

**DENISE LYNN'S
THEORETICAL ORIENTATION
(EOTO EOPO DOCTORAL FELLOWSHIP GOFUNDME)**

When D. H. Lawrence explained why he was ill, Lawrence eloquently stated:

I am not a mechanism,
an assembly of various sections.
And it is not because the mechanism is working wrongly,
that I am ill.

Instead, Lawrence penned that he was ill “because of wounds to the soul, to the deep emotional self” and he contended that these wounds take “a long, long time” to heal. Lawrence also maintained that these deep emotional wounds were the result of “the endless repetition of the mistake which mankind at large ha[d] chosen to sanctify.”

In concrete terms, I would argue that this mistake is violence – the violence of oppression and psychosocial trauma. Violence against women. Violence against children. Violence against those who look, or pray or dress or love a certain way, as well as the historical patterns of colonial exploitation that undergird this dysfunctional way of relating to the self, to others and all life on the planet.

Given this reality, I believe that it is imperative to situate my patients within their social, cultural, economic, historical and mythological context using the works of Dr. Eduardo Duran and Paolo Freire. These models connect the intra-psyche pain that my patients are experiencing to the larger, social-cultural-historical matrix and helps them to tell a wider story. These models also help me to understand how the deep emotional wounds of my patients have been inflicted and how these traumas can be re-negotiated using the perspectives of Dr. Peter Levine and the philosophical tenets of Cranial-Sacral Unwinding. As my patients feel safe and have reparative experiences that allow them to discharge the trauma, they become more whole and move from being objects to empowered

subjects, who are fully capable of identifying the problems in their lives and finding appropriate solutions. As my patients recover, they are also able to ascertain when they have personal agency to effect change and when the problems that they encounter are structural in nature and are beyond their power to impact without radical collective social action.

To facilitate the healing process, I strive to work collaboratively with my patients to identify a diagnosis that most aptly describes the contours of their distress, while encouraging them to view the diagnosis as a metaphor that gives them insight into their current symptoms without claiming this diagnosis as an identity. As a Psychodynamic practitioner, I primarily view the symptoms as a communication that needs to be heeded, rather than a pathology that needs to be medicated. I approach my patients with an attitude of “unconditional positive regard” to create a safe container that will support the psychological unfolding process. I utilize a trauma-informed approach to de-stigmatize my patients’ experiences and reduce shame. I also work with dreams and symbolic materials, identify what “myth” my patients are living and incorporate the expressive arts to give me insight into the work and also to give my patients a sense of the psychological terrain that we will be traversing.

In closing, my approach to the work is humanistic, holistic and non-assimilationist. It has been heavily influenced by Attachment Theory, Critical Race Theory, Decolonization perspectives, systems theory, complexity theory, family systems and empowerment theory, as well as perspectives on feminism, strengths and co-constructivist models of understanding. I am also mindful of the psychological code of ethics, especially regarding privacy, the transference/countertransference and differentials in power.