



Standing upright against trauma and hardship: Checklists of innovative moments of social and psychological resistance

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Abstract

Trauma represents a profound and emotionally intense experience within the human condition. Beyond its evident impacts on both the physiological and psychological dimensions of an individual, this complex phenomenon encapsulates moments of resistance and strength in the face of adversity. From a narrative standpoint, individuals invariably manifest unique responses to trauma, which necessitate a close and nuanced examination for recognition and comprehension. This article proposes a framework for the systematic collection and organisation of diverse responses to trauma through a checklist of innovative moments of social and psychological resistance, contributing to a greater comprehension of this intricate phenomenon.

Key words: *trauma; checklist; documentation; double listening; narrative practice*

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This article presents an adaptation of the “checklist of social and psychological resistance” developed by David Denborough (2008) to create, develop and disseminate unique outcomes in the face of trauma and hardship. The adapted checklist applies the typology of unique outcomes developed by Marlene Matos and colleagues (2009) to elicit a wide range of responses that may have been previously unrecognised.

Using narrative therapy to address trauma

People’s lives can’t be fully described by a single story, even when one has become dominant. Narrative therapists listen for and gently elicit alternative storylines that might “thicken” a “multi-storied” account of a person’s experience (White, 2004). Through this process, a preferred sense of identity can be developed that offers a wider range of possibilities for living.

When persons have been subject to significant hardships or trauma, particularly if recurrent or ongoing, they can lose touch with a strong “sense of myself” (White, 2004, p. 27). People find it difficult to know how to go in life, how to move forward with any plans (White, 2006). It can be particularly hard for them to articulate what they value (White, 2004; Yuen, 2009). To help reconnect people with a preferred identity and their own knowledge and skills for living, narrative therapists focus on identifying steps people have taken in response to the trauma:

No-one is a passive recipient of trauma. People always take steps in endeavouring to prevent the trauma they are subject to, and, when preventing this trauma is clearly impossible, they take steps to try to modify it in some way or to modify its effects on their lives. These steps contribute to the preservation of, and are founded upon, what people hold precious. Even in the face of overwhelming trauma, people take steps to try to protect and to preserve what they give value to. (White, 2004, p. 28)

Narrative practice suggests two steps to follow. The first is restoring a preferred sense of identity through finding out what a person has given value to through their responses to the trauma, what they have tried to preserve or continued to “hold precious” (White, 2004, p. 28). Once this has been established, the second step is to uncover further responses that are highly affirming of the person’s value system.

These responses to trauma ... are shaped by certain knowledges about life and skills of living. The steps that people take in the midst of trauma, and in its aftermath, that are invariably disqualified or diminished within the trauma context, are founded on knowledges of life and on skills of living that have been developed in the history of their lives, in the history of their relationships with others. Therapy can become a context in which these steps, and the knowledges and skill that they represent, can become known and profoundly acknowledged. (White, 2004, p. 29)

In this way, narrative therapy approaches to trauma diverge from normative mental health responses. Rather than seeking to diagnose disorders or focusing on addressing symptoms, narrative therapists emphasise understanding people’s unique responses. These responses are informed by their personal values, beliefs and cultural context. Exploring these responses can empower clients to navigate their healing journey. This avoids imposing a predetermined framework about what constitutes a “healthy” response. Instead, the therapist listens carefully to each person’s story and acknowledges their agency.

Many specific narrative methodologies have been developed on the basis of this understanding. These methodologies aim to discover and to develop rich stories about people’s lives and identities. Alternative “checklists” are one such methodology.

A checklist of social and psychological resistance

In mainstream psychology, checklists are widely used to determine whether individuals are suffering from a “mental illness”. These instruments are used to identify the presence of specific “symptoms” indicating, for example, anxiety, depression or post-traumatic stress disorder, and to quantify their frequency and extent. Such psychological assessments can reinforce a problem-saturated description of identity, positioning people as damaged or dysfunctional. Even worse, in the process of administering these checklists, people may be invited to revisit painful experiences without proper support and guidance, thereby intensifying their distress and undermining their sense of control over their own story.

In response to the dissemination of checklists like these to people working with communities affected by violent military conflict in Lebanon, David Denborough (2008) developed an alternative checklist, in consultation with Mohammad Safa, to identify “signs of social and psychological resistance” (2008, p. 131). This checklist was designed to be used alongside the diagnostic

checklists or in place of them. Rather than seeking to identify symptoms of illness or signs of distress, Denborough’s checklist was populated by examples of responses to trauma, based on those Safa had identified in local communities. It also contained space for new categories of resistance to be added (see Figure 1).

Many times	More than once	Once	PART 1: DURING ATTACK	
			Tried to protect themselves during attack: physically and/or emotionally	1
			Displayed acts of caring, concern, comfort for others during attack (may include caring for children or other adults)	2
			Received comfort from others during the attack (was able to take this in)	3
			Displayed acts of caring for oneself during attack	4
			Displayed acts of dignity or pride during attack	5
			Found ways to hold onto hope during attack: may include spiritual, religious practices	6
			Displayed acts of bravery during attack	7
			Found ways to encourage others during the attack	8
			Tried to stay connected to others during the attack (either in person or via radio)	9
			Found ways to stay in touch with what is precious to them about life during the attack	10
Many times	More than once	Once	PART 2: AFTER ATTACK	
			Displaying acts of caring, concern, comfort for others after attack (may include children or other adults)	11
			Receiving comfort from others (is able to take this in)	12
			Taking steps to try to reclaim items of significance from the destruction	13
			Making plans to rebuild what has been destroyed, or to build new lives	14
			Speaking with others, or listening to others, about experiences during the attack in ways that contribute to feeling joined and stronger	15
			Displaying acts of dignity or pride despite living amidst destruction	16

Many times	More than once	Once	PART 2: AFTER ATTACK	
			Able to find joy in small moments within life	17
			Able to connect with humour, irony in life	18
			Linking with others through song, music, prayer, art, & so on, to share experiences, sorrows, hopes & dreams	19
			Finding ways to take action either individually or with others that are in accord with what he/she hopes or dreams for their life	20

Many times	More than once	Once	PART 3: HONOURING AND REMEMBERING THOSE WHO HAVE BEEN LOST	
			Remembering those who have died	21
			Joining with others in this remembrance	22
			Honouring the lives of those who have been lost: through sharing stories about them	23
			Honouring the lives of those who have been lost: through religious practice	24
			Honouring the lives of those who have been lost: through tears and sorrow	25
			Honouring the lives of those who have been lost: through rituals, ceremonies, memorials, songs, art	26
			Finding ways to speak about what the person who has died contributed to others and how this legacy of their life is continuing	27
			Honouring the lives of those who have been lost by taking actions that are in accordance with the values and wishes of the person(s) who have died	28

Figure 1. Checklist of social and psychological resistance. Reproduced with permission from *Collective Narrative Practice* (Denborough, 2008). Note that this checklist was designed to be read from right to left because Arabic reads in this direction.

This checklist was designed to assist practitioners by providing a structure for eliciting and honouring acts of social and psychological resistance, and for exploring the values, knowledges and abilities exhibited by local communities in their responses. By emphasising the strengths and coping mechanisms already present within a community, a checklist of resistance can foster new narratives and help sidestep the potentially harmful effects of external psychological influence, challenging psychological colonisation. This approach not only empowers individuals and communities to reclaim their narratives and preferred identities but also fosters a more equitable and culturally responsive approach to mental health and wellbeing.

Denborough’s checklist was designed within a specific cultural context in response to a specific moment of armed conflict and is based on local knowledge and experience. It was not intended to become a standardised checklist that could be applied in other contexts. Instead, Denborough (2008, p. 135) hoped that it might inspire others to create diverse “conversational guides” to elicit local responses to significant shared hardships.

I was inspired to use the idea of a checklist of resistance as a basis for second-story development in my work. Whereas Denborough’s checklist was designed to support collective narrative practice, I was interested in whether a similar checklist might be useful in individual counselling.

Adapting the checklist

I wanted to create a checklist process that could be used to help identify moments in which a person had demonstrated resistance, defiance or adherence to core values in the face of trauma or adversity. Rather than constructing a collective checklist based on a community's experience, I was interested in the potential for individuals to create a personalised checklist documenting their own responses. To help elicit responses, I drew on the research of Marlene Matos and colleagues (2009), who developed a typology of unique outcomes. They distinguished five different types of "innovative moments" (IMs): action, reflection, protest, reconceptualisation, and new experiences:

Action IMs refer to specific actions that are not predicted by the problem-saturated story.

Reflection IMs are all the moments in which the person thinks differently than what one could expect from the problematic story or when the person understands something new that contradicts the problematic story. **Protest** IMs can be an action (like action IMs) or a thought (like reflection IMs), but they are more than mere actions or thoughts, reflecting a protest

against the problem-saturated story and its specifications. **Re-conceptualization** IMs are more complex than the previous ones.

They involve a metacognitive level, meaning that the person not only understands what is different about him- or herself but is also able to describe the processes involved in this transformation ...

New experiences are IMs in which new projects, activities, or experiences that were impossible before, given the constraints of the problem-saturated narrative, start taking place.

(Matos et al., 2009, p. 69, emphasis added)

Although these categories were created to enable coding and analysis of interview transcripts, I was interested in using them to help uncover the range of initiatives that a person might have taken in response to a problem story.

As an additional opening to alternative stories, I wanted to invite people to associate items identified in relation to these categories of "innovative moments" with domains of life, such as family, friends, sport, art, literature, music, religion and so on. Combining these ideas, a checklist template was created using the five categories with the additional dimensions of related area and frequency (see Figure 2).

Category	Item	Related area or people (family, sport etc.)	Once	More than once	Many times
Action					
Reflection					
Protest					
Reconceptualisation					
New experiences					

Figure 2. Template for checklist of social and psychological resistance

Developing the checklist process

To make it easier for people to produce their own checklists, I prepared an example with the help of 12 clients and therapists. I asked each of them: "In what ways have you confronted a problem you are currently experiencing? In which areas is this opposition more evident?" I provided each of these people with the five categories of unique outcome or "innovative moments" to prompt their thinking. Here is an example of one person's personal checklist:

With permission, I circulated people's answers and invited the 12 clients and therapists to offer responses to each other's answers and add to their own lists.

I collated their responses into a sample checklist, leaving space for new ideas. It would also be possible to create a sample checklist that is relevant to a specific type of situation.

Interestingly, across my experience in working with this checklist template, I have so far found that people have been more readily able to identify items in the

Category	Item	Related area or people (Family, relatives, friends, sport, literature etc.)	Once	More than once	Many times
Action	I meet my friends	Friends			
	I take a walk by the seaside	Activity			
	I review old photos	Family			
	I call a friend I haven't seen in a long time	Friends			
	I pray more than usual	Religion			
Reflection	Everything will be fine				
	I have been through something like this before				
	I better stand strong for my children				
	God is always with me				
	This too shall pass				
Protest	This situation cannot continue like this				
	Now, I have to find a solution to this				
	I can't take any more of this				
	It's time to do things differently				
	I can't accept this anymore				
Reconcept- ualisation					
New experiences	We started having family meetings once a week in the evenings				

Figure 3. Sample checklist of social and psychological resistance

“action” and “reflection” categories than in “protest”, “reconceptualisation” and “new experiences”. This might be something that varies between cultures and individuals, and may reflect my cultural context in Türkiye. It may also suggest the need for different questions to elicit items in these categories.

The process of developing this sample checklist was a unique experience for the clients and me, and it was encouraging to find that the idea resonated with people. I have now worked with 20 participants using the checklist-writing process to identify and record their responses to hardship and trauma.

Betül's story

One of the people with whom I have created a checklist is Betül, a 37-year-old woman with three children. She had been diagnosed with cancer three months before we met and had to move suddenly to Istanbul to commence chemotherapy, leaving behind her hometown. Betül found herself separated from many of her loved ones and from all of the things she had done in her previous place of residence. She was a teacher and she loved to teach. The three months in Istanbul had been very difficult for her because the chemotherapy was exhausting, and she worried about becoming separated from her children.

As soon as she sat down at our first meeting, Betül said, “When I found out I had a cancer, I was shocked and didn’t know what to do. Now I feel so alone and powerless. My husband and children are with me, but I think I am a burden to them. I can’t stop thinking about what will happen if I die and what will happen to my children”.

As I listed to Betül describe the hardships she had been facing, I tried to also listen for traces of her responses to the problem story, and also for broader cultural and societal discourses that may have been influencing how she perceived her experiences (White, 2004).

Furkan: Betül, I understand that finding out you have cancer has made you very tired and worried. I can see how much this has affected you – the sudden change of your whole routine and the fear of leaving your family have affected you greatly.

Betül: Yes, this situation is pushing and tiring me a lot. I can’t get it out of my mind. Normally, I am an active person. I come from a family that is

interested in education. I started my religious education at an early age and became a teacher. Now, I have many students. It is difficult for me to leave education and leave my students. Sometimes they call and ask how I am, but it’s hard for me to tell them that I’m having a hard time.

Furkan: Yes, I understand that you had a very active life before the illness. Actually, I am interested in the time before the illness entered your life. Would it be appropriate to talk about that?

At this point, I wanted to focus on parts of Betül’s life that were separate from the problem story. I wondered if this might help us to identify values or skills that had been important to Betül, or perhaps provide openings for the use of externalisation techniques, inviting Betül to separate her struggles from her identity and allowing her to see the problem as external and open to exploration. We began to construct a narrative landscape that honoured Betül’s experiences while also opening up space for new possibilities and preferred outcomes.

Betül: Everything seemed fine before the illness. I’m a bit of a regular person. I try to restrict my actions. When I sleep, when I eat, when I entertain: everything had its time. That is also how I raise my children. It is decided clearly when they will eat, when they will go to bed and when they will get up.

Furkan: You had an orderly and organised life, right?

Betül: Yes, it was exactly like that. Maybe it is very much restricted, my husband would say I shouldn’t be so strict ... We don’t get along very well on these matters. Since he is a more relaxed person, he can act more flexibly.

At this point, I began to think that writing a checklist might be a useful process for Betül to begin identifying and documenting some of the ways she had been resisting the dominance of the problems in her life. I thought this format might help her to connect with the ways she had arranged and organised things in her life as a teacher. When I presented the idea of listing her abilities, values and hopes, and the ways in which she had been enacting them even during the illness, this seemed like a strange idea to Betül. It was hard for her to imagine that she had been doing anything to resist the impact of the illness on her life.

Furkan: I understand that order and organisation are important to you. I see that you have used them to educate your students and teach them new information. How about the idea of ordering and organising the things you are doing while you are struggling with the difficulties of this period of illness?

Betül: What do you mean by that? How can I do that?

Furkan: We could make a checklist together to help us see what you've been doing during your illness. This is something I have done with other people. If you want to see how a checklist like this is used, I can share with you one I have prepared earlier with other people to help get us started.

Betül: I don't understand. I haven't done anything during the illness. I've abandoned the things I used to do. How can I organise what I've done when I'm being completely useless? That doesn't make much sense to me. I don't know what I'd write. There is no action or reflection in my life to write in a checklist. I've given up on

everything I used to do. I'm just getting chemo and spending time at home tired. I'm not sure I can do this.

Furkan: I understand the feeling that you haven't done anything. You said that you are doing less now compared to your previous active life. However, I am a little sceptical that you have been doing nothing. How about making a decision after looking at the prepared checklist? If none of the previously written items suggest anything to you, then we can stop doing this. But if you don't want to do that either, we won't.

Betül agreed to take a look at the sample checklist. As she read through, some of the things she was already doing began to become clearer, as did some possibilities for things she could do. Betül decided that she would create her own list. Each item was like an area she was discovering for the first time: a door to a new landscape of action or identity. This list was a treasured unique outcome for me. Here is Betül's checklist:

Category	Item	Related area or people (Family, sport etc.)	Once	More than once	Many times
Action	Eating ice-cream with my children	Family			X
	Making an illustration for a children's book	Art - Painting	X		
	Playing violin	Art – Music		X	
Reflection	Focus on what you are doing			X	
	Enjoy the moment			X	
	Have good thoughts about people				X
Protest	I can protest my impulses about people's behaviour			X	
	I can protest the disease preoccupying my mind		X		
Reconcept-ualisation	The meaning of recitation of Qur'an		X		
New experiences	Visiting Istanbul –old buildings, mosques, Bosphorus				X

Figure 4. Betül's checklist of social and psychological resistance

Betül was surprised and intrigued at having found so many items to list, and she recalled a number of occasions on which she had enacted each item.

One item on the list appeared to have particular significance. Betül said that a Qur'an recitation she had listened to with her grandfather during her childhood and youth always affected her very much.¹ Listening to it gave her peace, she explained with tears in her eyes. We listened to the recitation together. Afterwards, I asked her:

Furkan: Betül, I see that this recitation has affected you quite a lot. Do you want to talk about it?

Betül: Yes, it reminded me of a lot.

Furkan: Do you mind if I ask what it reminds you of?

Betül: My grandfather was a very religious person, and he wanted to pass on what he knew to us. What he taught us was very important to me. I loved listening to him. After our conversations, he would usually read the Qur'an, but since his eyes could not see well, I would help him to listen to recitations. I was happy to help him, and I was happy to listen to this recitation. At that time, I felt very comfortable and peaceful. Now, when I listen to it again, all those memories come back to my mind.

Furkan: If you could carry this recitation into a different situation in your life, what could be different?

Betül: It could have helped me get over the bad thoughts that came to my mind about death and separation from my family. I think it would have supported me like my grandfather did. Listening to this gives me peace and reminds me of my grandfather's support for me. It really brought me back to the old days. At that time, when I had other problems, it was good for me to talk to my grandfather. This recitation reminded me of the peace of that time.

Furkan: I can see the effect these memories have on you. This recitation seems to have affected you quite a lot. What do you think about carrying this around more, especially when the problem starts to walk around?

Betül: It definitely makes me feel good. It can help me throw thoughts out of my mind faster. It may make it easier for me to focus on other things. It's always good for me to remember my grandfather. Carrying this recitation and the memory of my grandfather with me is totally good for me as well.

Furkan: So, what are the different ways you can carry it with you? How can we make it easy for you to carry it?

Betül: The first thing that came to my mind was to keep it on my phone. I can add it to the top of my playlist so I can listen to it whenever I want.

Furkan: Great! I think this idea will help us a lot. Do you think we need a backup plan for when you don't have your phone with you?

Betül: Yes, I guess my phone may not always be with me, especially when I go to the hospital for chemo, I do not take it with me then. It would be good to have something to remember this recitation in those times. Oh! Maybe I can memorise this part of the Qur'an so I can recite it myself.

Furkan: It seems to me that you are also very good at problem-solving, Betül. This is such a great idea. Maybe you can write it down and carry it with you until you memorise it. This way, you will have the opportunity to read it more often.

Betül: Yes, that is how I will do it. I'm already getting excited.

Furkan: I wonder, what would your grandfather think if he knew that he had contributed to your life in this way?

Betül: [With tears] My grandfather was a humble person. He would have been very happy if he knew that.

Our conversation continued through several sessions during which Betül related ways she used this recitation in other areas of her life. Although Betül was still receiving cancer treatment, it had become easier for her to identify narratives other than the problem story. To support her in doing this, she paid attention to the items she had recorded on the checklist and she kept

adding others. Betül used her checklist to open new possibilities for her life. Each item on the checklist provided points of entry into multiple alternative stories, making it a useful support for me as a therapist as well as for Betül herself.

Note

This recitation is available at <https://youtube.com/watch?v=pMWRPOGiUB0>

Conclusion

When Denborough created his “checklist of social and psychological resistance”, he invited other practitioners to consider adapting it to structure conversations in their own contexts. I took up this invitation, adapting this methodology to use in individual therapy and integrating Marlene Matos and colleagues; (2008) typology of “innovative moments” to help generate alternative storylines about people’s responses to hardship and trauma. In addition to providing openings for identifying unique outcomes, the process of creating a personal checklist prompted by the sample checklist has been a way to centre clients’ agency and knowledge. This has been helpful in addressing the power dynamics inherent in the therapeutic relationship, facilitating a more equitable co-research partnership (Epston, 1999) in which clients can be recognised as the experts on their own lives. I hope that this adaptation of Denborough’s checklist might provide a resource for other therapists seeking new ways to structure co-research with their clients. I would love to hear from anyone who develops their own checklist.

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