One and the same hand but five different fingers

A conversation with a Palestinian narrative therapist working amongst her own people

Erling Fidjestøl
Family therapist working at ROBUST – the Church City Mission’s consultation office for children, adolescents and parents. erling.fidjestol@bymisjon.no

This article consists of an interview1 of a Palestinian narrative therapist working with families who suffer from the effects of multiple trauma. The interview provides an insight into the particular considerations, practices and reflections of the therapist as she describes her narrative practice. Along with the interview the author presents the background and context of the interview, in addition to a few supplementary comments.

Interviewee: Nihaya Abu-Rayyan at the Treatment and Rehabilitation Center for Victims of Torture (TRC) in Ramallah
Interviewer: Erling Fidjestøl

The Congress
October 4th 2012 sparked off the Dulwich Centre Foundation International Congress: Narrative Responses to Trauma. The week-long Congress took place in Jerusalem, Tel Aviv and Ramallah. It was held in partnership between the Australian Dulwich Centre Foundation International, the Israeli Barcai Family Therapy Institute and the Palestinian Treatment and Rehabilitation Center for Victims of Torture – the latter serving the better part of the Congress (and the main focus of this article). Attending were therapists, counselors and social workers from Great Britain, Australia, Canada and Norway. My colleagues and I were among the privileged participants of this rare event.

The Palestinian conditions
Life in Ramallah, similar to other Palestinian cities and territories, equals life under occupation by the Israeli state – despite numerous UN resolutions stating
it illegal under international law. The Israeli authorities have for decades exposed Palestinians to mass detentions and torture, causing a continuous and systematic traumatization of the general population. Human Rights organizations state that since the occupation began in 1967, well over 600,000 Palestinians have been imprisoned and tortured by Israeli forces. According to the TRC, «Palestinian children living under the horrible conditions of the Israeli occupation are often the hardest hit. These children are left to cope with and try to understand aggressive bombardments, invasions, brutal ‘sweeps’ [campaigns of mass arrest], house demolitions, closures and restrictions.» This is a land where a person who throws an object – even a stone – is facing a sentence of ten to twenty years of imprisonment (Israel Defense Forces 2009).

The Treatment and Rehabilitation Center for Victims of Torture

The TRC is a non-governmental, non-profit organization that provides comprehensive psychosocial services to survivors of torture and organized violence in the West Bank in the Palestinian Territories. The TRC works to reduce the traumatic and devastating physical and psychological consequences of torture and organized violence and reduce retaliatory acts by offering victims and their families comprehensive medical, physical, psychiatric, and psychological care completely free-of-charge in a safe and comfortable atmosphere. The TRC also works to prevent and combat torture, violence, and impunity through training, research, and advocacy.

As early as 2004, Michael White and the Dulwich Centre started working in partnership with the TRC, and building the capacity of its workers. Over the last years, this partnership has also been supported by the European Commission.

The decision to conduct the interview

It was the first day in Ramallah. We were up for the first presentation of work with a traumatized family by TRC therapist Sahar Mustafa Ismael Mohammed. Sahar introduced us to «Hanna» – a mother she had been seeing for quite a while – and the disturbing, brutal reality of what trauma might look like in a Palestinian context, a reality that contrasted with Sahar’s mild, almost angel-like appearance. Sahar retold the following story. One day in April 2002, during the Second Intifada, Hanna’s husband looked out the window from their family home, most likely to get a glimpse of the hostilities outside. Seconds later, a bullet from an Israeli sniper hit his head; Hanna and their children were watching in a state of absolute shock. As the situation on the outside remained unset-
One and the same hand but five different fingers

tled, they had no choice but to stay in their home. One week went by before they finally felt safe enough to leave the house and bring their dead beloved out and attend to his proper funeral.

I still carry with me – hearing this story – horrifying images from what took place that day. And the following week. These images give rise to despair. When Sahar met Hanna for the first time, Hanna was constantly wearing black. Sahar took us through the progress of consultation, step by step. She demonstrated how she makes use of a narrative approach, calling it «medicine for their painful life» and «a huge help building hopes and dreams.» She told us how Hanna «gradually started dressing more and more colorfully – starting with the scarf.» This too, is an image, albeit an image of an immensely different character. It gives rise to hope.

I remember thinking how despair sometimes has a way of sneaking up on therapists as we encounter people’s traumatic stories – despite the all-too obviously different context represented by our sheltered Western environment.

I remember thinking that if hope and dreams can stem from therapeutic conversations taking place in a country tormented by occupation, apartheid, poverty and political violence, then these therapists are in possession of skills and knowledge of tremendous value for other therapists. This realization paved way for the initiative that staged the following interview.

The starting point: information and building of trust

Thank you very much Nihaya for sharing your reflections regarding your therapeutic work with Palestinian families who are suffering from the effects of trauma. A possible place to start this interview might be: When you start seeing a family who have experienced some sort of traumatic event, usually directly related to the Israeli occupation... what is usually the case, do you meet the whole family or parts of the family?

First of all when I visit a family who have a family member in prison, or who are close to a person exposed to violence or torture... If I find the one exposed to this, I will talk with him and his family, starting with: Who am I? From where do I come? And why have I come? What kind of assistance might I offer? You know, most of the families need to know more about me and my centre (the TRC). After that, their interest in me usually stops. They feel disappointed.
Do they?

Yes. Because I visit them for psychological and social support, not for economical support. So after I have clarified this, their curiosity to know more stops. Because many Palestinian people live in very bad economical situations. Especially those who have been exposed to detention or to many kinds of torture – by Israelis or even by Palestinian authorities – or because of social problems and conflicts... So the one exposed to trauma usually stays to the end of my visit and says something like: «I need you to return to me. I have some things to say to you...»

So you just wait...?

Yes. I introduce myself, introduce my work and how I can help him. I clarify for the family that I understand that they have economical needs. We talk about how this affects their psychological and social life because they are unable to cover all their responsibilities and needs, and how this makes them live under stress. Then I talk about some of the things that might happen to people who have been exposed to traumatic events. This is about building trust, letting them know more...

So you speak in general terms about what people often experience?

Yes. Especially the first time I see the whole family in their home. When those exposed to trauma come to see us in the office it is different; they usually come alone. And they know they have things they need to talk about. But when you visit them through outreach work in their home it is different; because I need to absorb all the family members’ (present at my visit) responses. Also I pay attention to curiosity and sometimes doubts that revolves around me and around the TRC. Particularly because I work with security prisoner families or ex-prisoners, and they are always living under the threat (from the Israeli occupation forces) of being re-arrested, so they have a high sense of security. Especially, many families are exposed to visits from special forces from the Israeli intelligence officers who claim that they come from institutions that work with prisoners’ families and ex-prisoners. Hereby they risk extraction of confidential information that will hurt them and their imprisoned son or daughter. At this point, I focus on providing the family and the ex-prisoner with a sense of confidentiality, trust and security, through telling them that I do not care about the political issues that led to the arrest or any charges that exist against him. I stress that I visit them to offer them a hand regarding the effects left by the difficult events... An important part of this is telling the family or the ex-prisoner my name and my geographical origin, my place of residence, allowing
them to ask me about my relatives’ names and others from my country, and
this gives them a sense of comfort and faith. They learn that the people they
ask me about I might know, or they know me. I underline my professional role
and that my help will be under secrecy and within a professional context. All
this helps both me and them in building bonds in the therapeutic process.

Author’s comments 1
Needless to say, a good therapeutic climate presupposes a certain amount of
trust and respect. Information, transparency and attentiveness are essential
components of what in turn lay the foundation of a safe and comfortable thera-
peutic setting. We should never assume that the decision to seek or receive ther-
apeutic help is made lightly by people consulting us. Rather, we should assume
that there is something at stake. A thoughtful consideration of the potential
risks (in this context, even detention) that people run as they agree to sit with a
therapist might serve multiple purposes: it lessens the likelihood of the therapist
disregarding the many privileges that follow our profession – people’s willing-
ness to include us in their lives, their faith in us, the many ways in which their
stories touch and shape our lives (White, 1997). Also, it might contribute to a
more genuine interest in the uniqueness of that particular family or person –
from the very outset of the first consultation.

Another consideration from a narrative perspective would be the family’s
meaning-making of themselves as they step onto a therapeutic ground – some-
times for the first time. One could expect them to wonder: Who are we now and
what does it say about us that we are consulting a therapist? This question
might be answered through the telling of multiple stories – by family members,
friends, relatives or the local community. As therapists we should not deceive
ourselves into thinking that we do not contribute to the shaping and telling of
these stories. We do participate, through our questions, our statements, through
which aspects of people’s lives that we contribute to the illumination of, and
through any aspects that we might render less important, or that perhaps for-
ever remain in our therapeutic blind spots. Thus, as therapists, we are powerful
contributors to the shaping of people’s lives. This should not leave us to a
restricted mindset, governed by paralysis and fear of action. Acknowledging
that we might participate in the portraiture of people as victims, broken, inde-
pendent, weak, failures – as much as survivors, resilient, autonomous, knowl-
edgeable and skillful – should rather encourage us to maintain a transparent,
socially constructive therapeutic mode that insists on collaboration. Also it
should invite us to hold ourselves accountable for the real effects of therapy on people’s lives.

**Have you discovered something that is particularly useful as you sit with families in this home visit context?**

Firstly, I introduce myself and explain about the TRC. I tell them that the reason I visit this home is because there is an ex-prisoner here, or because this is a family of a prisoner, or a family of a martyr. That I visit them just for support: political and social support. I know they might seek economical support, but I make it clear from the very beginning that that is not something I can offer. I also stress that the help that I can offer might be helpful information to someone outside their family, in case they don’t think they need it themselves. We might talk about that person, and how the TRC might support that person.

Secondly, when I talk about the traumatic events, I try to create space for us to talk about this in general terms: how we as Palestinians living under occupation suffer. But at the same time I suggest how some people are exposed to more violence than others. And I try to invite them to talk about how it has touched their lives more specifically.

*I feel that there is this bond between you and the families due to the fact that you also live under – and suffer from – the occupation...?*

Yes! Of course! One of my own brothers was in prison for 6 years. My uncle for 17 years. I know very well their suffering. I use my experience to help others. All the time I say, «If you want to know others you must know yourself first, know your responses, strengths and weaknesses, help yourself, so you can help others.» My therapeutic skills are gained through my own experiences.

*How important is that?*

Look [Nihaya shows me her open hand], here is one and the same hand... but five different fingers...and maybe some fingers are exposed more to hurt than others... So they [the ‘fingers’] need to just talk together. I tell them, «At least I can listen...»

**Author’s comments 2**

Traditional Western psychology has from its very beginning shown an indefatigable belief in, and understanding of, mental suffering as a reflection of human deficiency. The rapid development of diagnoses and labeling followed by medications and individual treatment programs have since long ago proven this tradition’s remarkable success. Simultaneously, contemporary psychology – and to
some extent the field of family therapy too – regularly turns a blind eye to the discourses that constitute and shape people’s lives and relationships. This greatly limits our potential as therapists in playing a vital role in deconstructing and de-masking the very same discourses, and obstructs our efforts to contribute to people’s liberation of themselves from the popular notion of personal failure. Sadly, in our failure to do this, we are at great risk of unintentionally reproducing this notion by reducing their predicaments to a matter of lack of personal attributes. The continuing extensiveness of the ADHD/ADD diagnosis of schoolchildren within Western culture serves as simply one of many examples of how people’s problems are given naturalistic, individualistic, biological and de-contextual explanations. Quoting White (2004), “these naturalistic accounts obscure the contexts of people’s lives, including the politics of their experiences.”

The possibilities for therapists to engage in conversations that challenge the powerful individualistic discourse are numerous. In this case the therapist’s own personal experiences of living under, and suffering from, the occupation, together with the transparency of both her origin and work with other families, serves as an example. However, there are many more ways in which we can provide a therapeutic context that allows people to talk about their predicaments collectively rather than individually. Abu-Rayyan’s use of the image of her hand (which also serves as the title of this article) is an illustration – and a reminder – of this perspective. I believe this is of vital importance in terms of ethics as well as for the sake of creating a safe platform from where one might speak of trauma. The understanding gained for the person – as a result of this collective awareness – is as invaluable as it is simple: The reason for my suffering, and the troubles I face in addressing its effects, has not simply to do with my personal inadequacy or incompetence. In this sense, the suffering experienced seizes to be solely a personal matter, but a far more complex one. To advocate liberation from the totalization techniques of individualism (with its constant demand to measure up) is from a narrative therapeutic perspective a political act as much as anything else.

Transparency, establishing collaboration and a collective awareness

It sounds to me that it is important to you not to build their hopes up too much. Is that a fair understanding?

That’s right. Firstly, at least I can listen. Secondly, I cannot change their circumstances. I cannot do something, or make an agreement with God, to change
things for the better for them. I do not have a magic wand. But together we can accept this situation, we can develop an ability to face the future. Because life did not stop at atrocities and conflicts. We need to change our ways of dealing with these atrocities. But the atrocities continue! So these ideas give them a kind of realism. I do not promise them any dreams but rather offer them a space where they can talk about how to deal with these realities. A space where they can change their choices, change their attitudes, their behavior, their way of thinking. I tell them they will have the ability to continue their journey in life. And that if they continue to deal with things in the same way as they currently do, they will continue suffering. Since they have a normal reaction to abnormal events, these abnormal events deprive them of living their normal lives. So I tell them, you need to change and if you need help from others, do not hesitate to ask for it. There is an Arab saying: A small stone can support a large stone.

That’s a beautiful image... So how do people usually respond when you talk to them as you’ve described?

I take great care in using their own words, their local or national words and avoid professional words. I use common language and talk in general terms. For instance, I say that I know that anyone exposed to these kinds of experiences feel that it is something heavy that has come upon them and that they cannot understand why this is something that has happened to them. That their entire life has changed as a result of this. That they have suffered many losses. I also talk about myself and how my own life has been affected by similar events and how my own life too has been changed as a result of this. Through this, trust starts to be built.

You affirm what they are saying...?

Yes! Having been talking generally, they now start talking about themselves. Very often I hear from ex-prisoners, both males and females, «You describe it very well. Did you experience being in prison yourself?» I say to them, «No, but I know that you have lived under very difficult conditions, and I have worked for a long time with people like you.» This is where they give me their attention. They now feel comfortable. Firstly, they know they are not alone having this experience and being in the need of help. Secondly, here in Palestine, we have this common nationalistic conception, «I am a hero – how can I talk about my social and psychological problems?» So people are experiencing a real concern for getting a bad social stigma due to talking about a weak moment.
So it becomes a taboo?
Yes it does. So I tell them, «I know you did a good job. And you really are a hero. Seeing you here, in front of me, you are a hero. And I am proud of you. And I am proud of all those people who have spent time in prison for all the Palestinian people and their sacrifices for us. But it’s okay, why not talk about these experiences? Why not have others take wisdom from your experiences?» So they now get to position themselves as teachers. After two-three sessions they start to talk about their inner emotions. About the things that have touched their inner lives. About their experiences and the symptoms that they suffer from. Now we start our serious work addressing their problems.

So you have a sense of building trust...?
Yes. Gradually. As they learn that I have worked with people exposed to the same experience, they will feel that there is no shame in talking about their struggles and about their responses to the suffering they lived through.

Author’s comments 3
Since the very beginning of narrative therapy in 1986, there has been an ongoing discussion as to whether narrative therapy should be considered under the umbrella of systemic therapy or not. Michael White preferred the narrative metaphor over the systemic metaphor as he seemed to find the systemic ideas such as «systems having functions» or homeostasis unfitting with narrative practice (White, 1995).

I believe that it is fair to say that the concept of «individual therapy» as opposed to «family therapy» or «systemic therapy» has proven to be quite a rigorous one. Just as the differentiation between the body and soul or the heart and the mind are linguistic products of ideas that once were created, pushed forward, and still successfully continue to shape the lives and institutions of modern society, I believe that in the field of therapy too there exists a constant risk for us succumbing to «either/or» binary constructions that constrain our understanding of therapeutic practice. Through continually subjecting our linguistic toolbox to close, critical scrutiny, we still may find good reasons to consider and reconsider the content of the very same toolbox.

Questions to be considered might include: What potential risks or limitations follow in our use and understanding of «individual therapy» or «systemic therapy»? What are the implementations of this differentiation? For whom? Why was this differentiation once created? Under which circumstances? For what purpose? What present circumstances speak in favor for a continuation of this
differentiation? How do we define «individual therapy» or «family therapy» or «systemic therapy»? Who defines it? Are there any «rules» for what might be considered «appropriate» or «not appropriate» to suggest – in either of the types of consultation? Which therapeutic questions might be more or less likely to arise in either? What might be lost or won if this differentiation is dissolved?

These questions are far from exhaustive – many more could follow.

As White and Epston rejected individualism and turned to French poststructural philosophy, their innovative therapeutic exploration informed them towards an interest in what Madigan (2011) describes as a «relational identity.» Thus, the very idea of «individual therapy» goes against everything narrative therapy stands for. As people consult us, they share stories that involve people, places, animals, music, literature, pets, objects, rooms, etc. in which they are interconnected. They also – perhaps less obviously for the regular train of thought – have a relationship with particular thoughts, memories, dreams, values, hopes, knowledge, skills, actions, intentions, imagination and so on.

Creating a safe territory: islands of safety

It sounds to me that you spend quite a lot of time doing this before, as you say, you start the «serious work»?

Yes!

So you might meet up with people two, three, four times before...

Yes. I need in the beginning to simply collect general data, saying, «There are things I need to hear from you...»

Sounds to me that you are almost entering the position of a student where they get to teach you. They do not need to position themselves as victims but rather as knowledgeable heroes?

Yes. You got the idea.

Could you say something about how you sense when they are ready to enter into the «serious work»? It might be difficult to say but...

No. It is not difficult. When they start talking about themselves.

Sounds like it starts almost automatically. You do not decide but they do...?

Of course. I just try to gain their trust.

And could you say a bit more around what kind of questions you normally ask when you are in this student position?

I might say, «One prisoner told me one day when I asked ‘Can you describe to me the prison?’ he responded, «The one thing that can describe the prison is the prison itself.» And I go on asking, «Do you agree to this answer or not?»
and they would answer, «The prison...? Yes I agree, it is really difficult to describe.» So I refer to statements of others and to my previous conversations with others. I offer this to them to comment on. I do not offer my own thoughts and understandings, but others’. And they want to hear more. And I might say, «Really? Is it really not possible to describe it?» And they say, «No, it is not possible to describe» – and then they start describing it! [smiling]. The prison, how they lived in it, the way the Israeli forces treated them, how they resisted and protested... and this is the key!

What do you think is happening for them as they are telling you these things? What are they thinking that this conversation is about?

They are thinking that we are talking... still talking about the prison in general...

So you are still this person who wants to learn more about this...?

Yes. I want to know if it is true or false for them. Is it or is it not possible to describe the prison? As they start talking it is important to catch this moment! According to the responses I get, I build further on it. One of the ex-prisoners I talked with one day told me that in one prison, as you enter the gate, the Israeli Prison Administration draws an image for you, of a lion entering the gate. Then you get a second drawing showing a rabbit leaving the same gate. There is a message for you: You are a changed person. And this is the aim of the prison. I asked, «Is this okay for you or not?» Clearly disturbed by the question, he denied this. When asked to clarify this he said, «Even though we are exposed to very difficult situations and hardship... we are still lions!»

They must have some knowledge to be saying this...?

Yes, and this is another key. I might just say, «Continue...» and this knowledge will be further richly described. Having said that, I must emphasize that I work with every case as a unique case in which different skills are required. Different questions according to their circumstances. Like I said: The same hand but five different fingers...

I take it you are well aware of the potentially straining – and even potentially re-traumatizing – effects of talking about trauma. I know also that you exercise caution by providing people a safe foundation from which they might talk about the trauma they have been exposed to. Could you say some more around how you do that, and what kind of questions you find helpful in creating this safety?

Look. From the beginning of my conversation with a family, as I focus on building trust between the people I work with and myself, they are in a territory of hesitance. They hesitate to talk about themselves. It is not easy for them to
talk about their experiences and the effects of these experiences on their lives. Especially not in front of their family. They do not want to be in the position of «the weak.»

They do not want to be vulnerable...

Yes of course. So this is the first island of safety. When they start talking about the general things that has happened, in the position of «the teacher,» they feel safe to start talking. And when a key suddenly appears in the conversation, whereas they begin to talk about themselves, that means they set foot on the first step of the stairs. This step is another island of safety.

For example... when I have retold the story from the previous ex-prisoner talking about the hero entering the jail, being a lion and then later a rabbit, I might ask, «How does it affect you when I retell this story to you? How does it sound? What is your immediate emotion? What is the first idea that goes through your mind?» The person will respond to this basically by saying, «Yes we resist – even as we are subjected to hardship in prison – still we resist – and we are still heroes.» I might take this opportunity to say, «As you mention the hardship... and because I wonder what your conditions were like in prison... could you tell me more about it?» And he starts talking... I might say, «This hardship, these difficult treatments you mention,» (for example, «being naked» – I am very careful about using their own exact words) «what is your own reflection around being naked in the prison?» This is an important question!

Author’s comments 4
One of the key assumptions in narrative therapy is the constitutional role that narratives play in people’s lives (White & Epston, 1990). Bearing this in mind, the way in which the person or the family perceive themselves – who they are and their sense of «self» – is deeply entangled in which stories that dominate in the retelling of their lived experiences. In particular, when working with people suffering from the effects of trauma – which is the case here – paying attention to the many ways in which people respond to the trauma is crucial. In this context, these stories of response represent alternative stories or preferred stories (White, 1995, 2001, 2004).

Shred by shred, an image of the person’s preferred self is evolving through the values and commitments that these stories pay tribute to. It is hard to imagine that the lives of family members present should go untouched by these stories. As they listen – from the position of a wife, maybe, or a son, a sister, an uncle – these preferred stories reverberate through their own lives, reconnecting
them with shared values and reminding them of their own preferred selves. For the person telling these stories, family members represent an audience that can potentially powerfully acknowledge and appreciate what is being told. Even though this particular aspect is not commented on during this interview, we learned that the TRC pays a lot of attention to creating space and an audience for people to speak to of what they have gone through and the ways they have found helpful in dealing with the effects. This includes arranging public meetings, and the use of newspapers, radio and television as mediums for therapeutic and community work (Salim, 2005).

Collective vs. personal agency and a de-centered therapeutic position

That is a tough question though…?

Yes, but it is an important one. It allows the person to offer his own description of it... saying for instance, «They [the Israelis] used every possibility to illustrate that we are not human, dealing with us as with animals, insisting that we don’t have any dignity; they would inspect us any time, day or night, stripping us from any control over our conditions... but we faced this even when they stripped us... even when they threatened us with exposing our nakedness to the eyes of our wives and daughters.» I go on asking, «How can one deal with this? How does this affect you?» He then starts to say how the treatment affected him negatively but also shares how he tried not to let the inspector see that he had a rebel inside of him. Protecting this. This is a kind of resistance! I might say, «Can you tell me more about this?» He does. I ask about his emotions. And I ask about his responses. Soon we have another island of safety – the specific responses to the trauma.

If I understand you correctly... you invite people to talk about the effects of being naked for instance... but you don’t dwell on this...?

No. I explore further: «How did they inspect you? Were you inspected alone, or together with any other prisoner?»

You are asking for descriptions...?

Yes.

So you don’t ask them how they felt as they were naked? But rather how they reacted or thought?

No, I ask about everything, even emotions. Emotions are important! Especially in our Palestinian culture. «What were your emotions – looking at it [the trauma] with your own eyes? What were your emotions as your partner sees
you? What were your emotions when everyone could see you?*. Obviously it affects a person’s heart!

Right. I would like to stay with this a little further because I have grown accustomed to think that if you stay too long talking about the effects of trauma, it simply reinforces the person’s sense of despair... would you agree?

Yes, I agree with you. So around this stage of the conversation, I would ask further – in my opinion very important – questions: «When did it happen? Who did this? Do you remember the person who did this?»

Seems to me that you don’t exclusively ask them to describe their emotions. You want them to describe the circumstances related to the emotions?

Yes, because I need to search for alternative stories at this moment. Having them describing their emotions related to these circumstances adds vital information to the development of these alternative stories.

I also pay attention to whether the person was alone during the traumatic incident, or if there was someone else present with them. I find that the stories are more rich if the latter is the case. «How did you react [in the naked situation]? Due to being naked together with another prisoner, rather than alone, did it increase or lessen your anxiety? Could you tell me more about what it means to you that you are not alone, but with someone else in this situation?»

If it is in the isolation... it is different.

So you are asking this question knowing, or hoping, that being together with other naked prisoners is lessening the effects of...?

...the feeling of shame and of no dignity, yes I do. I am not alone.

And maybe they haven’t thought about that until you raise the question?

Yes of course. Especially when I ask them, «Do you remember any word, or any action, during that moment, from yourself or from one of the other prisoners that was with you?» One person I talked to remembered a fellow detainee shouting to an Israeli soldier, «One day I will do the same thing [you did to us] to your mother!» I asked him, «What are your reflections to what your fellow detainee was shouting?» He started to share with me, «Even if I had the chance, in the future, I would not do the same to the soldier’s mother or family – because it is not our morality, it is not our behavior!» I repeated, «It is not our behavior? Could you talk to me about your behavior? What is your morality? What are your principles? Your commitments? Can you tell me more about this? I need to hear more about this.»
Author’s comments 5

According to Maggie Carrie’s workshop notes from 2006, White referred to the work of Derrida as he said, «It is not possible to talk about anything without drawing out what it is not. Every expression of life is in relation to something else.» The questions that are illustrated throughout this interview draw heavily on White’s ideas concerning «absent but implicit» and «double listenings» (White, 2000). How can one be upset unless some significant values of that person are violated or at risk of ridicule? From where do these values originate? Why are they still important? How has the person managed to maintain a commitment to these values? What might these values have contributed to in the face of trauma? Who would have known this? Who could have guessed? What other stories could be told about that person and his or her relationship to the person exposed to trauma? No wonder White every so often made use of the travel metaphor as he talked about narrative conversations. The rich descriptions of people’s lived experiences that are developed from questions like these will in all probability take us to places we – at the outset of the conversation – could never have predicted.

I have learned that you don’t speak so much, whilst the people consulting you do a lot of the talking. You ask short questions. And you often simply say, «Could you tell me more...?» You seem very much to have a de-centered therapeutic position. Is this a fair description of your practice?

Yes. It is important to me to keep asking, keep exploring to try to understand the actual meaning of people’s expressions...

Seems you never step out of the «student position»...?

Most of the time – no. This is certainly not restricted to my work with prisoners but it goes with all those whom I work with. I need to explore. They need to explore themselves. If I appear in front of them as the one who knows everything and understands everything I won’t have the ability to help them. I need the curiosity to know more. They are the experts of their own lives.

Is there other aspects or questions that you come to think of, that you have found useful in your quest for creating a safe territory for people to talk about trauma?

During my conversations with ex-prisoners, questions I often ask are, «During the interrogation, where did the Israelis put you? From the beginning, were you with other prisoners or in isolation?»
And why do you ask this?

I learn that they were in isolation for 2 days, or 70 days or 90 days, or they might say that from the beginning they were put together with other prisoners. If the latter is the case, that means that I need to search for a collective agency from the beginning of the conversation. If they were immediately put in isolation however, I will be looking for personal agency. I remember I once talked to an ex-prisoner who had been in isolation, asking him to describe the cell in which he was held: «What did it look like? What did you do during the time you spent there? What were some of the thoughts that went through your mind? What feelings did you have?» He started telling me. Description I find important to start with. And also, «What does it mean to you to be in a place like the isolation cell?» They explain to me the meaning isolation has for them. And this is a key for having a possible new meaning. Then I ask, «You mentioned,» (again, I always use their recent words in my new question. I formulate only short questions without using their words) «that you were all alone in your cell... just you and God...’ So God was with him! So I might say, «So God was with you... what did you think... tell me...» Here is an entry point for talking about something that might have lessened the experience of being all alone. Also I ask if there were special people they might have thought about during the isolation. One prisoner said, «Ah...I draw the face of my child on the wall...’ So I get another key! Another prisoner said, «I had a small insect in my cell...that made a clicking sound...» Soon I learned that he had made conversation with this insect [laughing]!

So my guess is that you would say something like... «Could you tell me about some of these conversations...?»

Yes!

A closer look at the therapist

In the «student position»...

And equally important: «Why did you choose to have these conversations with this insect? Can you tell me more...? From where might you have learned to make conversations with this insect? You drew this picture of your child on the wall... from where did you learn to do this drawing? Are you interested in drawing?» We trace the history of this. Talking about this brings happiness into the conversation. «This action you performed... in isolation... how did that support you during the isolation?» The person learned that even if I have nothing
in this place... still I have my ideas, my emotions... and no one can separate me from these things... This is an important realization.

So that’s right, I do not spend a lot of time asking, «You mentioned that you spent a lot of time being alone...» I don’t dwell on the negative symptoms. I rather build on the responses to being alone that they tell me about. Loneliness, the way I see it, is a reaction. I need to learn about the response to this reaction. This is what I need to work on... this is the beginning of a thread... so there is a search for something yet still not known to us... I cannot reach the end because there are so many things to explore...

I might use these people as outsider witnesses, even if they are not physically with us as we speak. One of the prisoners told me that «I spent a lot of my time shouting and just knocking at the door of the cell [illustrating the sound of continues knocking on the table]. I asked, «Why did you do this?» He replied, «I wanted to make it noisy for the Israeli prison guards.» I asked, «Did it mean a lot to you to make it noisy for them?» He replied, «Yes, even when I am inside the cell I can do something to make them [the guards] feel angry.» [Laughing]. I explore this. «What does it mean to you, being able to make noise for the Israelis even if you are in the prison cell? What else have you done to the Israelis? Where have you learned to do this? Did you do it alone or not? When?»

So... staying with people... using their own words... You know, during the conversation earlier today⁴ I didn’t notice any moment where she [the mother] seemed puzzled or uncomfortably surprised by any of your questions... it seemed like an ongoing conversation where you where quite focused on building on what she just said...

Yes, scaffolding...

So you are quite faithful to the actual words that people use during the conversation... this strikes me as being not only significant in terms of ethics, but also in terms of you de-centering yourself... the responses that you offer seem more likely to be found relevant to the people that consult you...

Yes, I hope that the conversation earlier today served as an illustration of how useful this is.

Absolutely... another thing I noticed... there was a lot of laughter during the conversation...?

I share... I participate in laughter but not in tears...

No...?

Did you not notice today? I laughed together with her but I did not cry when she did.
Is that important to you?

Even though she touches my heart so much... I can join her in her happiness but if I join her in her tears... that means I become the one who needs help and I can no longer help her... I will ruin the trust... It is important for me to express parts of my emotions as she tells her stories. I am not a stone. I am not a wall. I am a human. «Your story touches my heart. You did a great job. Not anyone put in your position would do the same things you did.»

Do you agree that there is a potential risk that the person might not agree to some of these statements?

I used it today. I told her, «I respect all the things you did – that means you did something that required great strength.» She responded, «Yes, I am strong.»

This is really interesting... I myself have grown quite reluctant to utter similar things, for instance, «You did good,» because I fear they might say, «Oh that was nothing. That wasn’t good. That wasn’t good enough. I should have done better... so I am curious to hear your thoughts about that.

Look. As a therapist... you must be skillful... You need to ask yourself: Does this particular question work with all the clients? You must be cautious... you need to decide what is suitable or not in every particular case... I would not have said these things earlier today unless I felt confident that the woman thought this herself... so I simply agreed with her. But in another case... this might not be a suitable thing to say. There are so many questions available... but we need to choose which one to use according to some form of idea... not simply out of curiosity.

This conversation has been really interesting, and your practice too... the way you explore people’s knowledge... building on...

The flowing.

You call it the flowing...

Yes. And I also take time... one must be very patient. If you are in hurry... you make something bad. Take your time. Let others take their time. Look... psychological rules: a session must last 45 minutes... no! The session does not end after 45 minutes. The session ends when the aim of the conversation is reached. If I could get to change one idea that is around I would pick this one.

The conversation earlier today... I could not have ended it after 40 minutes going, «Oh we only have 5 minutes left...» It is my opinion that narrative therapy has dissolved this «law» as the only therapeutic field...
As this interview is moving towards its end... do you have any final comments that you would like to add... maybe some important aspect we did not get to touch on...?

Well... you must put in your mind, as a therapist, to be cautious. Don’t expect what may be the answer from the client. And do not put yourself in the place of the client. You will make a big mistake. If you expect a certain answer – that means there is no need for the question. So why do you ask it? Also, if you are looking for a special response... it is not a therapeutic process. You do not need to expect, but to accept. Do not consider anything that you may hear from people as strange. Do not look at anything as abnormal. Do not judge. Is it true according to your own culture or not? – it is not your business. Your business is just one thing: helping these people.

Nihaya, it has been a real pleasure talking to you.

Author’s closing comments

What are the possible lessons that may be drawn from this interview in relation to family therapy in a Scandinavian context? From my position, there are several, and I will briefly suggest only a few.

First and foremost: there is always hope, although sometimes very well hidden. If such a beautiful thing can transcend from therapeutic conversations in the midst of the devastating brutality of a people facing a supreme occupying power, determined to break their victims very desire to live, how can we not have hope?

Secondly, there are multiple stories available in every person’s lives. As therapists it is our privilege to have a constant access to these stories and to join them in the re-authoring of their lives.

Thirdly, as the solid foothold of individualism in our part of the world still seems in the forefront, assisting people in their struggle to separate their lives from desolation might be considered a therapist’s main objective. We should always be on the lookout for ways to connect and reconnect people through shared values and commitments.

Michael White repeatedly spoke of narrative therapy as «a therapy of appreciation» (Madigan, 2011). In the light of the magnificent stories we are privileged to co-author on these therapeutic journeys – some of which we have had glimpses of during this interview – his description seems rather well phrased.
Erling Fidjestøl

Notes
1 This interview took place the 9th of October 2012 in Ramallah, Palestine.
2 <http://cvt.hutman.net/files/pg26/Palestine%20profile.pdf>.
4 At a home visit in Bethlehem in October 2012, three other narrative therapists and I were present as outsider witnesses as Nihaya was having a conversation with a Palestinian mother of two teenagers. Her husband had been imprisoned for more than 6 years due to his resistance work and was looking at 18 more years yet in detention. The woman was facing economical difficulties as well as challenges and concerns from bringing up the children on her own, lack of access to her extended family, the longing for her husband, together with other forms of hardship.

Literature