to equip you with the tools and self-knowledge to manage emotions, overcome anxiety and depression, achieve your goals and see the world in a new perspective.” I had looked at these lines many times already. I had listened and interacted with counsellors that embodied the short description of their psychotherapy practice. Having spoken to Melinda the most, I couldn't help but think that her narrative was a direct representation of what it meant to be resilient, a new kind of person. Her excitement and engagement towards her resilience-based practice were almost contagious on many occasions. Resilience Summit maybe offers a new model for psychotherapy and resilience-building in an intersectional feminist approach to traumatology. And yet, I eventually needed to take a step back from the excitement and engagement I had experienced in fieldwork. The private practice is rather positioned between a push and pull of what has already been done and new apprehensions of resilience discourses.

The conceptual use of resilience has gained much popularity since the 1970s, positioning post-trauma resilience parallel to the paradigm of Posttraumatic Stress Disorder to offer a new possibility for healing and a new understanding of illness and suffering during the course of a neoliberal turn in psychiatry. Resilience places itself in the range of possible posttraumatic responses, challenging assumptions made in psychiatry on PTSD symptoms. In this thesis, I have shown how suffering and vulnerability becomes a source of authenticity rather than a source of a pathological illness. Authenticity is a product of seeing ‘truth’ as a locus for personal experiences that lead to a project of reconfiguring the self and found in the unique memories of suffering. Being an authentic self comes out of posttraumatic growth and self-transformation at a conscious level where the individual is considered to be true to oneself. Resilient subjects are considered to be epistemically authentic (Lester, 2019: 166) after being changed by a therapeutic reform that encourages them to reach personal desires and aspirations of wellbeing in the aftermath of trauma.

Applying my own experience and curiosity to the concept of post-trauma resilience, I've approached resilience as a paradigm capable of changing subjectivities because it permeates everyday feelings and actions. It does so by utilizing the flexible framework of resilience, as both inherent and especially cultivated, to create new capabilities, existential perspectives, and relationships in a therapeutic social network. There is a co-construction of resilience through an affectional labour of re-working life narratives to achieve a sense of liberation and empowerment because individuals are now capable of forming new realities alongside a collective. A new sense of resilient identity can follow even if the notion of trauma remains vague in the context of my fieldwork. Trauma is black boxed as an adverse past experience involving suffering that needs therapeutic intervention to make sense of a new kind of person. However, Resilience Summit operates by means of the same affective governance which has been seen in contemporary resilience neoliberal discourses (Gill & Orgad, 2018). I would like to debate whether this practice is a break or extension of these discourses that include the past privatisation of mental health care.

The concept of resilience is first apprehended through the pathology of trauma where the conditions of victimhood and survivalhood can lead to professional knowledge claims about the role and responsibilities of therapeutic practitioners. Resilience Summit depends on the lived experiences of trauma and suffering of each counsellor to better offer transparency and empathy with their clients. It is assumed that everyone participating to Resilience Summit has suffered from traumatic events or experiences of hardship. This builds a divergent client-counsellor relationship when the counsellors accept that they also need therapeutic intervention even after completing educational requirements and training in psychotherapy and traumatology. They think possible to minimize toxic professional authority and hierarchy with their clients in this manner. They aim to offer common experiences of victimhood to co-construct resilience with their clients by using

transparent and experiential knowledge claims. Additionally, personal vulnerability is acknowledged as an essential component of professional development, encouraging the counsellors to influence each other towards a stronger sense of resilience. Counsellor wellness is at the foundation of the resilience-building practice. Under the work of Melinda, they subsequently produce a subversive epistemic community that renders an alternative style of thought possible by producing new experiential and ‘emotional’ knowledge claims to navigate and mitigate against binds, tensions, and expectations that are held in the dominant PTSD paradigm. What is connected to the irrational, such as the explicit use of emotions to produce reason, challenges normative understandings of posttraumatic suffering and healing to achieve better wellness.

With new emotional affordances and an emphasis on the value of suffering, experiences in time are approached differently from the usual understandings provided by the PTSD model. Instead of apprehending a past that pervades the present and future, justifying the need for medical intervention, past traumatic experiences are re-described and re-felt to cultivate posttraumatic growth. The present is a *point-source* from which the resilient subject can potentially and procedurally develop by affective modulation and regulation. Clients are invited to be affected by their trauma and suffering in time to grow an ability of self-governance as they start to change their life narrative from a sense of impairment to a sense of self-fulfillment. There is a transformative act of the self that is initiated by the co-construction of resilience between the counsellor and client during private psychotherapy sessions. Identity is linked to a personal historicity of adverse past experiences that includes suffering to offer an alternative potentiality, opposing the traumatic subject and victim. There is the possibility of narrative agency when understanding that a person can have an internal locus of control by adopting value guided actions. Value guided actions assure that the individual is actively engaged to be a resilient subject after

re-assessing their lived experiences in time. Taking actions while apprehending new ways of feeling and self-understanding are also demonstrations of posttraumatic growth. Still, there is the possibility of being affected further in interconnection with others outside of private psychotherapy sessions.

A new sense of resilient identity and engagement can be developed further by placing the individual in an *être-en-commun* (Ricoeur, 1985) by shared patterns of narratives and confessions of intimate experiences of hardship. Anonymization is considered to be counterproductive to a sense of community that aims to relocate individuals from isolation to an authentic collective empowered by resilience. With a first public therapeutic event, a Period Party, circulating narratives are used as a human technology to produce a desired human conduct associated with true or authentic personhood (Rose, 1998: 88). Through affective gestures and techniques of the self, individuals are then capable of affecting one another, influencing each other's narratives yet again, to concretise acts of resilience in a transition from the private to the public. There is a political active engagement to a constructivist language of resilience against common experiences of oppression, hardship, and societal expectations. Collective empowerment becomes a vital component, during the Period Party, to provoke kind-making in a shared form of posttraumatic wellness. Engaging intimate levels of personhood, there is the recognition of a resilient character that implies a personal and profound connection to the soul. This resilient character could possibly be useful to set itself in a broader social structure.

Between a Critical Perspective & Usefulness

The broader trajectory of the conceptual use of resilience, and more specifically post-trauma resilience, emerges as a fashionable concept for individual psychology and the psyche of daily life after a traumatic event. Resilience becomes a signifier to navigate and mitigate pain, risk,

hardship, suffering, and more broadly unhappiness (Gill & Orgad, 2018: 491) through the psychic agility to transform negative experiences into an opportunity (Gill & Orgad, 2018: 490). The idea of affective governance is not a new one within the psychotherapy practices of Resilience Summit. Affective governance and resilience have already paired together well as resilience neoliberalist discourses took on more and more popularity in the face of vulnerability and risk, whether at a collective or personal level. It specifically plays on elements of vulnerability and suffering from trauma to justify posttraumatic growth as an ethical and moral responsibility. ‘Becoming the best self’ implies the affective reorganization of vulnerability into a positive attribute for building resilience. The psychic life of neoliberalism, directing daily life, wellness, and access to healthcare, is, in fact, central to affective governance in the social structure (Gill & Orgad, 2018: 91). With the addition of resilience discourses, the character of neoliberalism shifted, in a psychological turn, (Gill & Orgad, 2018: 478) to better understand suffering and trauma as an essential component of a collective history and narrative, effecting useful transformation and policy implementation.

General critics of neoliberalism have, however, also introduced critics of the resilience model as it often embraces the trope of a certain kind of person from a certain kind of background. To be more specific, it embraces the more privileged and well established in a neoliberal society. Melinda and other counsellors indeed felt uncomfortable with that idea, being influenced by a Marxist feminist perspective. Her private practice is accessible to those with higher socioeconomic status but can be unaffordable to others. Melinda worried that her practice would remain inaccessible to the less socioeconomically privileged and larger population needing to access mental health services if she could not eventually generate enough profit to increase access to her private alternative service. This is why she comforted herself with the idea of ‘infiltrating’ capitalism. She specifically used ‘infiltrate’ to describe her discontent with capitalist modalities

and her lack of choice. Many counsellors, on the other hand, presently work with less privileged groups and communities with external contracts to maintain a balance. Psychotherapy, in a neoliberal climate, often becomes a luxury for those who can afford it instead of an accessible commodity covered by healthcare insurances. Melinda hoped to eventually be able to reach underprivileged communities with her practice if psychotherapy could become more largely accessible.

When addressing the marginalized, underprivileged, and structural violence that acts upon them, the conceptual model of resilience still deserves suspicion and a critical perspective. Then again, the work of Laurence Kirmayer with aboriginal communities in Canada also demonstrates its usefulness. The general flexibility and conceptual adaptability of resilience can be used to argue for enduring cultural values and identity renewal in the framework of colonisation, systemic oppression, and persisting marginalization (Kirmayer & al., 2011: 88). Mental health is enhanced with resilience when “collective efficacy strengthens individual efficacy and so makes individuals feel more capable of addressing their own needs.” (Kirmayer & al., 2011: 89). The personal and collective agency that is presented with resilience-building becomes important to counter marginalization and oppression with political activism, reconciliation, and empowerment (Kirmayer & al., 2011: 89). This can only happen if the systemic and ecological roots of resilience are taken into account, demonstrated by an aboriginal approach (Kirmayer & al., 2011: 85). Contrary to the popular use of the resilience discourse, the ability for resilience has social roots that contribute to an individual psychological characteristic (Kirmayer & al., 2011: 85).

Resilience Summit finds itself in the between, using a resilience discourse appropriate to its developing neoliberalist trajectory while also having an intersectional feminist approach to traumatology offering a collective and systemic explanation to social conditions. Even when trying

to break away from dominant practices of scientific authority and the established view of victimhood in the PTSD paradigm, Resilience Summit still faces the challenging individualizing nature of psychotherapy. Drawing from the movement and creation of independent alternative services from the 1980s onwards, Resilience Summits attempts to give a better voice and agency to mental health patients against professional enclave while also inevitably falling into its neoliberalist side-effect of consumerization (Rose, 2019: 157-158). The intersectional feminist application of values may counterbalance the neoliberalist side-effect by acknowledging the flaws in the social structure that would perpetuate anxiety and mental illness. Using resilience as a prototype, a point of logic for an assemblage between suffering, posttraumatic growth, and transformation of personhood, the resilience neoliberalist discourse is altered to recognize the labour of resilience-building as continuous work in a society that perpetrates continuous hardship. In the contemporary use of the popular resilience discourses, the daily labour of building resilience is usually ignored to justify individual failure or success as a resilient subject (Gill & Orgad, 2018: 490).

There is then an emphasis on posttraumatic growth through narratives and, similar to Kirmayer's account, an attempt to establish shared common narratives to nurture empowerment and resilient authenticity. Transposing narratives into the public, rather than the private, would have a stronger therapeutic effect when encouraging collective and individual efficacy as active transforming resilient subjects. The therapeutic event of the Period Party experimented with circulating stories to achieve cultural power in resilience and articulate a new identity (Kirmayer & al., 2011: 86) that grounds itself in a character shift. Resilience Summit attempts to produce a more substantial collective agency and a subversive epistemic community to counter oppression, affirming new kinds of resilient people that have not been addressed in the popular use of resilience

discourse. Nonetheless, the individualizing aspect of psychotherapy also maintains Resilience Summit between opposing uses of resilience that benefits different people in different settings and limits its alternativeness. The private alternative counselling practice is constructed within the tensions that make resilience a critical and useful model. The degree to which they can efficiently appeal to the character of a person's soul while affirming core values and attitudes to counter challenges and create new solutions (Kirmayer & al., 2011: 86) is currently unclear.

Politics of the Soul

The appeal that Resilience Summit has is built to set itself in social structure and gain a wider community based on resilience practices that are not merely a coping mechanism, but a phenomenon (Tedeschi & Kilmer, 2005: 233) of posttraumatic growth and transformation through the cultural power of narratives (Young, 1995). The resilience-building practices in psychotherapy makes a connection with the potential of a 'best self' by living an authentic and meaningful life. There is an engagement of an intimate level of personhood that I understand as a secular representation of the soul, as developed by Ian Hacking. Thought of in terms of character, reflective choices, and self-understanding (Hacking, 1995: 215), the soul is a philosophical representation that withholds values for many types of freedom and responsibility in an enduring western vision of the human being (Hacking, 1995: 35-36). The soul is therefore not a single essence or one single point that is the core of personality identity (Hacking, 1995: 6). It would be better seen as a locus, combining different aspects of a person (Hacking, 1995: 6) just as resilience is a prototype, a point of logic from which it combines multiple related concepts (Hacking, 1995: 83).

Systems of knowledge in psychotherapy interact with the formation of new kinds of being and the character of the soul here comes into play as a valuable component of the resilient subject.

In the framework of PTSD and discerning memory, the soul is also a locus for memory, a locus for an internal dynamic of re-described memories where past sufferings carry new meanings for new actions, intentions, and events (Hacking, 1995: 6). The value of suffering connects to the soul to integrate growth, postulating time and memory as a necessary element to self-awareness in reorientation, and finally a dynamic sense of changing identity. The past is politically changed to modify future wellbeing. When thinking of resilience in terms of a prototype, there is a multiplicity of connecting understandings and concepts to explain the meaning and practical (Hacking, 1995: 83) use of resilience in clinical work. The counsellors and clients change ‘perspective’, at a point of logic where new opportunities for actions are offered (Hacking, 1995: 239). That new opportunity for actions marks Resilience Summit's acknowledgement of the labour required in resilience-building. Actions specifically changes a narrative and their causal story since it is tied to the conceptual space where one can speak, think, and feel in daily life (Hacking, 1995: 94) according to knowledge claims on resiliency.

Patterns of capabilities, impairment, and resilience are interdependent when speaking of the value of suffering to the formation of new realities and narratives. It is also to be shared in a collective pattern of healing to avoid anonymity in a community (Ricoeur, 1979: 26) and present a ‘true’ authentic self, gaining active agency. Even so, cultivating resilience also implies the development of a specific kind of personhood that includes freedoms and responsibilities as an empowered resilient subject. Resilience practices in psychotherapy make individuals responsible to let themselves be affected by and affect others. They are then supposed to actively participate in the strengthening of themselves and by extension, to the collective strengthening against oppression and socially acceptable expectations of healing trajectories in psychotherapy. Affects are to be deepened in interconnection with larger amounts of individuals in a broader discussion

for resilience in mental health. The new kind of person, actively forming in a new prototype construed through lived experiences of suffering and hardship, is brought to think of how they are affected by personal change and how they affect through it. There is affective governance of the soul to freely achieve decision-making and reality-making while enacting responsibilities in resilience-based practice.

However, the character transformation of the soul can imply that the 'best self' is a necessary ideal that the resilient individuals are responsible to include in their narrative to be empowered and empowering. The new kind of person is an idealized one that justifies the need for agency and collective strengthening in a social system that requires change. The best example of that ideal was held by Melinda, as the founder and clinical director, who is seen to have an evocative professional and personal resilient narrative. Through her responsibilities as a clinical director that values counsellor wellness, she also strongly affects others by guiding the counsellors that she works with towards professional and personal healing, self-understanding, and confidence. She is then seen as a source for the diffusion of resilience authenticity to counsellors and clients. Melinda believes that she still has to strive for a better self and that the labour to become resilient is continuously ongoing. Even so, she is often seen as an example of what an idealized resilient person would look like, having the necessary agency and narrative to politically argue for a 'best self'. Her actions and intentions have well meshed to posttraumatic growth and public assertiveness.

Melinda becomes central to a prototype effect where a prototypical resilient subject is formed according to an idealised narrative and, in contemporary New Age culture, to a present-centered form of awareness taken from Buddhism that translates to mindfulness. The contemporary notion of mindfulness is used to quiet discursive thinking coming from trauma-

related distress and holds a strong value in positive mental health (Kirmayer, 2015: 456). Melinda is explicitly vocal about this form of awareness and promotes her engagement towards the continuous cultivation of resilience. There is a consequent sense of liberation and empowerment because an ideal suddenly seems possible and attainable. It is no longer a question of potentiality, but an embodied reality where the positive attributes of the human psychology found in post-trauma resilience are made to be prototypical ideal strategies against trauma in the context of social austerity. The ideal resilient narrative is seen as a powerful element of an agentic identity that relies on the premise that this narrative may begin as a fictional representation that is later found to be real and concrete through collective reinterpretation and affective governance. The concept of resilience and prototypical resilient subjects are useful to avoid anonymity, isolation, and despair which may contribute strongly to the risk of mental illness. And so, the ideal resilient narrative in a prototype effect is also useful to create a hopeful community that can legitimize their actions to assure psychological wellbeing against perpetual hardship. The prototype effect provides a reason for the existence of a resilient collective apprehending ideal narratives.

Similarly to literature on alternative medicine, however, I question the degree to which Resilience Summit may be ‘alternative’. An idealised representation of an attainable resilient subject has previously been found in the previous uses of neoliberal resilient discourses, often in diffused media designed to encourage individuals to freely embrace resilience to achieve higher life quality against common adversity (Gill & Orgad, 2018; Young, 2005). The ‘responsibility’ for resilience-building has been found to be quite efficient in public health and I wonder to what extent Resilience Summit may have adversely adopted this past rhetoric even when attempting to address systemic oppression, injustice, and violence. With the idea that resilience is an inherent capacity available to all that can affect the human soul, the responsibility for resilience-building also ignores

the possibility that not all people might be resilient. The private practice certainly participates in an ethical culture of liberal aspirations in psychotherapy that ties government and citizenry to a rational management of existence where a better truer self is freed (Rose, 1998: 97).

“Indeed from the very beginnings of liberalism as rationality of government, what was sought were the ethical techniques that would make it possible to reconcile the requirement that human beings conduct themselves simultaneously as subjects of freedom and subjects of society” (Rose, 1998: 98). The incorporation of technologies of the self to psychology make an inseparable connection between ethics and politics that make an individual part of social arrangements through regulated acts of choice instead of constraint (Rose, 1998: 98). Through the prototype effect, there is an engagement to resilience-building to maximize a personal quality of life to reinterpreted mundane aspects of everyday life towards personal authentic worth and identity (Rose, 1998: 98). Resilience Summit still embraces the trope of a resilient personhood that is ultimately real and achievable no matter the circumstance, now made explicit more than ever in troubled uncertain times.

Resilience in Troubled Uncertain Times

The psychic agility to transform negative experiences into an opportunity (Gill & Orgad, 2018: 490) is central to a relationship that places value in suffering and connects to the ability and cultivation of post-trauma resilience. I cannot discuss resilience discourses and practices without speaking of the current negative experiences of the global pandemic of the coronavirus, a moment marked by troubled uncertain times. Amidst sentiments of anxiety, uncertainty, paranoia, and regulations, there is a constant readjustment of daily routines from confinement, lack of in-person interaction, to potential sickness. The interaction between fear, isolation, and sickness has given space to a vulnerability frenzy when contagion seems to quickly become life-threatening to many

and isolation becomes threatening to mental health stability. In a moment of international crisis, where disparities and the (in)efficacy of the health authority and national economic policies suddenly becomes more visible, there is indeed a production of "new ways of being, relating, and apprehending the self" in the context of increasing austerity (Gill & Orgad, 2018: 478). There are a sense and a need to become stronger because the current situation of COVID-19 has exposed individual, collective, and societal vulnerabilities in the face of a global pandemic causing chaotic repercussion in the social structure. Resilience appears from a distinct psycho-cultural phenomenon ingrained in historical development (Young, 2005: 56).

Many similarities can be drawn from Allan Young's analysis of the diffusion of PTSD through media and the development of resilience strategies in the aftermath of 9/11, a previous national crisis framed by terrorism. In both cases, significant signs of anxiety in the mass public are apprehended as a psychological response to a moment that can be understood as traumatic even if one's life is not directly threatened. The coronavirus pandemic may even perpetrate a double sense of anxiety. The first is enabled from the fear of contagion and physiological sickness that has been very well diffused in national and international media reports communicated by the public health authority and political leaders. In my perspective, this heightened fear and sense of vulnerability to the contagious nature of the virus, diffused by mass media, has then assured better individual compliance to the implemented and regulated practices of confinement and self-isolation to slow the spread of the virus. Citizens would be deviant otherwise when individual responsibility for healthcare has been made necessary to collective wellbeing. The second source of anxiety thus stems from the many months of isolation, contributing to a mental health crisis. Loneliness, feelings of possible depression, unproductiveness, acute socioeconomic disparity and

injustice, and fear in isolation may all contribute to intensified anxiety and perceived vulnerability seen as personal and collective struggles.

Even if the implementation of resilience policies are encouraged by national internal security, personal and collective resilience are developed in a culture of education that emphasizes public mental health to mitigate anxiety reactions (Young, 2005: 49). Citizens would then be better prepared and able to appropriately respond to possible worse future pandemics. As the focus for public health resilience strategies may develop furthermore in the aftermath of the coronavirus pandemic, preliminary attention for resilience has appeared in media as an ability to be desired in a troubled moment as well as for future assurance. The topic of resilience in public media has concentrated on various sub-topics such as the management of fear, coping mechanisms in the face of adversity, social anxiety, cultivating resilience from trauma therapy, what makes some people more resilient than others, reconfiguring survival as striving, and the mastering of the art of time travel to reassess past experiences and focus on future projection. These articles reflect resilience as conceptually grounded in positive psychology. They focus on the positive aspects of human nature in hardship to perceive a silver lining (Tedeschi & Kilmer, 2005) in the consequences of the global pandemic. In other words, it is an opportunity for growth and cultivation.

The notion of posttraumatic growth in resilience, more distinctively developed at Resilience Summit, is useful to mark vulnerability and suffering in an important current moment. In a time of transition, there is an attempt to achieve a future social and structural resilient moment. Individuals are encouraged to learn of the inherent capacity of resilience but also to learn how to build their resilience ability through the current media. Individuals can better affectively govern their responses and behaviours in a time of crisis by perceiving themselves as a different person. Individual growth then implies a collective growth rooted in the social structure. While Young

articulates the fact that resilience becomes a strong signifier for self-esteem and life changes after a negative experience (2005: 54), outlined by enthusiastic participation, confidence, and determination (2005: 50), I would push further to propose resilience as a signifier for an empowered neoliberal self. Resilience becomes a proponent for positive psychology, pairing well to self-help approaches in healthcare, constructed in neoliberal societies.

As this may seem like a continuation of past uses of resilience neoliberal discourses, I would also focus on the disparities, injustices, and violence that have been made more visible under the circumstances of COVID-19. From economic fragility to the Black Lives Matter movement, and to shaming narratives in social media of 'doing it wrong' including body shaming and noncompliance to health authorities, organizations with similar intersectional approaches as Resilience Summit have also paralleled mainstream articles of resilience, aligning its usefulness towards the marginalized and underprivileged. For instance, I was not surprised to notice articles and social media posts in my news feed that illustrated how abuse victims may be forced to stay under the oppression of their perpetrator at home and/or when oppression is occurring in the context of limited financial aid and income. I knew this would be a subject important to Resilience Summit, having an intersectional feminist approach, along with the call for activism from the Black Lives Matter movement. With a specialization in interpersonal violence, what kind of client demand will it potentially entail when the isolation encouraged by health regulations and governmental policies seems to also be correlated to an increase in interpersonal abuse? With continuous hardship that is potentially aggravated under the circumstances of the COVID-19 pandemic, discussions that surround resilience might also be adapted to incorporate narratives ignored by self-help approaches.

The pandemic of COVID-19 then invites further questions for an alternative private counselling practice in a specific time and event. With a new future riddled by uncertainties, economic instability, changing social relationships and altered accessibility to services, alternative services who are not covered by the main health authority are bound to be affected differently. Even though they now have a bigger space for their services including thirteen offices, a waiting room, and online services for their clients, the roles of the counsellors and their resources can be changed. I particularly wonder of the situation of the counsellors recruited to act under both the dominant health care system and alternative services when they are already concerned with burnouts and vicarious trauma. The Pandemic marks a time for further understanding into the prototype of resilience and neoliberalist discourses with the involvement of professional and personal resilience labour in a moment that is particularly described by vulnerabilities. Most importantly, within a stronger affirmation of neoliberal resilience discourses, how will organizations like Resilience Summit maintain a partial break from neoliberal rhetoric of self-help that isolates the marginal and silences injustice and disparity? How can post-trauma resilience still be used as a useful model for contemporary modes of healing and wellness in the aftermath of a traumatic event? It might be impossible for Resilience Summit to break away from its attachment to neoliberal discourses to serve a collective that includes marginalized unprivileged groups because it cannot overcome the paradox that psychotherapy is designed for individuals and individualizing. The paradoxes of resilience, as both a useful and critical model, are embedded within that professional tradition.

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